

Correspondence

Prescription charges

DEAR SIR,

It is gratifying to note the continued concern of the College over the problems arising from the current exemptions from prescription charges.¹ We feel, however, that the question of hardship is incidental to the main issue. It is extremely difficult for the psychiatrist to assess actual hardship, which, to be objective, would require the patient to be means-tested. Patients hardly ever complain, and psychiatric patients seem to do so less than most. In any case, this particular aspect of the exemption rules has already been taken up by the Royal College of General Practitioners and by the Pharmaceutical Society.²

What appears to us to be the most important point to make is the fact that current rules unfairly discriminate against chronic psychiatric patients who require maintenance medication. CHC's have been aware of this problem,³ and last September the Association of CHC's for England and Wales almost unanimously recommended an approach to the DHSS to argue this case. The College's support on this matter would surely add considerable weight to their representations.

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REFERENCES

¹ *Bulletin*, June 1980, p. 99.

² *Medical News*, April 1980, p. 1.

³ *CHC News*, May 1980, p. 1.

Recruitment to mental handicap work

DEAR SIR,

While agreeing with Drs Hauck (July, 1980, p. 108) and Cooper (September, 1980, p. 144) that a three-month rotational period in mental handicap is too short a time to learn the many facets of this interesting sub-specialty, this type of rotation does at least enable a number of psychiatrists to gain exposure and some experience in the subject.

The first three years of a three-year rotational scheme here enabled three registrars to work in mental handicap each year, giving them each a four month block. Of those involved, four have gone on to get senior posts in this discipline (which was approximately half of all those taking part in the scheme). The difficulty presented by a much longer block of training in mental handicap is that not all those psychiatrists taking part are likely to be of suitable temperament, and if

they have to stay in a hospital or community service for the mentally handicapped for a prolonged period, this does not benefit their training or the service itself. I would recommend that a compromise period of four to six months should be adopted.

MARION WAY

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DEAR SIR,

I fully support the views of Drs Fowle and others (*Bulletin*, November 1980, p. 173) regarding the shortage of manpower and poor recruitment to the specialty of mental handicap and their recommendation of joint appointments in psychiatry and mental handicap.

Mental handicap is considered to be a sub-specialty of psychiatry where psychiatric practice is limited to a special group of people who happen to be mentally handicapped. As an analogy, one can cite the relationship of general medicine to geriatrics and paediatrics. Also mentally handicapped persons are probably more prone to mental illness. The impact of psychotic illness on the poorly organized and ill-developed personalities of the mentally handicapped results in symptoms which may confuse clinical diagnosis (Hucker *et al.*, 1979. *Psychiatric Illness and Mental Handicap*, p. 32).

I think that many psychiatrists would be eager to take up this challenge and would be more interested in working with the mentally handicapped if the standard of treatment in mental handicap were more satisfactory; as it is the response is bound to be poor.

Considering the country's financial position, I do not think that change towards an improved standard will occur in the near future. Meanwhile joint appointments would provide an alternative.

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Approval under Section 28 (2)

DEAR SIR,

I have sympathy for Dr Hutchinson's views (*Bulletin*, November 1980, p. 172) about the approval of medical practitioners under Section 28 (2) of the Mental Health Act 1959. My recent experience of the relevant administrative machinery has given me cause for concern.

Earlier this year I was appointed to the post of senior registrar in psychological medicine at this teaching hospital.