

TABLE IV  
Intellectual categorisation—mental retardation (Using ICD 9)

*Sex/number/mental retardation ICD9*

Category	Profound	Severe	Moderate	Mild	Totals
Numbers					
Male	4	13	10	3	30
Female	1	7	13	3	24
Totals	5	20	23	6	54

#### *Service arrangements*

The resettled patients received the various social security benefits to which they were entitled. Those who were attending Adult Training Centres from the hospital continued to do so after discharge. For others arrangements were made for them to come to the hospital for any necessary day care pending the provision of more alternative day facilities by the Social Services. The group homes had support from NHS nursing and care staff, their numbers and hours of duty being related to the needs and dependency of the residents. SENs and care assistants covered the less dependent residents. A nurse RNMH was in charge of

each group home for the highly dependent. The staffing was supervised and co-ordinated by a nursing officer.

#### *Comments*

For the patient resettled, sex, age, intelligence, time previously spent in hospital, medical condition, and the presence of epilepsy, were not themselves contra-indications to discharge from hospital. Crucial factors in resettlement emerged as the adequacy of accommodation, staff support, available day care, the social accomplishments of the patients in terms of their ability to live alone or in a small group in the community, and a freedom from behaviour likely to disturb, distress or frighten members of the public.

#### *Progress*

The greatest anxiety about resettlement was expressed by the relatives of patients for whom the hospital had been home for years, and where they appeared to be happy with friends and with occupational leisure facilities which had gradually improved enormously. The disadvantages of the group homes were isolation, distance from services, lack of open space and breakdowns in staff cover. Many parents, relatives and hospital staff viewed the resettlement process as a concession to policy and philosophy without their being inflexibly committed to it and, although some mentally handicapped in-patients could be resettled successfully, they feared that the deliberate closure of hospital resources would be a pyrrhic victory.

## *New Publications*

*Child Sexual Abuse* is one of a series of Research Briefings prepared by the Economic and Social Research Council (ESRC) intended to inform policy makers and others involved in the key issues of the day about the findings of recent social science research. This review by Professor La Fontaine examines the implications of research findings for current policy and provides an informed context for the debate on child abuse.

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*Neuropsychopharmacology* is the official publication of

the American College of Neuropsychopharmacology and features the newest advances in research studies and developments in clinical treatment for a variety of psychiatric disorders that can be treated using pharmacologic agents. Emphasis is given to reports of original research that integrate basic and clinical science; selected review articles are also considered.

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