

LETTER TO THE EDITOR

Harperbury Hospital,
Harper Lane, Shenley,
Nr. St. Albans,
Herts.

Sir:

The Needs of Mentally Handicapped Children

Your reviewer of "The Needs of Mentally Handicapped Children" has perhaps let his appreciation of the well written and produced pamphlet blind him to the implications of the Working Party's recommendations.

The report recommends the abolition of the Mental Deficiency Hospital Services as we know them — services which the report itself describes as "probably the best services for the mentally handicapped in the world." It states baldly in the summary that "the large institution should be regarded as obsolete," and one supposes that the psychiatrist and psychologist working in deficiency should be considered to be equally obsolete, as in the planning section there is not a mention of the full-time medical and psychological staffs of such hospitals.

It is hardly necessary to remind the readers of your Journal of the pivotal part which the large hospital plays in the comprehensive scheme for the subnormal. It is the only place where senior medical and psychological staff can be found in sufficiently large numbers to generate an active and stimulating clinical and research environment, and where they can be joined by other scientists who have contributions to add to the solution of the problem.

It should be realized that during the last decade the leading Mental Deficiency Hospitals have been the scene of a clinical and scientific renaissance, where the multidisciplinary approach has been formulated and brought into active practice.

Apart from deficiency becoming a recognised speciality for psychologists, hospital research teams have been joined by geneticists, biochemists, biologists and paediatricians, and have been producing an increasing amount of original work. The amount of research work which has accrued is testified by the appearance of the Journal of Mental Deficiency Research which is almost entirely devoted to reports of research activities. In addition, the large hospital is not only capable of making much better provisions for the care and community life of its patients, but makes it easier to group clinically similar patients together and thus ensure that all patients receive adequate attention.

What alternatives does the report suggest to the present hospital services for patients requiring residential care? The breaking up of large hospitals and their replacement by small institutions. Such small institutions are bound to be much more wasteful of staff and at the same time, will not be able to offer a sufficiency of senior posts to attract workers of distinction. In spite of that, the running costs are bound to be very much higher. While the provision of facilities should not be determined purely by financial considerations, it is difficult in the present day to imagine such Utopian conditions that financial stringency does not make it imperative that the available money is spent as wisely as possible.

The provision of residential care that would give the patient all the advantages of normal family life is an unattainable ideal. If the patient is so handicapped that his own family cannot give him the necessary care, does the Working Party really believe that foster parents will be found in sufficient numbers to solve the problem? The small community hostel appears on paper to give the next best approximation of an intimate homely atmosphere—but in the past it has only too frequently degenerated into a place where patients are neglected and where life is much more restricted than it is in a large hospital where facilities for recreation and communal life are so much more readily available. Schools, cinema shows, coaches for outings, occupational therapy, physical education, organised games, social clubs and dances, are all taken for granted in a large hospital but are all very conspicuous by their absence in hostels. The problem of providing adequate social and recreational facilities for medium grade patients who are living in annexes apart from the parent hospital even besets large hospitals with well-developed services at their command. How much more inadequate will be the facilities available in scattered Local Authority Hostels!

The striking feature of this report is the hypertrophied importance of the paediatrician (even allowing for the bias of a Paediatric Society) in the projected services; and the report is quite prepared to countenance all the evils of hospitalization, which it decries in the present Mental Deficiency Hospitals, if they are to be perpetrated in a paediatric ward or annexe to such a ward. One obvious weakness of such a purely paediatric approach is the lack of thought for what will happen to the children when they grow up. This is an urgent problem in all the

Mental Deficiency Hospitals at present, where grown up children are blocking children's beds to which they were admitted 10—15 years ago. The pious hope of the Report that "many would not survive to adult life" is unrealistic, even allowing for the Report's statement that paediatricians lack experience in the handling of severely subnormal children. I crave leave to doubt whether the mortality rate amongst severely subnormal children in paediatric care will be sufficiently higher than that amongst children in present "institutions" to make the provision of facilities for grown-up children a lesser need.

I would not like to give the impression that I do not consider the paediatrician an important and valuable member of the team. In a speciality as wide as that of Mental Deficiency, there is room for the paediatrician, not only as a visiting consultant on the same footing as the surgeon, the dermatologist or the neurologist — but also as a full-time worker in this field. But Mental Deficiency presents too serious a problem both socially and in terms of human suffering for its direction to be left in the hands of workers for whom it is a marginal activity or a part time interest. Apart from the problem of what will happen to the children when they grow up, it is very unrealistic to plan services for children alone, as quite a lot of the requirements of the adult defective are the same and unless all ages are planned for in a comprehensive service, there will be duplication and administrative difficulties.

A careful study of the facts adduced in the report leads one to the conclusion that far from dispensing with the large hospitals, they should receive every encouragement to become the foundation of all services. The Report recognises that Mental Deficiency is the Cinderella of all the hospital services. If more money were to be spent in this particular field the benefits to the patient would be greater than if it were spent in any other way. Many of the criticisms that have been levelled at the hospital system are in effect criticisms of the lack of staff and lack of facilities. The provision of individual care for children does not depend on having hostels, but on the staff/patient ratio. If the present overcrowding of our hospitals could be relieved, if our wards could be gutted and rebuilt to take fewer numbers under modern conditions; if administrators did not think in terms of "subnormal beds" but realized that different types of patients have different residential requirements, e.g., psychotic children (to whom the Report makes only passing reference), high grade adolescents with behaviour disorders, cerebral palsy patients, etc., the condition of patient care would be greatly improved. The standard of care would approach that which the parents would like to see given to their children and which we, the workers in hospitals for the defective, would like to provide. If in addition the establishment in large hospitals were made up to the envisaged level in the proposed small hospitals; the large hospitals would have sufficient scientific workers to ensure not only the best clinical care for their patients, but in addition the fulfillment of a full research programme. It must not be forgotten that the prognosis of very severely handicapped children is bound to be poor, and that prevention should be the aim towards which we strive. Preventive measures are impossible without an adequate and energetic programme of research.

Small units in large hospitals allow one to have the best of both worlds. The patients can be given individual attention, yet be numerous enough to be classified properly and accommodated according to their clinical needs. The large size of the hospitals would ensure that suitable facilities could be provided easily and economically.

Yours &c,

A. SHAPIRO.

[Further correspondence on this subject is invited.—Ed.]