

# BRITISH MEDICAL JOURNAL

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## Supporting Service for the Mentally Handicapped

SIR,—In a recent article (24 February, p. 435) you outlined an apparently critical medical situation in the field of mental subnormality, and as a corollary you asked whether teachers, psychologists, and social workers should be invited to fill the gap. But neither your article nor the subsequent correspondence pinpointed the present fragmented administration as the single element in the care of the mentally handicapped that has prevented, is preventing, and will continue to prevent the emergence of a satisfactory comprehensive service.

The care of mental subnormality is unique in that we are not dealing with illness but with social incompetence. The management is very largely social and educational; but the medical background is clearly crucial in prevention, in diagnosis and clinical treatment, in assessment of progress, and in the psychiatric handling and therapy of behaviour disturbance. It is, I suppose, simply because it is primarily neither social nor medical nor educational but is a discipline *sui generis* that the present administrative situation has evolved by piecemeal legislation. It is split down the middle by the hospital/community dichotomy; further subdivided by the separate social, medical, and educational responsibilities in local government; complicated by the fact that hostels may be staffed, trained, and managed by voluntary bodies as well; bedevilled by varying pay structures and career prospects in similar services; and, lacking any co-ordinating direction whatever, it is knit together only by the selfless, skilled work of the many who devote their lives to the care of the mentally handicapped.

No navy could be an effective force with-

out a central command, however good the different ships might be; and the analogy is a fair one in this context to emphasize how necessary it is to introduce a fundamentally new administrative system. The care of a mentally handicapped member of society should clearly be the responsibility of a single body, so that his diverse needs can be unified within the compass of an entirely new national authority, which would be accountable for the administration, planning, and operation of the whole service. Such a body would co-ordinate and align the policies and practice of all aspects of the work. It should be fully funded to undertake social care, hospital treatment, and all ancillary services and would maintain a close, defined liaison in educational matters. In 1972 a proposal for such a department was introduced for debate in the House of Lords by Lord Davidson, and elsewhere the need for such a national administrative authority has been considered. But as yet no further progress appears to have been made.

Signs of inadequacy and symptoms of crisis are constantly recurring, and they painfully illustrate the need for a properly co-ordinated administration. The suggested service would pose many problems and require detailed preparation, and the legislation would perhaps add further complication to an era which is already beset by great changes. Nevertheless there are no overwhelming difficulties in formulating an outline scheme for the work of such a new department, and it is to be hoped that those in authority will be able to consider the proposal in principle, and perhaps initiate a feasibility study. The national press and the public could perhaps

add their support to a project which, in its limited field, would constitute a major progressive reform.—I am, etc.,

E. B. McDOWALL

Brockenhurst, Hants

## Social Workers and Family Doctors

SIR,—Drs. D. G. Craig and P. J. Travis (28 April, p. 243) end their letter by asking if other doctors agree with them that it is time family doctors experimented with the employment of social workers. I do.

Two years ago the lecturer in social work at this university asked me if I would take a social work student for a fortnight over the Christmas holidays. He explained that this was the only time in her curriculum which could be spared and that she had volunteered to give up her Christmas holidays to do it as an elective period. She was a great success. My partners and I handed over the social work problems we happened to be dealing with at the time, and she showed what could be done by an intelligent girl who was in her element dealing with people. She illuminated family situations, identified and set out to solve problems, and surprised everybody by being willing to cope with crises at any time. Moreover, she continued to follow up patients for some time after her attachment was over.

An exceptional girl no doubt, but not, it seems, unique. In *Social Work in General Practice*<sup>1</sup> the whole-time attachment of a social worker to a group practice in Camden is described. She also found satisfaction in taking on all comers at any time, was willing