care and 'not bad enough' for hospital placement, are frequently rejected by both institutions and often transferred between hospital and residential home and back again, as their needs or behaviour change slightly. Such people benefit from a stable, caring environment, with the facilities of a residential home coupled with the skill of trained and interested attendants supported by a visiting psychogeriatrician.

5. At a time when the DHSS is proposing to phase out the mental hospital, and to provide care in Community Hospitals for severe cases of dementia, the way is clearly open for other experiments in care involving joint-user facilities developed by Social Services Departments and Health Authorities.

6. Where, unhappily, specialist psychogeriatric hospital services are absent, the decision regarding the most appropriate type of residential care for the elderly confused must inevitably be left primarily to the Director of Social Services. It is hoped that Directors will recognize that the inclusion of substantial numbers of these people in ordinary Homes calls for an increase in the number and the expertise of the caring staff, and for an expansion in occupational and recreational opportunities, which are too often lacking at present.

7. HM72(71) makes no reference to the need for hospital after-care for the elderly with functional psychiatric illness. Experience shows that a small but significant number of the functionally ill fail to respond to psychiatric treatment and may suffer from continuing behavioural disturbance of a degree which calls for ongoing hospital care. It seems inappropriate to deal with such people in wards set aside for the treatment of cases of severe dementia, and it is likely that special provision will be required for them if mental hospitals are indeed to be phased out.

8. Local Authority building programmes are heavily dependent upon support grants from Central Government. Unless advice to develop facilities is backed by financial aid it is unlikely that early improvement in the care of the elderly mentally infirm can be expected. The need for the development of adequate provision is already urgent.

THE APPEAL FUND

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https://doi.org/10.1192/S0007125076304425 Published online by Cambridge University Press

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STUDY TOUR TO ISRAEL
28 October–10 November, 1976

As announced earlier, the Study Tours sub-committee has accepted an offer from the Israel Psychiatric Association to hold a joint meeting in Israel, to take the form of a study tour with visits to facilities in Israel and the reading of papers by both Israeli and British participants. A few places are still available, and applications should be sent to Dr E. W. Shepherd, Leavesden Hospital, Abbots Langley, Watford WD5 oNU, Hertfordshire.

https://doi.org/10.1192/S0007125076304425 Published online by Cambridge University Press