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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Morale in mental handicap hospitals

SIR,—Hospitals for mental handicap are often criticised for the low morale of their staff. What is surprising is that morale in these hospitals is often as high as it is, having regard to the intractable problems and the constraints of staff and facilities they endure. If morale is poor it reflects a growing mistrust shared by staff in hospitals for mental handicap.

Firstly, there is mistrust of the Department of Health and its special groups for mental handicap. Staff feel that while lip-service is paid to the work done by nurses, doctors, and other staff in these hospitals there is a conspiracy to achieve their eventual dissolution, the demise of the registered nurse of the mentally subnormal and of the specialist in mental handicap, without any alternative system of care of proved value being developed other than a nebulous community care.

Secondly, non-statutory and voluntary bodies representing mental health and mental handicap are mistrusted for their apparently deliberately provocative and even abusive antihospital propaganda. Paradoxically, parents and pressure groups had relatively far more to complain about legitimately years ago when hospitals for mental handicap were more crowded and impoverished than they are today.

Thirdly, the reorganised management structure of the NHS has not obviously helped hospitals for mental handicap. Decisions, when made at all, are more remote than before and are made, without reference to the staff and patients affected, by officers with little or no understanding or knowledge of mentally handicapped people or sympathetic

awareness of the histories of hospitals and what their staff have done over the years. Planning teams behind the scenes are mistrusted as plotting teams.

Fourthly, there is mistrust of reports by the media, usually critical of hospitals which can do no right. Hospitals are accused of "locking people away" and of "unloading them on the community." Patients who work are "exploited," if not they are "vegetating." Non-statutory facilities are invariably portrayed as doing so much more for the mentally handicapped than hospitals, but it is rarely pointed out that such agencies are highly selective and the mentally handicapped people they reject find their way to hospitals.

Fifthly, staff who have for years struggled to do their utmost for mentally handicapped patients with limited resources but who felt that they enjoyed understanding and gratitude for their work from patients, relatives, and public now find themselves turned against, denigrated, and virtually told that they are no good at what they do and that they should not be doing it anyway. Even if hospitals are inadequate, staff have been willing to make the best of them if they have had the respect and support for what they do from management, relatives, and public and if there was chance of gradual improvement.

Sixthly, reports of scandals intended to stir the public conscience have done more harm than good to morale when they have been manipulated to backfire on staff.

Seventhly, there is mistrust of provision by the social services for the mentally handicapped. This may be planned and operated with little reference to the Health Service until a mentally handicapped

person presents a problem or becomes unacceptable to the social services; then hospital admission is expected.

Eighty, there has come, unfortunately, a mistrust of visiting volunteers and students in hospitals for mental handicap since some have infiltrated in a "kibitzer" role.

Ninthly, hospitals for the mentally handicapped have an increasing proportion of profoundly handicapped patients whose occupation presents an enormous challenge and whose chances of living an independent life in the community are negligible. Staff coping with such patients mistrust the idealism of armchair theorists.

Tenthly, there is mistrust of official statements, memoranda, and White Papers which present an ideal of which staff in hospitals for the mentally handicapped are well aware but which are not supported by the resources to achieve it.

If the higher echelons of the Health Service do not recognise mistrust in hospitals they are failing in their job, as they are if they are aware of it but do nothing about it. If morale is poor patients, their relatives, and staff suffer. It is ironic that the mistrust which lowers morale has arisen from well-intentioned but misguided attempts to help the mentally handicapped.

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Active management of labour: care of the fetus

SIR,—In their article on active management of labour and care of the fetus, Professor K O'Driscoll and his colleagues (3 December, p 1451) draw attention to their low rate of