

group of the College. Forensic psychiatry, the application of psychiatry to the purposes of the law and the administration of justice, is a different and separate entity. In recent years voluntary agencies for mental health, for instance, MIND, in its publications, and the new Mental Health Act Commission, have emerged as taking a lead in seemingly paying more attention to the legal aspects of psychiatry than the College.

There would appear to be an opportunity for the College to fill the gap and to take the initiative with the establishment within the College of a special branch to develop studying experience, expertise, information and advice in the legal aspects of psychiatry, perhaps drawing in the collaboration of the Medical Defence bodies, the Mental Health Act Commission and voluntary health organisations.

DOUGLAS A. SPENCER

*Meanwood Park Hospital
Leeds*

National Demonstration Services

DEAR SIRs

Members of the College may know that the DHSS has designated eight psychiatric rehabilitation services as National Demonstration Services (Hollymoor, Prestwich, Nottingham, Northampton, St George's (Morpeth), the Maudsley, Netherne and Southampton).

The co-ordinators of these National Demonstration Services met last summer and produced a joint statement expressing deep concern about the impact of management changes and financial stringency on services for the chronic mentally ill, despite Government commitment to giving priority to these services.

The co-ordinators see the problem as arising at Regional level where, despite all protestations to the contrary, the run-down of mental hospitals has become a primary objective dictating the extent and pace of resettlement in the community.

This detailed statement was forwarded to the National Health Service Management Board on 26 August 1986 and we are concerned that to date, it has not even been acknowledged. We feel that the issues are of concern throughout the psychiatric services and we ask you to publish the statement to bring it to the attention of members of the College.

BRENDA MORRIS

*Royal South Hants Hospital
Southampton*

STATEMENT ON PSYCHIATRIC REHABILITATION AND CARE IN THE COMMUNITY

To The NHS Management Board

From The Co-ordinators of the National Demonstration Services for Psychiatric Rehabilitation

Psychiatric services are facing considerable problems during this period of change in the National Health Service linked with financial stringency. Services for the chronic mentally ill are affected in various ways and even some of the National Demonstration Services for Psychiatric

Rehabilitation report problems in maintaining their services in spite of their reputation for excellence.

1. Nature of specialist rehabilitation teams and National Demonstration Services

National Demonstration Services for Psychiatric Rehabilitation were introduced by the DHSS in 1981. It was a condition of designation that they should be nominated and supported by their local District and Region. As models of good practice, part of their function is to provide an advisory, planning and education service to their Region. Their designation was based on evidence of a commitment by a skilled multi-disciplinary team to looking after the interests of people with chronic psychiatric disabilities.

Effective, economical and efficient services are hallmarks of the National Demonstration Services and are consistent with the aims of General Management. The National Demonstration Services are an invaluable resource to Management (particularly at Regional level) in the planning and delivery of services and should lead the way in showing how rehabilitation can be provided effectively to the benefit of patients and thus to the Health Service. The NHS Management Board will want to encourage full use of these valuable resources.

The educational value of these services to managers and clinical teams deserves recognition. For example, there is a myth that rehabilitation is a 'once and for all' phenomenon, i.e. that once patients are 'rehabilitated' they will stay well and function independently for many years. It is quite clear that this is not the case without considerable care over a long period and in many cases for life.

There is another myth that rehabilitation is only related to the closure of mental hospitals and has no place in a community-based mental health service. It is worth stating that psychiatric rehabilitation services have a vital role in reducing the disablement of people with chronic mental illness and thus their dependency on the NHS and other welfare services. Nevertheless, people with chronic disabilities will continue to need substantial support. The most disabled will still require prolonged hospital treatment and care. Regional objectives for mental health services will only be met if rehabilitation services are strengthened and given proper resources so that they can proceed with their task expeditiously.

An effective rehabilitation service depends on a trained specialist multi-disciplinary team whose members undertake a long-term, full-time commitment to a population of chronic patients who present recurring or continuous clinical and social problems. Such services also rely on the development of chains of linked occupational, residential and leisure-time provisions, which are properly co-ordinated and which include a comprehensive view of the patients' disabilities and assets at different times and which permit easy movement of patients through different levels while maintaining continuity of care.

It follows that adequate liaison between the team and the statutory (e.g. Health, Local Authority and Employment Services) and voluntary bodies has to be actively main-