

relatives suffer unnecessarily as a result. Doctors will eventually be faced with attempts to oust them from their place in psychiatric rehabilitation unless they show more concern than this for their chronic patients. Something ought to be done about it. If the College were to make Rehabilitation a recognized special interest it would be a good start.

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Reference

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MYTHS AND 'MIND'

DEAR SIR,

No one aware of the pressures on mental hospitals staff would blame Dr Norman E. Crumpton for venting his general frustration and annoyance in an attack on MIND and on a nine-page duplicated document issued from its Leeds Office in an attempt to expose defects in community services within his Region.

What I do find odd is the Editor's decision to print the article ('*Myths and "MIND"*', March 1978) without checking its accuracy and without warning the subject of the attack so that our response could appear within a reasonable period of time.*

The report in question *Community Mental Health Provision in Yorkshire, Humberside and the East Midlands* presented the results of a survey on residential care, day care and social clubs. It compared some of the actual provision made by local authorities with national guidelines, gave a broad picture of voluntary provision and in very non-controversial terms repeated the case for rehabilitation services and after-care in the community. Noting that in Yorkshire alone it had been agreed by the professional staff concerned that 1,133 long-stay patients could be discharged if accommodation and after-care were available and that local authorities provided only 298 places in hostels and homes, it concluded that more could be done through joint planning and funding. 'With political will and imagination, it is possible for local authorities to improve their facilities for mentally ill people above the present

* As indicated at the foot of Dr Crumpton's article, the views expressed were those of the author. Every effort has been made to publish Mr Smythe's reply rapidly, and a preliminary note appeared in the April issue to the effect that this would be forthcoming.—*Ed.*

depressingly low level. It remains true that in 1977 someone discharged from hospital in many parts of the Yorkshire and Trent Regions will receive little or no community support.'

To return to Dr Crumpton, he uses a technique which is becoming all too common. Recently at a public meeting a psychiatrist from Friern Hospital, London, produced impressive statistics and slides to show what would happen if his hospital were closed overnight. No one had suggested it should be, although many of us think it ought to be replaced as quickly as possible by decent district-based services. Dr Crumpton, too, erects myths only to knock them down. For example, although Enoch Powell and many politicians and professionals since have proposed the closure of obsolescent and isolated psychiatric hospitals, no one, to the best of my knowledge, has suggested that they should simply be replaced by non-medical local authority services. Neither can I imagine anyone disagreeing with Dr Crumpton that institutional neurosis can occur whether the institution is run by the National Health Service or by a local authority.

Once immersed in an irrelevant argument, Dr Crumpton, whether intentionally or not, sets about misquoting the MIND Report. Compare his misquotation MIND states 'Hospital staff work hard to rehabilitate patients to continue to *live in hospital*': with what we actually said: 'No hospital in the two Regions runs a really good in-hospital rehabilitation programme. Hospital staff, however, can lose their initial enthusiasm if it is seen that patients are merely being "rehabilitated to continue to live in hospital", as there is no suitable outside accommodation'. Our prose may have not been masterly, but the meaning was not so difficult to grasp.

Again, compare Dr Crumpton's quote: 'Unless Social Services are involved, the discharged patient may be completely out of touch with support network' [*sic*] with 'The general practitioner may, or more often may not, have specialised in mental health. If not, and if the area social services are not involved, then the discharged patient may be completely out of touch with any support network.'

I am sorry to bore your readers with such details which certainly don't in themselves add much to the important debate we should be having about the nature and quality of psychiatric services, but misquoting which puts an organization's views in a false light is inexcusable.

Throughout his article Dr Crumpton chooses to interpret MIND's position as inimical to hospital services as such, when what we actually said tried to reflect the importance of the three elements

within statutory services—hospitals, GPs and social services—and the evident need to improve the links between them and to compensate where, for example, primary care or social services are weak. And, incidentally, why is 'the primary health care team' such an abominable cliché, and what on earth is a "Health Care" Committee' which we certainly did not mention? If Dr Crumpton really meant that the multi-disciplinary team was 'chiefly a device which allows individuals to avoid professional responsibility and reduces true professional competence', we cannot really agree with him.

If I may select just two of the many further issues raised by Dr Crumpton which require comment, he implies firstly that local authority day-care could only be justified where patients had to travel long distances to hospital. I should have thought this applied to the vast majority of out-patients throughout the country. Few are fortunate enough to have a district-based hospital service to go to. Secondly, MIND is alleged to have maintained, contrary to the evidence, that community care is less costly than institutional care. I would think myself that this is improbable, but would also point out that authorities like Dr Douglas Bennett, whose review article on community psychiatry appeared in your *Journal* (March 1978, 132, 209) at the same time as Dr Crumpton's appearance in the *Bulletin*, would probably argue that a continuum of care across a partially hospital-based and partially community-based system might be the most effective set-up, and might in fact, reduce the costs as well as increasing consumer satisfaction.

Dr Crumpton ends by saying that 'This report, in seeming to support our cause, is more destructive to the well-being of the mentally ill than former MIND publications, as by giving unfounded credence to indiscriminate community care it allows Government to continue the degradation of the hospital service.' There comes a point at which the rhetorical criticism of others is not worth answering at least without descending to an undignified level of expression. What we really have to do, whether we work in the statutory or voluntary sectors, is to be more precise about the balance of services we would like to see, more outspoken about the inequities of financing within the National Health Service and between it and local authority social services, and more united in our struggle to improve

public understanding of the needs of mental patients, their families and the staff who care for them and to get a fair share of the available resources for the mental health services. MIND is not very concerned about myths, but it certainly is concerned about the facts.

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JOURNAL OF THERAPEUTIC HUMOR

DEAR SIR,

Psychotherapy has established itself as an essential professional service in today's society. Along with their prominence, however, psychotherapists must face the frustration of their limitations, the occasional depression of professional isolation, and the tensions resulting from working with people in crises. As a consequence of this existential reality, most practitioners have realized that from time to time they need a damn good laugh!

The *Journal of Therapeutic Humor* has been created to offer an emotional outlet, in literary form, to mollify these frustrations, depressions and tensions. In addition, it provides an opportunity critically to assess professional practice from the unique and objective perspective of humor. Editorial policy is based on the principle that if we can laugh at ourselves, we can learn from each other.

Articles which satirize any aspect of the mental health field are currently being reviewed, and December 1978 is the anticipated publication date of the first issue. Please feel free to inform authors of humorous material which is not accepted for publication in your journal that we would welcome the opportunity to review their work.

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