

Correspondence

Where are the resources needed the most?

DEAR SIRS

The article by Brough, Bouras and Watson, 'The Mental Health Advice Centre in Lewisham' (*Bulletin*, May 1983, 7, 82-84), is interesting and informative, but leaves—at least for me—a number of questions unanswered and raises some considerable concern for the future of such projects within the National Health Service. It mentions 'psychiatry's traditional concern with the treatment of psychosis', and suggests that 'radical changes in the organization and delivery of mental health services may be necessary' to meet increasing demands for community psychiatric facilities. This theme echoes that of the earlier paper by Brough and Watson (1977) where they describe 'gross deficiencies in both NHS and Local Authority provision for psychiatric services in the South East Thames Region. The problem is most serious for psychogeriatric patients whose numbers will undoubtedly increase substantially in the near and foreseeable future.'

Yet the solution this team has adopted, which they themselves admit may not be cheaper than a district general hospital unit, seems ill-matched to the problem as they have outlined it. We are told specifically that the Mental Health Advice Centre (MHAC) does not deal with elderly people, so it does not attempt to do anything about the problem Brough and Watson had described as the 'most serious' in 1977. Again, from their description of the activities of the 'multi-professional team' and its 'clients', it appears that they have little to do with functional psychosis either. Only 10 per cent of the patients seen by the MPT have functional psychoses. We are not informed if they see so many clients that this 10 per cent represents all of the functional psychotics presenting to the psychiatric service in Lewisham, or whether a large part of the psychotic patients presents to the psychiatric service in some other way, perhaps directly to the in-patient facilities outside of the catchment area. Similarly, the treatment modalities adopted by the MHAC show an obvious and unapologetic bias towards a psychotherapeutic approach, which is less likely to be relevant in the treatment of an acute schizophrenic episode or senile dementia.

It seems quite clear that the MHAC has reached out and taken under its wing a group of 'clients' that would not normally be seen in a strained and 'under-resourced' psychiatric service. It is probably doing so quite successfully and is earning the gratitude of its customers. I wonder, however, if the district is right to devote so much attention to a group of patients which, by comparison with the psychotics or the demented, is relatively little disabled.

Could we have an assurance from Brough, Bouras and Watson that the facilities, in-patient and out-patient, for the

treatment of other 'traditional' groups of psychiatric patients have been upgraded to at least a satisfactory standard before considerable, probably expensive, resources were diverted to the care of their young married women with transient situational disturbances and personality disorders.

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REFERENCE

BROUGH, D. I. & WATSON, J. P. (1977) Psychiatric facilities in an over-resourced NHS Region. *British Medical Journal*, ii, 905-6.

Confidential references

DEAR SIRS

Professor Sydney Brandon, in his comments (*Bulletin*, May 1983, 7, 91) on how to secure reliable references for psychiatric advisory appointments committees, could be answered by requesting confidential references from three more non-psychiatrist consultant referees, nominated by the candidates.

Reports from geriatricians, obstetricians, etc. would help to recommend the right person, especially if the other specialties would follow suit.

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The future of the consultant in psychiatry

DEAR SIRS

A paper with this title, drawn up by the President of the College, raises matters of extremely wide significance to the future practice of psychiatry. These include the degree of specialism within the profession, the possibility of limiting training to special centres and the question of assessing the competence of consultants. We understand that the distribution of this paper and collation of members' views on it have been left to the Divisions of the College. However, we find that many psychiatrists appear not to have seen this paper and/or not responded to the questions raised in it. We wonder whether, therefore, consultation through the Divisions is a satisfactory way of obtaining a valid impression of what psychiatrists in general think on important issues. It seems to us that very few psychiatrists participate in discussions within the Divisions, and it is therefore unlikely that reports from the Divisional Executive Committees would be representative of the views of the