

Mental hospitals may be Victorian, but they are the best mental health real-estate we have, and, just as Victorian and Georgian houses are often far more satisfactory places in which to live than modern little boxes or high-rise flats, so the hospital is a much more total therapeutic community than the isolated Local Authority institution or neglected Group Home can be.

The mental hospital should be central to all mental health care, and from it, all good mental health rehabilitation and community care should

occur, where the social worker commitment is hospital-based and directed.

However, for the mental hospital to reach maximum efficiency, funds must be redirected to it by Government. Its resources should be cherished, not eroded by giving credence to unsubstantiated psycho-social mythology.

The views expressed in this article are entirely the author's own. Ed.

THE SCRIBE'S COLUMN

In Need of Sympathetic Modernization

It is surprising that devotees (and who isn't) of our ever-expanding multidisciplinary psychiatric teams have so far ignored the contribution that could so usefully be made by our colleagues the Estate Agents. Psychiatric hospitals advertising jobs and Estate Agents selling properties share a common problem and a common phraseology. The purpose of this paper is to suggest that we could usefully learn from each other in a properly constituted multidisciplinary setting.

For example, psychiatric hospitals have for many years laid considerable emphasis upon their setting, particularly if rural or marine. 'Situating in pleasant rolling countryside' was for long the proud boast of one of the Southern hospitals which used to add, presumably to distinguish itself from the local Estate Agents, 'all modern methods of treatment practised'. The idyllic picture thus long ago presented was of phenothiazines and psychotherapy generously dispensed in a parkland setting with skies at peace under an English heaven.

Research shows that this rural tradition still continues, as well exemplified by two recent advertisements; the first, from an estate agency, described a house which had 'more than a glimpse of the sea'; the second said (*BMJ*, 1 Oct. 1977, xxxvi) of a psychiatric hospital that it was 'situated in countryside seven miles from attractive bathing beaches'. From the same part of the world, give or take a few miles, another psychiatric hospital pointed out (*BMJ*, 24 Sept. 1977, xxxii) that its vacant post 'would especially appeal to those applicants interested in country pursuits'. While this might have the entirely

laudable effect of discouraging the urban denizens of Denmark Hill, it might yet be thought by some to come perilously close to prosecution under the Obscene Publications Act. Both these hospitals were in Wales, and if you can't speak Welsh there is always that hospital which has 'access to the unspoilt and delightful Northumbrian hinterland with its excellent coastline and hills' (*BMJ*, 27 Aug. 1977, xxviii). And if you can't speak English, there is that other hospital which bills itself as 'situated in 200 acres of extensively landscaped Hertfordshire countryside' (*Lancet*, 5 Nov. 1977, p 18). If these advertisements are compared with that recent American one (*BMJ*, 12 Nov. 1977, xli) from California for a psychiatric hospital affording 'an opportunity for professional growth and personal enrichment (I like that—E) in a community near beaches and mountains with clear air and unexcelled recreational resources', it will be seen that our American cousins must already have established a multidisciplinary team with Estate Agents.

Both Estate Agents and psychiatrists use advertisements to illustrate recent advances in their respective technologies. Thus the word 'refurbishment' in estate agencies is newly on the scene. In our own discipline one may note such developments as that hospital which alleged that (*BMJ*, 24 Sept. 1977, xxxi) 'A progressive multidisciplinary social psychiatric approach to treatment is practised'. Such compelling, if incomprehensible, attractions carry their own dangers, and this particular one, falling like a thunder-clap across the surface of the psychiatric world from Cairo to Karachi, from Menninger to Maudsley,

must have threatened a dangerous stampede of applicants resembling nothing less than the cavalry of Genghis Khan sweeping across the steppes of Central Asia (actually in the end both candidates failed to turn up for the interview; you know how it is).

Let us be fair. Some advertisements are more realistic. One for a Consultant in Mental Handicap (*BMJ*, 27 Aug. 1977, xxvii) said that 'previous experience would be an advantage' and you can't be more realistic than that. The other area in which realism creeps in is in the matter of 'A' UMTs, but this by no means compares say with surgical posts in this area of 'personal enrichment'.

Some confusion arises over matters which presumably are misprints but which, like all mistakes, have their own psychopathology. Thus (*BMJ*, 27 Aug. 1977, xxix) 'the hospital is modern in outlook and ECLECTRIC in approach'. 'Psychotropic drugs' is another such example, as presumably is 'EEC Department', an unfortunate mistake in that those who might be thinking they would be practising psychotherapy in Brussels would in fact be looking at alpha waves in Barnsley.

And there is the interesting differentiation between treatment with a small t and Therapy with a capital T. Repeatedly throughout the advertisements there is an implicit rather than an explicit distinction. Therapy is frequently described as Dynamic or On-going whether it applies to group, behaviour or psycho, and the same 'active or dynamic' orientation applies to research where this is mentioned.

But it is easy to criticize, and I suggest the following exercise would be helpful. You are asked to draw up an advertisement for a post in a 'typical isolated Victorian mental hospital' with six separate multidisciplinary teams with different philosophies of treatment and/or Therapy, three different admission units all in a hospital concerned with four separate Districts and one and a half AHAs and a nearly acute unit in a former workhouse which caters for more unsatisfactory problems. Community psychiatric nurses are ravaging the countryside. Social Services are interminably involved with case conferences. The hospital has just received a helpful visit from the HAS who did a grand job and knew all the answers.

Entries on a postcard please, accompanied by a PO for five quid to Ezra at 17 Belgrave Square (mark it personal). The first prize is a tour with the HAS, and the second prize is (wait for it) two tours with the HAS.

Two further points. I hope that the Public Policy Committee of the Royal College will now consider establishing a joint Working Party with the Estate Agency people. I urge this because we have recently in our hospital received considerable help in our own multidisciplinary teams from our Estate Agents colleagues. They advised us that we have a 'large building in the country near sea and beaches suitable for institutional purposes and in need of sympathetic modernization'. They thought that we should not put 'keys with owners'.

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