handicapped people was inappropriately placed with that for people suffering from mental illness. The intention of the Act was to provide that only mentally handicapped people whose condition was associated with 'abnormally aggressive or seriously irresponsible conduct' would remain liable to admission under Sections 3, 37, 47 and 48. In general terms, all mentally handicapped people remain liable to admission to hospital under the shorter term sections, in particular Section 4 and Section 2. This was a very messy way of half achieving the underlying objects, but at the time the legislators thought this was the only option open to them.

The use of guardianship in relation to mentally handicapped people is another issue. I have looked through the debates of the Special Standing Committee in the House of Commons and I can find no mention of any consideration of the limitation of this power to 'mentally impaired' and 'severely impaired' people. My own recollection is that it never occurred to any of those involved in the passage of the Mental Health Act to query its application to only that group of mentally handicapped people.

I agree with Dr Singh that consideration must be given to those problems. My own view is that there seems little evidence for the need to extend the long-term detention sections of the Act to all mentally handicapped people and that as far as guardianship is concerned there is an urgent need for hard evidence as to whether the powers actually possessed by the guardian would be useful and appropriate in many circumstances where they are inapplicable at the moment. The 'rights' to which Dr Singh referred must mean not only the rights to protection but also the rights to take risks that all of us regard as an ordinary part of our life. What we really need is an entirely separate legislation which can be tailored to particular needs of mentally handicapped people.

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Psychiatry of mental handicap services

DEAR SIRS

Recently D. A. Spencer argued in your columns that Divisions of Psychiatry should be watchful to preserve the roles of consultants of mental handicap services in those places where it is proposed to adopt a service model based on principles of 'normalization' (*Bulletin*, January 1985, **9**, 14).

The City of Sheffield is, as far as I can discover, the only place where there is a published strategy to transfer the care of intellectually impaired people from the health service to the local authority. It must be made clear that Sheffield plans do not envisage anything other than a continuing and active role for the consultant psychiatrist. Indeed, she is a very committed and active member of the Joint Team of Officers that has the responsibility of translating the strategy into actuality. The longer this Team works at its task, the more convinced we become that if the opportunities of intellectually impaired people are to be maximized, the combined skills of all those professional groups currently working in the mental handicap services will be required in abundance. Our aim is not to offload such patients from a hard-pressed service, but to enable all intellectually retarded people in this city to play a full part in its life.

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Physical activity for the mentally handicapped: A unit of learning

DEAR SIRS

Physical activity is important in the development and maintenance of good physical health and mental well being. Such activities are especially important to the mentally handicapped where development of physical movement and co-ordination helps create activity, invigorates and improves the quality of life. The feelings of well being and of achievement also improves self-esteem and the socialization of the handicapped and aids integration not only between themselves but also with the community.

The term physical activities should be interpreted widely and include any physical activities that aid the mentally handicapped to develop their full potential and acquire maximum independence and use of their leisure time.

Within the hospital service many units have developed active programmes, not only of traditional activities but also of adventure-type projects such as rock climbing, potholing, sailing, etc, as well as local and regional sports days. National and international olympics have been held successfully.

Everyone caring for the handicapped needs to have knowledge of the resources available in the community, locally and nationally. In particular, nurses should have some knowledge of how physical achievement can enhance the quality of life for mentally handicapped persons, and be equipped with some of the necessary skills needed to provide relevant physical activities.

Towards this end a unit of learning for staff caring for children and adults with mental handicap has been devised by Barbara Norris, Lecturer in Physical Education, University of East Anglia, working as a part-time member of staff of the Disabled Living Foundation. The unit of learning has been approved by the English National Board for Nursing, Midwifery and Health Visiting. The learning unit is intended to provide 40 hours' tuition during the three-year nurse training. Its syllabus includes: (i) the concept of an active life style, with relevance to the division of work and recreation in the life of a mentally handicapped person; (ii) movement as an integral part of child development and growth; (iii) physical activities as a stimulator for language development; (iv) the physiological benefits arising from regular physical activity; (v) the resources available in the community. Practical work includes activities based on music, ways of promoting large body movement in water therapy and swimming.