Comment

The Need for Asylum in Society for the Mentally Ill or Infirm

Consensus Statement from the Third King's Fund Forum, April 1987

Proposals for this consensus conference raised doubts: it is arguable that the mentally ill have suffered enough from ill-founded consensus in the past. Nor was the size and heterogeneity of the consensus panel reassuring. There remained hope of an authoritative statement on an important aspect of services that has been pushed aside. Alas, in the event the final statement fails to focus on the central issue. It ranges blandly over the whole field of residential provision and the organisation of district services in so orthodox a fashion that it could have been largely written prior to the conference.

The tone contrasts with the harsh realities faced by many of the long-term mentally ill and their relatives. It seems to refer to a tidier and easier world in which one may await a time when all problems will be solved: "the community will come to appreciate that, for every mentally disordered person's needs, a suitable facility exists: that should reduce apprehension."

In this respect the consensus panel may have reflected a mood within the conference. The impression was of a need to create distance from the realities of severe, long-term illnesses, illustrated by preference for the terms client, consumer or even recipient, rather than patient, and by use of mental distress as a kindly meant but patronising euphemism for disabling illnesses. The contribution from a representative of the National Schizophrenia Fellowship which spelled out some of the stark realities was less well received than a 'Users perspective' from the Director of MIND which made no pretence of reflecting the actual views of actual patients or their relatives. He considered not only large institutions but "most of the mental health facilities currently available" unsuitable to provide asylum since they "assume a medical model of distress".

Perhaps it was this sub-text of denial of the constraints on freedom, choice and dignity which mental illnesses themselves impose, that patients and their relatives have to struggle with day by day, which led a member of the audience who had suffered from schizophrenia to feel that acceptance as a person was contingent on playing down the effects of the illness. One was reminded of a time when orthodox liberal attitudes to other minorities similarly confused shared humanity and homogenised experience.

The statement's tendency to glide past difficult issues is epitomised by failure to face the plight of the tens of thousands of patients who remain in the asylums which it describes as "symbols of the outdated". The comment that "large wards in large institutions cannot and should not be regarded as 'home' for anyone" devalues the lives of those for whom this has been the reality for decades and makes it easier to ignore their fears of losing what little they have had. Despite emphasis on consumer choice, only passing reference is made to the need to take account of these patients' own wishes for the future and none at all to involving them in choices during what may otherwise be a painful transition period; as if they will be magically and painlessly transmuted from hospital to ideal asylum in the community. Reference is also absent to the possibility of developing hospital sites to add to the range of choices available, especially for patients who may not wish to give up existing associations and relationships, despite an account of this approach from Fulbourn Hospital.

The air of unreality produced by failure to face the most immediately pressing problem of asylum is compounded by omission of any consideration of the cost of those proposals that are made. Despite being asked specifically to address such questions, the panel relegates cost-effectiveness and cost-benefit to review at some unspecified future time.

A reversal of priorities on the part of district authorities and central government is called for so that patients with long-term disabilities will be at the top rather than the tail of the queue for care: "the greater the dependency the greater the case for positive discrimination. The public will have to be educated in this change". It is as encouraging to see this firmly expressed in the consensus statement as it was to hear it advocated by an adviser to the DHSS during the conference; but doubt must remain how likely it is to happen without increased funding and thus at the expense of other groups, themselves underfunded.

In other respects also the statement fails to recognise that money matters. Reference is made to the importance of "proper receipt" of benefits but not to their inadequacies or the effect of earnings limits. Indeed, the impact of unemployment and the need for adequately rewarded sheltered employment as a component of asylum is nowhere mentioned. Stress on the importance of freedom, dignity and choice will ring hollow if the induced poverty and inactivity

of large institutions at their worst is exported into the community.

Several speakers attempted to inject more realism into the conference proceedings. This was a particularly difficult task for psychiatrists who always risk being labelled Cassandras or reactionaries. It is admittedly the case that the psychiatric consensus on long-term patients has in the past been inaccurate and unduly pessimistic, partly as a result of that distancing from the actualities of their illnesses and their lives which others now seem to be repeating and from which we are not yet free.

The latest King's Fund annual report calls for "a return to some fundamental principles about what it is that community care is intended to achieve, for whom and at what cost". This consensus statement will be useful if it unwittingly serves to underline some of these principles; for all the groups concerned.

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A Proposal to the Griffiths Enquiry into Community Care from the Interdisciplinary Association of Mental Health Workers

The Griffiths Review Team has recently been presented with a proposal for a new interagency approach to the planning, financing and management of community care from the Interdisciplinary Association of Mental Health Workers (IAMHW). This submission to Sir Roy Griffiths suggests the establishment of community care consortia.

A consortium is an independent agency with voluntary status, whose membership is drawn from health and social services, housing departments, leisure services, housing associations, voluntary organisations and user groups. The consortium would work in parallel with existing agency structures rather than subsuming them.

Already consortia are beginning to emerge in the field of special needs housing, where the financial advantages have been considerable (although recently this has been threatened by the government's new restrictions on the use of board and lodgings payments). The IAMHW believes that the model could be expanded and adapted to cover other aspects of community care provision.

The familiar blocks to successful joint planning must be removed. The IAMHW identifies these as fragmentation, inability to share resources and lack of incentive for co-operation. The consortium can overcome these problems because:

(1) a larger number of agencies can be involved as *equal* partners, including users;
(2) agencies can gain access to financial resources more readily because of the consortium's voluntary status, for example housing association finance and private finance can be more readily utilised;
(3) the consortium's role goes beyond planning into finance and management, thus providing continuity and the basis for coherent evaluation.

In offering a model which incorporates the elements of a common budget, a responsible manager and a single agency, the IAMHW proposal is bound to be of interest to the Griffiths enquiry. However, it is distinct from other proposals which incorporate the above elements but which suggest a "lead agency" of either health or social services. The IAMHW model would protect the Local Authority from erosion of its role and involve traditionally marginalised groups of users or voluntary agencies more centrally in planning and management issues.

Many submissions have resisted the notion of a "lead agency" having responsibility for a particular client group, or of significant structural change. The IAMHW shares these reservations, but has a positive alternative proposal in the community care consortium model.

Current Developments in Mental Handicap Services

A study day on 'Current Developments in Mental Handicap Services' will be held on 9 March 1988 at the Huddersfield Royal Infirmary Lecture Hall. This is a multidisciplinary teaching/training programme which covers various aspects of national and international developments in mental handicap services. Seats are limited. Further details: Dr N. Rao Punukollu, Consultant Psychiatrist, St Luke's Hospital, Crosland Moor, Huddersfield HD4 5RQ (telephone 0484 654711, extension 251).