CORRESPONDENCE

'BETTER SERVICES FOR THE MENTALLY ILL'

DEAR SIR,

Of course Professor Wing is right to emphasize in his review of Command 6233 (*News and Notes*, February 1976, pp 9–11) that 'chronically handicapped people tend to need services for a long time', and that general hospital and small units may have disadvantages, as well as to point out virtues in this latest White Paper. To many, however, this document seems to be essentially negative and pessimistic and to indicate a profound misunderstanding of the nature of psychiatry. What Professor Wing calls 'the common sense view' of mental illness is apparently taken to imply not only that it is useful to distinguish between organic and functional psychosis and severe neurosis on the one hand and 'mental ill-health' on the other, but that psychiatric services should only concern themselves with conditions in the former classes.

This view seems to suggest that our main task should be to relocate the work which our asylums services used to do, ignoring a century of general hospital ('liaison') psychiatry as well as of explorations in a wide range of personality and behaviour problems. The history of this, as well as an informed account of some areas of potentially useful psychiatric involvement, were provided by Sir Denis Hill in 1969 (1). Of course 'there are many problems of human behaviour for which psychiatrists can offer little specific help', but that could merely indicate the ineptitude or excessive work load of psychiatrists and does not imply that psychiatrists should not be concerned with behaviour problems. Maybe few people with personality disorders 'can benefit from psychiatric treatment', but it seems arguable that demented patients usually and schizophrenic patients sometimes (to give two examples) fail to 'benefit from psychiatric treatment'. Elsewhere in medicine, lack of treatment responsiveness is not employed as the criterion of medical relevance and as an excuse for not trying to help. It can only be an arbitrary matter of policy if non-psychotic patients and others with 'mental ill-health' are not to be provided for.

It would, of course, be cheaper. If all that is needed is to provide humane care for the incurably dementing, to attend as far as possible to the primary and secondary handicaps of ambulant chronic schizophrenics and to manage patients with severe affective disorders, then we need expert nurses for the first, rehabilitation experts (who need not be psychiatrists) for the second, and a few experts in physical psychiatric treatments. The *vast bulk* of liaison and outpatient psychiatry would be out of order and we should be able at least to bury the antiquated notion that psychiatrists sometimes help people by listening to them or understanding them, let alone by treating them by psychological means.

Naturally, it should be possible to use resources more effectively than is often done at present. Naturally, it should be possible to obtain more information about psychiatric disorder from research inquiries. But it will not do to assume, as this document seems to, that all the important questions about the nature of psychiatric disorder have been answered and that it has now been shown and agreed, rather than decided by administrative fiat, that a large proportion of those currently seeking psychiatric aid are doing so inappropriately. It will take a good deal of public relations expertise to explain to the public that it has now been decided that it is a mistake to try and help people who take overdoses or pills, fail to achieve their potential at University, are unable to work because they cannot talk to people, are too anxious to travel by bus or train, etc. Perhaps it is just that I do not understand what a neurosis is, let alone what a severe neurosis is. Still, many wise men have had the same problem.

It would incidentally be easy to forget that severe personality disorder tends to be associated with psychiatric disorder in its children. But the children of those we ignore in the 1970s can be the subject of the 1995 White Paper.

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(1) HILL, J. D. N. *Psychiatry in Medicine. Retrospect and Prospect.* London: The Nuffield Provincial Hospitals Trust.

LOOKING AT EXAMINATIONS

DEAR SIR,

I note with surprise that such an experienced examiner as Professor Hamilton should not in his survey (*News and Notes*, January 1976, p9) have considered examinations as *part of the educational process* and given equal weight to essay and multiple choice questions. Since, however, the most significant contribution in this field falls just outside the self-imposed time-limit of 40 years, it may be that it escaped his notice.

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In a carefully conducted experiment, involving the study of a chapter in a textbook, Meyer (1934, 1935) found that students obtained higher marks on the type of examination (essay or MCQ) for which they had been prepared; but that on retesting, those who had studied with an essay-type examination in view scored higher on both essay and MCQ tests than those who had studied for the MCQ type of examination. The students' work-sheets showed that the two groups had adopted quite different approaches to the study of the set material. Meyer concluded that 'if the teacher wants the students to recall the material in an organized fashion and to know the facts when cues are not given, the essay examination set should be used in preference to any objective type of examination set.'

More recently, Thomas and Augstein (1969), using an apparatus to record reading methods, have confirmed Meyer's findings, and show further that reading patterns fall into two classes: methods aiming at 'knowledge only' and those aiming at 'interpretation and evaluation'. MCQ tests influenced the student toward the former method, and essay examinations toward the latter.

It is clear that the type of examination has a major influence on the way the student studies, which in turn influences his understanding and retention of the material studied. To Professor Hamilton's timely advice on methods of marking essay questions should be added the evidence that will make them the examination of choice for any conscientious educator.

JOHN MCFIE

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CLARKE INSTITUTE OF PSYCHIATRY RESEARCH FUND AWARD

The annual prize of $1,000 was established in 1969 for the purpose of stimulating research in psychiatry in Canada. The funds for the award are made available by the psychiatrists practising at the Clarke Institute of Psychiatry, and they hope that it will help to emphasize the importance of mental health research in modern health care and acknowledge outstanding Canadian contributions in this area.

The prize will be awarded annually to a clinical or basic scientist who has published a report or dissertation on outstanding research within the field of mental health during the preceding year. The scientist shall have carried out his work in Canada, while resident in Canada. He may apply or be nominated for the prize *up to 1 May* in the year following publication.

All applications (or nominations) should be forwarded to the Research Fund Committee of the Board of Trustees of the Clarke Institute (6 copies). Their decision shall be final. When more than one author is involved in the published work the Board of the Institute will determine the proportion of the prize to be made to each author.

The prize will be presented at the Annual Meeting of the Canadian Psychiatric Association. Any expenses related to the presentation of the prize will be covered from the Clarke Institute of Psychiatry Research Fund.

All nominations and applications postmarked *on or before 1 May 1976* will be considered for the 1976 award. Nominations or applications, and requests for further information should be forwarded to: Dr R. E. Turner, Secretary 'Clarke Institute of Psychiatry Research Fund', Clarke Institute of Psychiatry, Room 814, 250 College Street, Toronto, Ontario, Canada M5T 1R8.

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