(b) The need for statutory reviews of all mentally handicapped persons in residential care.
(c) The fact that most legislation concerning local authorities is couched in permissive terms, whereas the needs of a non-vocal group with little political importance, such as the mentally handicapped, can only be protected by mandatory legislation.

12. *Conclusions*

In general it seems that the following comments can be made:

(a) the 'model of care' described is more an expression of how the mentally handicapped ought to be than of how they actually are.
(b) the fact that institutionalization, rigid hierarchies and abuses can occur in small community units as well as hospitals is ignored.
(c) the important distinction between custodial care and therapeutic intervention is largely ignored.
(d) at present many patients are in hospital because they have been rejected by their families and/or 'community' in the first place.
(e) the suggestion that what is right for the most able mentally handicapped is also right for the most severely handicapped denies the real needs of the latter, with the inevitable consequence that they will suffer, money will be wasted, staff become disillusioned, and the experience of staff and existing structures will be lost. It is always easier to destroy a system than to build one.
(f) Experience has often shown that when the mentally handicapped are excluded from hospital care many do badly and they and/or their families insist on re-admission very soon after.

The denial of many of the real difficulties in treating the mentally handicapped can only lead to false hopes and inevitable disillusionment.

The College does not feel competent to comment in detail on the Report's recommendations on manpower and organization for staffing of the Social Services residential units as such. However, it considers that the amount of finance necessary to implement these recommendations is unrealistic and unobtainable at this time of economic restraint. Had it been made available in the past it is arguable that it would not have been necessary to appoint the Jay Committee.

LOCKED WARDS AND INFORMAL PATIENTS
Opinion of the Public Policy Committee

The College has since its inception, and previously as the Royal Medico-Psychological Association, been concerned with the freedom of the individual and the importance of preserving the individual's rights. The College has been instrumental in helping to bring about the policy of open doors in psychiatric hospitals.

In 1977/78 enquiries were made of the College by the press and others as to the nursing of patients, and especially informal patients, in locked wards. This matter was referred to the Public Policy Committee which instituted an inquiry on this matter through the College Divisions.

It was not possible to comment on specific responses to the inquiry, nor concerning specific instances raised by the press, because of the wide variation in local circumstances. However, it did seem that in some areas there had been a small increase in the locking of wards, particularly those caring for the elderly who would wander; situations involving the presence of younger patients sent by the Courts; and also at times where, because of fluctuations in available staff (caused by sickness, problems of recruitment, etc), adequate supervision and care could not be provided in an open ward setting.

However, the Committee considered that certain general statements could be made:

1. Many patients nursed in closed wards can visit other parts of the hospital; can go out for a few hours and can go home for weekends. This applies to the 'compulsorily detained' as well as informal patients nursed in a closed ward.
2. A closed ward gives some patients a greater feeling of security, and this should not be underestimated.
3. A closed ward can give staff the opportunity of better supervision and control of patients and for varying their activity in response to changes in their clinical condition.
4. While many hospitals find it essential on clinical grounds to have one or two closed wards, there has been no change in the general philosophy that wards should remain open wherever possible. Thus nearly all wards in a psychiatric hospital are open wards.
5. Any decision to close a ward should be made on the basis of treatment and management needs and centred on the needs of the patient or patients.
6. The Committee strongly recommends that a decision to close a ward should only take place under well defined procedures. While theoretically the closure will be authorized by the responsible medical officer the procedures are best drawn up by discussion between team members so that doctors, nurses and others are brought together in facing this difficult problem and working out the necessary safeguards. For instance, certain emergencies might lead to the need for a nurse to close a ward

and no time is available to contact the responsible medical officer. Definition of such emergencies and the procedures to be used would clarify the situation for all staff. Conversely, a decision to close a ward because of the particular patient population could well be made on the basis of discussion between doctors, nurses and others at a meeting.

7. Whatever the actual procedures devised by the particular hospital or by particular units of the hospital, the Committee considers it vital that such closures should be monitored, for instance by keeping a special record showing the dates, duration and reasons for each temporary locking, with the signature of each staff member who was a party to the decision. The reasons for closure should be available to all patients, and it is a matter of experience that most patients will accept such a closure when they understand the reasons for it.

The Committee wishes to make it clear that it deplores any situation in which a ward has to be closed because of lack of nursing and other staff. However, nursing certain patients does contain an element of caring for patients' safety (for instance, not making it easy for an elderly person confined at night to wander off and to come to harm) and protecting the public (in terms, for instance, of a violent patient whose treatment requires the prevention of acting out the violence). The treatment and management of such patients requires flexibility in methods including the use of a locked ward if thought to be absolutely necessary.

The fact remains, however, that the vast majority of psychiatric patients are cared for and treated in open wards, and the Committee wishes, again, to emphasize this point in order to provide a proper perspective.

EXAMINATIONS—SPRING 1980

The next MRC Psych Examinations will take place on the following dates:

Preliminary Test—Wednesday 5 March 1980

Membership Examination—

Written Papers—Wednesday 23 April 1980

Clinical and Orals—Monday 28 to Wednesday 30 April 1980.

Closing date for receipt of entries is Wednesday 6 February 1980

The entry fees are £35 and £55 respectively on each occasion. LATE ENTRIES ARE NOT ACCEPTED. The College no longer gives exemption from any part of the examinations. Candidates are reminded that they must pass the Membership Examination within five years from passing the Preliminary Test.

Details and forms are available from Examinations Secretary.

ELECTION OF PRESIDENT

Notice to Fellows and Members

Fellows and Members are reminded of their rights under the Bye-laws and Regulations, as follows:

Bye-law XI

The President shall be elected annually from amongst the Fellows.

Regulation XI

(1) As soon as may be practicable after the first day of January in any year the Council shall hold a nomination meeting and shall ... nominate not less than one candidate and not more than three candidates.

(2) Between the first day of January and the date which is four clear weeks after the nomination meeting of the Council, written nominations, accompanied by the nominees' written consent to stand for election, may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Council.

(3) An election by ballot shall be held in accordance with the provisions of the Regulations.

The nominating meeting of the Council will be held on 16 January 1980 and the last date for receiving nominations under (2) above will therefore be 14 February 1980.