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Ian Whitehead, Esq.,
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Dear Ian,

Further to my previous discussions about Community Care of the elderly with John O'Sullivan and our own talks as he left about the problems we were trying to solve in the Thamesmead project, aiming to bring social serices and medical services together in the general practice setting for the benefit of the patients -

I do strongly agree with you that major problems remain unresolved over the long term care of the mentally ill, cases which, of course, include chronic conditions like hebephrenic schizophrenia, mixed schizophrenia including mild paranoid schizophrenia (severe paranoid schizophrenia should not be at large in the community anyway!), together with Alzheimer's Disease in middle-aged people, and senile dementia from various medical causes, CNS degeneration, cerebral atrophy from alcohol, multile cardiovascular accidents even temporal lobe epilepsy etc.

I am afraid the Mental Health Act of 1985 has not solved the problems this diverse group of patients create. The Act has actually resulted in such cases being discharged from the relative (but expensive) security of the former mental hosptials to the homes or in worst cases to wander the streets.

So the situation we have now is that some of the longstanding mentally ill and demented cases in society are being managed more or less successfully by the family, if there is one, backed up by the social services. But there are others who are really in serious need of long term provision and care. In fact, such cases need to be supervised perhaps in special accommodation but certianly by people who understand them, their diagnosis and their treatment and their probable future course. Such people would be drawn from psychiatrically trained community nurses, community psychiatrists and so on.

The question therefore has to be asked, how are we to separate the mild from the serious cases and keep the latter from roaming loose in society, exposed to all manner of social risks and threats and bringing discredit to the NHS and Social Services generally?

One way, which commends itself by its relative simplicity, would be to make arrangements to take decisions on an individual basis as and when each mentally ill patient came in from the community to hospital for one reason or another. Experience shows that reasons may be medical - illness - or social. If the cases that

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are admitted recover well and quickly and the hospital service ascertains after a few days that they can be taken care of when they are discharged back to whatever the circumstances were before, then it seems to me they should be under the local authority social service agencies.

But if they are clearly seriously demented and bearing in mind home circumstances which may be a family home or a residential home less expensive than a medically supervised institution, shouldn't we try to find expert medical supervision for them through the NHS model. This has staff who are properly trained to deal with such patients, understand them and their problems, staff who understand the possible treatment available and staff who could be relied on to use the appropriate treatment skilfully, this would avoid the present tendency for no-one to be quite sure who is responsible for this aspect of the care of demented patients.

This situation is likely to get very much worse in the early future as more and more drugs which may or may not improve memory become available for treating these people. You should be under no illusions that such drugs are being developed and marketed, we certainly don't know yet of any winners but I think we have to recognise that improvements will occur in some patients on some of these new medicines. It seems to me to be beyond the resources of the local authority social service agencies to keep abreast of these developments and use them properly.

Thus, in my view a fair question to put to those currently involved in the care of psychiatric cases at large in the community is, couldn't you segregate the cases needing ongoing medical supervision from the other less serious cases whenever any of them are watched and assessed in the hospital setting? And if it takes more than say twenty working hospital days to complete this assessment, isn't there a strong case for those patients being passed, at least first, to medical supervision rather than community care.

(I say twenty working days to get around weekends, national and NHS holidays etc.)

Yours ever

John Butterfield