A Doctor's Personal Experience

DEAR SIR,

'Mental pain is less dramatic than physical pain, but it is more common and also more hard to bear. The frequent attempt to conceal mental pain also increases the burden; it is easier to say 'my tooth is aching' than to say 'my heart is broken.' So said C. S. Lewis, and my personal and humbling experience goes to prove the absolute truth of his words.

Nothing less than hospital admission met my need. I was fortunate in that a private health insurance allowed me to have a room to myself; and, even more fortunately for me, the psychiatrist in charge believed in ECT. This was no ordeal, except in watching the dead faces of others in the anteroom, and after four treatments I was able to consider my case impartially—as I thought. Still I was overwhelmed with horror to consider the possibility of twenty more years of life without laughter, without work, without memory, without the wish to read, and with the knowledge that nobody can love a depressed nonentity for very long.

Now that my memory, my zest for life, my love of laughter, beauty and family have returned and I am amongst my patients again, I would beg all psychiatrists and their staff to observe some guidelines to help depressives in general.

Keep telling them over and over that they *will* be better and probably within two years they will be back to their personal normality. The more often and convincingly this is said the sooner will the depressive be released from the slough of despond.

When you prescribe drugs, explain their possible side-effects and mode of action. Having to cope with a dry mouth tasting like the bottom of a birdcage, coupled with marked tinnitus, does not get one off to a pleasant start to the day.

When you say 'How are you?', listen to the answer.

Beware of the patient-cum-doctor who knows too well what to conceal, has made an alarming self-diagnosis and has written his or her life off as wasted or doomed.

When a drug has been given a fair trial period, do believe the taker who asserts it is doing no good whatsoever and change it.

If six months sick leave is indicated, order it first rather than last, as depressives tend to be of the over-conscientious and hard-working type.

Patients (especially doctors) must also assist their recovery by obeying instructions.

Families play a most important role: they can provide routine mindless jobs like ironing, digging and washing-up, thereby making the depressed one feel wanted and needed, however unlike their usual self they may feel and behave.

Colleagues and friends can give courage and self-confidence by behaving towards the depressed as John Wayne's friends did towards him. Recognize an enemy for what he is and you can defeat him. Cancer of the body calls out the best in those in contact with patients, but cancer of the mind is still despised and rejected by men—mainly because there is so much still to be learnt about causation, treatment and tender loving care.

STEPHANIE WOODHOUSE

The College

'MARRIAGE MATTERS'

The College's Comments

In 1975 the Home Office and the DHSS set up a joint Working Party to consider marriage guidance and cognate matters. The Working Party's Report was published last year as a Consultative Document under the above title, and the College was invited to submit its comments. The following observations, which have been approved, were drafted by a small Working Party of the Psychotherapy Section. A few explanatory paragraphs have been added.

In general the Report provides a valuable historical review of marriage and marital disharmony. It recognizes the importance of marital disharmony as a source of stress, and points out the need to remedy such disorders and their psychological sequels.

The College agrees that there should be a 'variety of doors to help on which individuals can choose to knock'. There is therefore a need for high ethical standards and for training of all workers in the field.

Payment should be made to marriage guidance counsellors, but this should not involve the creation of a new profession.

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The College supports the use of marriage guidance counsellors in general practice surgeries. A recent study has indicated that their presence may reduce the number of consultations and the prescription level of tranquillizers. Their role should be to supplement the general practitioners in psychological work, not to replace them.

The College supports the involvement of Health Authorities in providing facilities for psychosexual medicine. Care should be taken to ensure that sexual problems are not divorced from their context in human relationships.

It is important that consumer choice should be preserved e.g. many women (and some men) present at Family Planning Clinics with sexual problems under the guise of asking for contraceptive advice, and in the College's view they should have the opportunity of being treated where they have chosen to present. Therapists, therefore, should include doctors in family planning clinics, nurses, psychologists, social workers and psychiatrists who have taken a special interest in this field.

The College agrees that sexual problems of the handicapped and ethnic minorities are areas which deserve more consideration. The Report comments 'marriage requires recognition by each partner of the needs of the other and adaptation as circumstances change'. Practical advice may be needed and particular problems may be experienced by those resident in hospitals and homes. Those who counsel should be knowledgeable both about the handicap and about counselling. (With ethnic minorities, cultural norms must be respected and counsellors should be drawn from the same background.)

The College has reservations about the following aspects of the Report:

1. The Report recommends that the co-ordination of other Departments and Ministries should be made the responsibility of a Minister of the Crown, who would be supported by a small 'central development team' or 'unit for marital work' which would have 'moral independence of the Government'. While the College recognizes the importance of collaboration between agencies and disciplines, it is felt that the establishment of new administrative arrangements will if anything hinder such collaboration. The College would rather see the tasks of promoting research and development being arranged through the present Health Authorities and local authorities (possibly through joint funding projects), rather than through a central development unit. There is already considerable difficulty in co-ordinating the services between the Health, Education and Social Services. In the College's view, a separate Government Department would be likely to arise from appointing a particular Minister of the Crown. Both this and the proposed central development unit could militate against the most efficient development of this work and co-ordination of these services.

2. The Report does not fully recognize the part played by NHS workers. Whilst lay bodies such as the National Marriage Guidance Council have in fact done more than the professionals in providing help in situations of marital disharmony, sufficient recognition is not given to the growing contribution provided by many psychiatrists, psychologists and social workers from within the NHS. This applies particularly in child and family psychiatry departments, in psychosexual clinics and in a growing number of courses in family and marital treatment.

   The College wishes to give every encouragement to the continued development of the work of the lay bodies, but in the interest of co-ordination (which was one of the principal aims of the Working Party) and the maintenance of standards the College would wish to become more directly involved in the further development of such work.

3. The frame of reference of the Report is too restricted in terms of recent developments in the study of the relationship between psychiatric disorders and psychosomatic disorders, and relationship problems within families. For example, the Report gives little or no recognition to the many ways in which children are involved in marital discord. There is also no recognition of situations in which family discord is concealed and only becomes apparent after a symptom, such as child's disturbance, has been successfully treated. Lastly, there is insufficient examination of the problems of violence in marriage (which are often of great concern to the forensic psychiatrist), or the relationship between these and child abuse.

Recommendations

1. The College supports the need for the development of, and training in, skills in marital and family therapy. Such skills are now becoming increasingly part of the required training in psychotherapy expected of postgraduate trainees in psychiatry. General psychiatrists should be encouraged to further develop their skills in this area. Child psychiatrists, psychotherapists and forensic psychiatrists should all recognize the influence of marital disharmony on their practice and should be encouraged to develop their services in this area.

2. It is too early in the development of the field to specify the best method of treatment. A variety of models should be tried and refined through research. Training and supervision should be thought of as continuous rather than finite.

3. The DHSS should ask employing authorities to make available, from within existing establishment, sessions for suitably trained psychiatrists to act as consultants for lay personnel working in their field.

4. The DHSS in association with the Home Office should set up a Working Party with a broader brief, namely to

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carry out a full review of the services available for intervening in marital, family and relationship problems, the current training available and the deficiencies in these services and the training arrangements for them. The College would be willing to participate in such a Working Party.

PARLIAMENTARY NEWS
(to Christmas recess, 1979)

(The last 'Parliamentary News', published in the *Bulletin* for November 1979, was stated to cover the period up to the Summer recess. However, some issues of *Hansard* for this period did not become available until the late autumn, and so extracts from their contents are included in this report.)

Mentally Abnormal Offenders

Questions have continued to be asked about delays in the transfer of patients from Special Hospitals to NHS psychiatric hospitals, and on 19 June Sir George Young mentioned once more the 'problems of resources and attitudes' involved.

On 15 November it was stated that allegations of ill-treatment of patients in Broadmoor had been referred to the local police.

Figures were given on 18 July for the length of stay of patients in Broadmoor. The great majority have been in the hospital for under 10 years, but a small number have been resident for 30 years or more.

Following the May Report it was stated on 23 November that continued efforts would be made to transfer prisoners who ought to be under care in psychiatric hospitals. Although it was admitted (21 June) that psychiatric treatment within prisons was handicapped by the Prison Medical Service being under strength, it was confirmed (10 July) that it was not proposed to remove psychiatric treatment from the duties of the Service.

Mental Illness

For the first time for many years questions about mental illness have been of local interest only, e.g. the failure of a few local authorities to make any day or residential provision.

Mental Handicap

Comments on the Jay Report are being received from the many organizations concerned.

On 24 October questions were asked about the deficiencies in the provision of residential care in Scotland. The Under-Secretary in his reply emphasized that economies in public spending were not to involve adverse effects on priority groups.

Other questions were again of only local interest.

Psychiatric Services

On 26 November an Adjournment Debate was initiated by Mr G. Gardiner, the Member for Reigate, who called attention to the inadequacies of services for severely mentally infirm old people in East Surrey. He referred particularly to the situation at Netherne Hospital where staff ratio was low, partly through lack of funds and partly because recruitment was impeded by housing shortage. This meant that patients in great need had to be refused admission. In his reply, Sir George Young gave figures illustrating the magnitude of the problem (over-65s increased from 4½ m to 8 m in 30 years; over-80s expected to increase by two-thirds in next 20 years, etc.) He restated the Government's policy of community care, etc., admitting that the reality was 'rather different'. He pointed out that over the whole country nursing staff in mental illness hospitals had increased by 38 per cent in 10 years. There was no hope of more money for these services this year, but he held out a promise of better things to come.

Miscellaneous

Details were given on 5 December of grants made to voluntary organizations concerned with alcoholism (about 40 organizations); on 29 November of drug rehabilitation centres supported by the DHSS; and on 27 June of MRC grants to research projects involving agoraphobia.

ALEXANDER WALK

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