Correspondence

'Rate capping' and threat to services

DEAR SIRS

I am writing to draw members' attention to some imminent political changes which will affect in particular the members of the College who are practising child psychiatrists.

A central technique in child psychiatry is the effective use of the multidisciplinary team, and its extension, the multi-agency case conference. Repeated enquiries following child care disasters have shown the importance of close intra- and inter-professional collaboration and consultation. Social work collaboration is particularly prominent in our work in socially deprived urban settings in which child psychiatric disorders are almost endemic, and it is in these very areas that the multidisciplinary team is under threat.

The financial difficulties of 'rate capped' inner city councils will inevitably result in reductions of social work establishments, with the threat that Directors of Social Services will exercise their powers to withdraw staff from hospital and clinic teams to enable the statutory obligations of Social Services to be met.

Added to this will be the reduction in effective local political opposition to cuts after the abolition of metropolitan councils. Furthermore, those in Social Services Departments which operate a closed shop will probably withdraw their labour in protest, further disrupting multidisciplinary team work.

While it is clear that the Welfare State is being partially dismantled for political and economic reasons, the damage to services is at risk of being compounded by inter-professional rivalry and suspicion engendered by shrinking resources.

I suggest that the College takes the view that the social work contribution to hospital and clinic multidisciplinary team work is not a profligate waste of resources, but consititutes a vital part of the important community treatment and prevention service provided by Child Psychiatric and Child Guidance clinics and departments.

I believe it is our responsibility to protect this service by representing this view at a local and national level.

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Mental Handicap hospital patients and suitability for discharge

DEAR SIRS

In the Second Report from the House of Commons Social Services Committee[1] it is stated: 'The Minister must ensure that mental illness or mental handicap hospital provision is not reduced without demonstrably adequate alternative services being provided beforehand . . .' At the recent Joint Conference with the DHSS on Mental Health Service Planning, Professor Rawnsley, in summing up, said that in chronic mental disorder with disability, the disability of the long-stay patient is underestimated.

A preliminary screening procedure sometimes used to survey mental handicap hospital patients is the Wessex Case Register Schedule,[2] and those who are Continent, Ambulant, with No severe behaviour problems, having self-help skills (Able) and who are Verbal or Literate are classified as CAN A+V/L. The individuals in this group can then be looked at further as to suitability for discharge from hospital.

In a large mental handicap hospital members of the nursing staff who were familiar with the patients supplied information to the psychology department and a Wessex assessment was completed for each patient. Three hundred and sixty-nine (36.25 per cent of the total) were placed in the CAN A+V/L category.[3] In discussing the results with respect to community placement, the report stated that 'success in this is the result of many factors such as family circumstances, medical complications and other problems known to nursing staff . . . and it appears that the above figure is an overestimate.' This overestimate can be very significant, largely due to underestimation of disability, especially with regard to behaviour.

A preliminary follow-up by the consultant medical and senior nursing staff found that at least 150 of those in the CAN A+V/L category would be unsuitable for discharge, and many more would be difficult to place in the normal kind of community position (hostels and sheltered housing).

The Joint Conference referred to above contained many requests for more accurate data, and it is to be hoped that future Mental Health Planning will proceed on a more realistic basis than the pious hopes of the last ten to fifteen years.

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Should hospitals for the mentally handicapped continue to offer weekend respite care?

DEAR SIRS

In Rotherham, short-term care admissions account for over 80 per cent of the total yearly admissions. Of a monthly average of sixty-one admissions, thirty are for weekend respite care.

These admissions take place in Beechcroft Unit, in the grounds of the District General Hospital in Rotherham, South Yorkshire, and in three hospital community hostels. Together

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