CORRESPONDENCE

PROVIDING FOR SPECIAL INTERESTS IN A DISTRICT PSYCHIATRIC SERVICE

DEAR SIR,

I noted with regret that the College's suggestions for future consultant requirements in the 'special interests' group had omitted that of Rehabilitation (*Bulletin*, December 1977, p 5).

Since the early 1950s, over 20 surveys, many large-scale, have shown that the problems of psychiatric disability and the complexity of the problems of rehabilitation have persisted, and that chronicity in our hospitals as well as in the community is still very much with us. Some longitudinal surveys, notably the Bristol one, have also shown that these problems are becoming increasingly difficult (1), (2), (3), (4).

Despite the Tunbridge Report (5) and several hospital inquiries, only a certain number of hospitals have made it their policy to appoint consultants with special interest in Rehabilitation. Nationally, the extent of this provision is extremely variable (6), but it does seem that hospitals which have this type of appointment also seem to have more facilities for rehabilitation and more access to community services.

I hope that the sheer numbers of the psychiatrically disabled, their varied needs, and the training required for psychiatrists to undertake rehabilitation may lead the College to consider this important special interest.

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THE PSYCHIATRIST'S RESPONSIBILITIES IN MENTAL HANDICAP

DEAR SIR,

Dr Day's letter (*Bulletin*, December, 1977, p 13) might suggest to the uninitiated that because the social and educational needs of the mentally handicapped are so great the psychiatric content of work in this field is very limited. I think that he would be one of the first to refute this. The stresses endured by a handicapped person, whatever the environment, often prove intolerable so that emotional disturbance or overt mental illness are distressingly prevalent; most surveys suggest that between a fifth and a third of all severely subnormal people have problems that need treatment. The approach to this may be psychiatric, psychological or multidisciplinary, but complex neurological factors, causing, for instance, frustration because of difficult communication, and the high incidence of epilepsy in the brain-damaged, are among reasons why medical responsibility is so often essential. Mentally handicapped people also cause tensions and conflicts in the home which result in disturbed family situations and inter-reactions; many of these can only be properly understood and handled by someone with psychiatric training.

This is one of the most fascinating, complex and unexplored territories in medicine, and though I agree that we should be allowed to shed our meaningless responsibilities for those in hospital who should not be there this is only so that we can properly fulfil our psychiatric role and responsibilities.

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