The head start in B.C. was possible because of the availability of suitable accommodation, and psychiatric treatment is now being provided there for mentally ill offenders from federal institutions in Western Canada; already, the number of inmate-patients has reached over 60, and the projected full occupancy is for 138 beds. The organization is that of a major psychiatric institution, with a psychiatrist as Director. Assisting him are a clinical director of treatment programmes, a treatment team of professional psychiatrists, psychologists, social workers, occupational therapists, teachers, instructors in therapeutically oriented occupations, registered nurses, senior psychiatric nurses and a number of psychiatric nurses. The present staff establishment is 175.

The underlying treatment philosophy of the Regional Medical Centre is that of a modified therapeutic community in which all treatment modalities will be used as required.

In the near future, the Regional Medical Centre in British Columbia will also develop into a training centre for nurses, social workers, post-graduate psychologists and others. In addition, it is hoped that its research department will concentrate on the issues of forensic psychiatry, the borderland of crime and mental illness.

D. CRAIGEN,
Director of Medical Services,
Canadian Penitentiary Service.

CORRESPONDENCE

THE HOMELESS

DEAR SIR,

The article by R. G. Priest in the January *News and Notes* can be considerably amplified from statistics which are already available.

The size of the problem has now been more accurately measured: the census organized by St. Mungo's Community revealed 1,225 men and 190 women sleeping out in London on 20 October 1972. A figure as high as this has not been recorded since 1907; between the wars the highest total recorded by the L.C.C.'s annual census of homeless people was only 141. The reasons for this sudden increase are various, but some factors are undoubtedly important. First, and perhaps the most important, is the reduction in common lodging-house accommodation. In London between the wars there was always spare capacity—the smallest gap between the number of beds licensed and the number of occupants of common lodgings being 1,905 at the 1931 census. Since the war, largely for economic reasons, the stock of this accommodation has fallen and what remains is now often full. There has also been a virtual disappearance of the free or very cheap shelters previously run by charities, which in 1933, for instance, slept nearly 1,700 people on the census night.

Second, the continuing high level of unemployment in the north of England and Scotland compared with the lower level in the London area is causing an increasing drift southwards of many who, having few resources, put pressure on all forms of cheap accommodation for single people and, if they fail to find any, are forced to sleep rough.

The third factor, of more concern to psychiatrists, is the high proportion of mentally ill people in all three sectors of the homeless population—in common lodgings, reception centres or sleeping rough. Disregarding the alcoholics and those with personality disorders, several surveys have shown that at least a quarter of this population are mentally ill, the majority of these schizophrenic, and extrapolating to the figure of 30,000 enumerated by the Homeless Single Persons survey one arrives at a figure of 7,500 mentally ill homeless people. Of the mentally ill, perhaps the majority have been treated as in-patients, and for them homelessness frequently starts after, not before, their first admission. It is suggested that many of these patients would formerly have been supported in mental hospitals, and that for them common lodging-houses are acting *de facto*, if not *de jure*, as after-care hostels, and further, that there may well be more mentally ill people in them than in all the recognized after-care hostels put together. The environmental standards in common lodgings are often low, sometimes scandalous, and frequently resented by those who cannot avoid living in them. The appalling story of David Oluwale is a stark reminder of the realities which face the homeless psychotic, and is a warning that psychiatrists should think twice before depriving their patients of the asylum of their hospitals.

There is a clear need to halt and reverse the decline in accommodation for single people, both the mentally ill and the rest. For the mentally ill the provision of beds in hostels and sheltered accommodation has not been co-ordinated with the decline in hospital beds, and this is surely a factor in the accumulation of psychotic ex-patients in common lodgings and reception centres. A decision will therefore have to be taken as to whether this environment is a permissible one for them. If it is thought not to be suitable, then the provision of after-care facilities will

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have to be greatly expanded: if it is considered suitable, then steps will have to be taken to ensure that sufficient beds in properly run common lodgings are available for all those who need them. In Glasgow a £2,000,000 building programme has been sanctioned by the Corporation, but in London, where no local authority has a statutory obligation to provide this accommodation for single people, nothing is yet planned.

The problem will not go away.

DAVID TIDMARSH.

Brookhurst Grange,
Ewhurst,
Surrey.

CLINICAL TUTORS IN PSYCHIATRY

In September 1970 the Clinical Tutors Sub-Committee held an International Conference in Oxford. The important papers read were subsequently published in an edition of 400 under the title *Clinical Tutors in Psychiatry*. It is now sold out.

Readers may be interested to know where copies went to:

Complimentary:

Conference members	100
Review copies, hospital libraries, official bodies, etc.	221

Sold:

United Kingdom libraries and individuals	58	£55.60
Libraries and individuals abroad	13	

Requests came from Canada (3), Hong Kong (1), Belgium (1), New Zealand (2), Thailand (1), Arabian Gulf (1), Australia (1), India (1), Zambia (1) and Cyprus (1).

Tutors may feel gratified that in these hard times their publication has earned over £10 of foreign currency.

D. WATT,
B. BARRACLOUGH
(Editors).

FORTHCOMING EVENTS

British Association for Behavioural Psychotherapy

Annual Conference, 16–17 April 1973, University of Leicester.

Behaviour Therapy Workshop, 13–15 April 1973, University of Leicester.

The Workshop will be conducted by Dr. V. Meyer, Reader in Clinical Psychology, Academic Department of Psychiatry, Middlesex Hospital.

Full details from Mr. L. E. Burns, Honorary Secretary, B.A.B.P., Department of Clinical Psychology, Birch Hill Hospital, Rochdale, Lancs, OL12 9QB.

World Federation for Mental Health

The W.F.M.H. 25th Anniversary World Congress will be held in Sydney, Australia, from 8–13 October 1973.

Further information: Mr. Peter Schrader, Executive Director, W.F.M.H. 25th Anniversary World Mental Health Congress, P.O. Box 391, Darlinghurst, N.S.W., Australia 2010.

Society for Psychotherapy Research

The Fourth Annual Meeting will be held at Holiday Inn-City Line, Philadelphia, Pa., from 14–16 June 1973.

Further information: Dr. Curtis L. Barrett, Secretary-Treasurer, Child Psychiatry Research Center, School of Medicine, University of Louisville, Louisville, Kentucky, 40201, U.S.A.

Fifth International Congress for Group Psychotherapy

This Congress, organized by the International Council of Group Psychotherapy, will take place at Zurich University, Switzerland, from 19–24 August 1973. The main theme will be 'Group therapy and group work in their relation to the social environment'.

Further information: Congress Office, c/o Dr. A. Uchtenhagen, Secretary-General, Lenggstrasse 31, CH-8029 Zurich.

International Symposium on Rehabilitation in Psychiatry

In co-operation with the Soviet Medical Academy, the Royal College of Psychiatrists, the Royal Academy of Sciences in Sweden, The Swedish Psychiatric Association, The County Council of Orebro and the Regional Hospital of Orebro, the Psychiatric Rehabilitation Department of the Regional Hospital in Orebro is organizing an International Symposium on Psychiatric Rehabilitation to be held in Orebro, Sweden from 12–14 September 1973. Enquiries should be addressed to the Secretary-General of the Symposium, Box 365, 701 05 Orebro, Sweden 122500-2.

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