Correspondence

Psychiatry of mental handicap services

DEAR SIRS

Recently there has emerged a school of thought which is finding favour in some Health Districts. Arguments which at first sound plausible are advanced to justify the virtual elimination of any National Health Service provision for mental handicap in a Health District. A corollary of this approach is that there is no need for a specialist consultant in mental handicap. As it may appear to save money, this trend has obvious attractions.

For many years it has been claimed by mental health pressure groups, and a large number of psychiatrists have supported the contention, that most of the patients in the older long-stay hospitals for mental handicap should not be there because they do not need the 'medical model' of continuing psychiatric nursing care. It is claimed that these people can be given a more normal life within a 'social model' of small groups living in ordinary houses in the community, with appropriate support.

The proponents of this 'normalization' viewpoint also argue that if mentally handicapped people have any behavioural or psychiatric disorders they should go to the 'generic' general psychiatric services. Often these general services are overstretched already and they can argue reasonably that if they are to take over a responsibility for mental handicap they should have the resources for it transferred to them.

Among mentally handicapped children and adults there is a small minority who present very serious management problems, particularly aggressive and violent conduct, or self-injury, which amount to the 'abnormally aggressive and seriously irresponsible conduct' referred to in the categories of 'mental impairment' and 'severe mental impairment' in the Mental Health Act 1983.

In practice mentally handicapped people with behaviour and psychiatric disorders are often not suitably placed in acute psychiatric units and mental illness hospitals. The occupational and training needs of mentally handicapped patients differ from those of psychiatric patients with normal intelligence.

Community-orientated, district-based services are the objectives to be achieved in the NHS strategy for mental handicap. Progress has been made across the country in appointing community nurses and establishing community mental handicap teams. These new services emphasize rather than diminish the need for specialist psychiatric back-up support with a residential NHS component as an essential to maintain the community services.

Mentally handicapped people who present seriously disturbed behaviour are not acceptable in community hostels and houses, they need a hospital type of facility for emergency admissions, observation, assessment and treatment. Like child psychiatry and the psychiatry of the elderly, the psychiatry of mental handicap concerns itself with a small minority of a distinct group within the population who need psychiatric help and who have special needs which the general services for the majority do not satisfy.

Divisions of psychiatry need to be vigilant in holding and developing psychiatry of mental handicap services in their Districts to complement the community provision lest these services are sacrified on the altar of over-idealistic philosophies.

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Mental Handicap and the Mental Health Act

DEAR SIRS

One of the anomalies of the 1983 Mental Health Act is the striking similarity of definition of 'severe mental impairment'; 'mental impairment'; and 'psychopathic disorder'. All the three definitions refer to 'abnormally aggressive or seriously irresponsible conduct' and the psychopathic disorder can also include 'significant impairment of intelligence'.

The intention of the legislation seems to be to protect the rights of mentally handicapped people but, inadvertently, some of the most vulnerable mentally handicapped people appear to be more at risk through the implementation of one particular aspect of the Act, that is Section 7 which authorizes the Local Authority Social Services Department to apply for Guardianship. These mentally handicapped members of 'families at risk', especially during crisis situations, may become the focus of abuse, particularly physical and sexual, from one or more members of the family. Such families need help and support but, more important and of immediate concern, is the removal and protection of the mentally handicapped individual from such a situation. The inclusion of behavioural criteria in the Act has increased this potential risk of abuse to mentally handicapped people who do not fulfil these criteria.

A questionnaire survey was carried out of the opinions of consultant psychiatrists in mental handicap about the definition of 'mental impairment' and 'severe mental impairment'; the preference of appropriate terminology; the inclusion of behavioural criteria; and the effects of the present definition as well as the changes they might wish to see in the 1983 Mental Health Act.

About 66 per cent of the 86 consultants approached (37.4 per cent response rate) did not consider 'mental impairment' and 'severe mental impairment' as defined by the Act to be appropriate and 63 per cent would prefer the term 'mental handicap' and 'severe mental handicap' as an alternative. About 42 per cent of respondents wanted to see the inclusion of 'abnormally aggressive or seriously irresponsible conduct' as part of the definition, and about 40 per cent thought otherwise. Eighteen per cent did not know or comment.