

Correspondence

Mental Health Guardianship

DEAR SIRS

My colleagues and I, working with the mentally handicapped here in the Grampian region, found much of interest in the paper by Dr Hughes entitled 'Mental Health Guardianship—a Change for the Better?' (*Bulletin*, October 1982, 6, 176–77). Scottish Mental Health legislation (including that relating to Guardianship) is also in the process of being amended and a consultation paper has recently invited comments.

This paper suggested that powers of Guardianship be limited and that the emphasis be placed on their protective rather than their restrictive functions. It commented too on the continuing place there seemed to be for Guardianship despite the fall in numbers in Scotland.

Here in the Grampian region, quite against the national trend, there has recently been a modest increase in the numbers of mentally handicapped individuals who are subject to Guardianship. It is being used as an alternative both to probation and to prolonged leave of absence from hospital. It also fulfils a useful role in supervising those who are mentally handicapped and who live with people to whom they are unrelated—the Mental Welfare Commission for Scotland point out the desirability of formal Guardianship in such settings in their publication *No Folks of Their Own*.

We would agree with Dr Hughes that local authorities do seem uncertain about their Guardianship powers, but not only are they reluctant to take on such responsibilities, they seem seldom to think of Guardianship as being relevant in the eighties. Here in Grampian, however, we feel certain there is a continuing place for Guardianship as a means of ensuring an appropriate quality of care for a number of mentally handicapped persons living in the community.

ROBERT D. DRUMMOND

*Woodlands Hospital
Aberdeen*

Anti-Semitism in Vienna

DEAR SIRS

The 7th World Congress of Psychiatry is scheduled to take place in Vienna in July 1983. The Austrian Chancellor, Dr Bruno Kreisky, heads the Honorary Presidium.

There have been several anti-Semitic outrages in Vienna recently, including attacks on the home of Simon Wiesenthal, the famed Nazi hunter and survivor of Auschwitz, and on a synagogue. Following the latter episode, not only did Dr Kreisky not attend the memorial service for the victims, but he released a statement charging that the incident was partially a result of Israel's policies in

the Middle East. Dr Kreisky's behaviour is all the more deplorable in view of his Jewish origin and the fact that several members of his family died in Nazi concentration camps during World War II.

I think there is something grotesque in holding an important international mental health conference in the country which expelled Sigmund Freud in 1938, and whose Chief Executive today thinks it appropriate to rationalize the murder of Jews in his nation's capital by blaming Israel and its policies. I, for one, will not attend the Congress, and hope that many of my colleagues in the Royal College of Psychiatrists will feel the same.

FRED B. CHARATAN

*106 Barry Lane
Syosset, New York 11791*

Planning registrar and senior registrar training in mental handicap

DEAR SIRS

Dr Armah-Kwantreng's letter (*Bulletin*, September 1982, 6, 163) cannot go unanswered in case it be construed as relating to Botleys Park Hospital, as, by implication, it suggests a dire situation regarding teaching in this hospital.

Nothing could be farther from the truth. In the year to June 1982 there was a record number of admissions, presenting a great variety of clinical material. Weekly case conferences are held by all the consultants on in-patients, and junior staff attend these. There are weekly out-patient clinics which the juniors are expected to attend. There are valuable sessions available in child psychiatry: the senior registrar posts are joint appointments with child psychiatry. There is a new DGH psychiatric unit in the campus, at whose teaching sessions our juniors are most welcome. This is not to mention the DGH itself where general medical and surgical training is conducted at both undergraduate and postgraduate levels. In fact, the campus may be unique, countrywide, in terms of such a concatenation of a large Mental Handicap Hospital, a DGH and an acute Psychiatric Unit.

We, in Botleys Park Hospital, have weekly seminars throughout the year, which many outside professionals attend. There is an excellent library which is kept up to date in terms of acquisitions, despite the serious lack of a librarian, and an extensive photocopy library devoted to psychiatry and mental handicap, which includes most of the recommended reading list from the College. We have probably the largest set of teaching slides in the Region. A major research paper has come out of this hospital this year,

and several important research projects, in which juniors are invited to participate, are ongoing at present. Paramedical rotations—to gain experience in psychology, physiotherapy, etc.—are, of course, always available in a large centre such as ours.

Our deficiencies are thus not those of will, motivation or of expertise. However, we do need the support and encouragement of our academic mentors in Regional and College committees. Suffice it to say that our trainees are officially in limbo at present, because most of the mental handicap clinical tutorships in this Region have been put in abeyance. Unlike our general psychiatric colleagues, who retain their tutorships despite their own deficiencies, our Cinderella sub-specialty has been officially de-academized, unfortunately without consultation with either the trainees or their tutors. Our two senior registrar posts are presently being dismantled, with resultant loss of irreplaceable teaching material to future generations of trainees.

To conclude, if the trainee is hungry for knowledge, there are always ample opportunities for learning.

H. G. KINNELL

*Botleys Park Hospital
Chertsey, Surrey*

Issues involved in work of child psychiatrists

DEAR SIRs

The recent appearance of papers on child psychiatry presenting (a) the issues involved in the work of child psychiatrists (Gath, 1982) and (b) the apportionment of their time in various activities (Black and Black, 1982) acted as an invitation to us to present the work of the Working Party of Child Psychiatrists in the West Midlands region which has looked into these particular questions.

We were stirred into action by the realization of the enormity of differences in (a) facilities available; (b) settings in which we find ourselves working; and (c) individual preferences in method by which we meet the demands made upon us. In the same way as Black and Black (1982), we ascertained that 'present methods of collecting statistics by patient attendance only is seriously misrepresenting the volume and scope of the work done by consultant child psychiatrists.'

We decided to devise an instrument which would make it possible for all of us, independent of circumstances and

choice, to record what we are actually doing, as well as where it is done and who we are doing it with. We feel the instrument is sufficiently tested and take the opportunity of presenting it to the membership of the profession through your correspondence columns, inviting its general use and the membership's comments and support in having it incorporated in the DHSS data-gathering machinery. To that effect we have sent a copy to the group in the Körner Committee* which is looking into community services, pointing out that with small modifications it could be used by the other specialties with a community element (general psychiatry, geriatrics, psychogeriatrics).

Apart from the intrinsic benefit of making our statistical returns meaningful and representative, we also believe that the widespread use of this instrument could help the College to formulate both optimal and minimal requirements for facilities needed by consultant child psychiatrists and be the basis for planning resource developments at local level.

Since space limitations prohibit the presentation of the instrument, a brief description follows. Part I describes work with out-patients, distinguishing in terms of where it is done, whether in hospitals, other Health Authority establishments, educational establishments, Social Services establishments or patients' homes, taking account of all its components (direct clinical work, supervision, training or teaching, administration, research and travelling). Part II concerns in-patients in terms of bed availability, bed occupancy, etc. Part III describes the service in terms of population served, physical space, staffing, sources of referral and length of waiting-list. Instructions for its use have been prepared. Requests for copies should be addressed to the undersigned.

A. AMBELAS

*Child Guidance Centre
North Avenue
Stoke Park
Coventry CV2 4DH*

REFERENCES

- GATH, A. (1982) Child and Adolescent Psychiatry Section: Issues in 1981. *Bulletin*, May, 6, 84–85.
BLACK, D. & BLACK, M. (1982) The use of consultant time in child psychiatry. *Bulletin*, July, 6, 116–17.

*A committee set up by the DHSS to report on the more effective method of data collecting.