(5) *Management of psychiatric hospitals*

(a) In view of the overall emphasis that management ability must dominate the new structure, it is pertinent to ascertain who would take the personal interest in patients that is now shown by management committees of psychiatric hospitals. This is unlikely from either regional or area level, and presumably would only be possible through members of the community health councils. We consider that it is not possible to divorce personal interest in patients from true managerial responsibility. Absorption of psychiatric hospitals in districts or areas is likely to be followed by remoteness and infrequent visiting, as at Farleigh. It is vital that the working party proposed in paragraph 8 of the Consultative Document should be alive to the great importance of those engaged in management having first hand experience of conditions in hospitals.

(b) The duties of interviewing patients under the Mental Health Act, and of discharge, will present serious problems and are likely to go by default. The freedom of the subject is being denied, in that ready access to members of present day H.M.C.s will disappear or dwindle.

(c) In the Special Hospitals in particular, patients require ready access to the managers for obvious reasons.

(6) *Mental health services*

(a) We urge once again that those social services with a strong health content, such as hostels for patients requiring continued medical care, should be under the aegis of the health service. We regret that the advent of the Local Authority Social Services Department has resulted in widespread transfer regardless of medical and nursing needs.

(b) In some local authorities every social worker has been automatically designated as a Mental Welfare Officer under the Mental Health Act, with a consequent right to deprive a citizen of his liberty, although the worker might be completely untrained. This is scandalous.

(c) Mental health social work is so specialized that, in spite of current practice to develop general social workers, we consider that it should be reintegrated with the health service. It is hoped that other groups of social workers, such as those dealing with geriatric and general medical conditions, might be considered for reintegration.

(7) *Child Psychiatric Service*

We recommend that the Child Psychiatric Service should be the responsibility of the health service, and no longer left divided.

(8) *Finance*

No financial implications are mentioned in the Consultative Document, yet so many of the troubles and difficulties in hospitals for the mentally disordered are directly attributable to lack of finance and resources.

(9) *Research*

There is an imperative need for pilot studies in different regions and areas of varying modes of administration, instead of the suggested uniform and monolithic superstructure based solely on the unitary criterion of management.

July, 1971

SCOTTISH DIVISION

Membership of the Scottish Division of the Royal Medico-Psychological Association at mid-June, 1971, stood at 383.

By a fortunate coincidence the summer meeting of the Scottish Division had been arranged at Craig Dunain Hospital, Inverness, on 17 and 18 June, so that this proved to be the first gathering of Fellows, Members and Affiliates of the new College to be held. Of course, on the day of the meeting the R.M.P.A. members present were unaware of their status in the College, but the meeting was nonetheless able to indulge in traditional Highland celebration.

The principal speaker at the meeting was Mr. Edward Taylor, M.P., at that time Joint Under-Secretary of State at the Scottish Home and Health Department, with responsibility for health affairs. He was able to refer to the new College and to give an interesting review of the history of the R.M.P.A. and of the Department's plans for the future development of the psychiatric hospital service in Scotland. Other speakers at the meeting included Dr. Martin M. Whittet, Physician Superintendent of Craig Dunain Hospital, who spoke on the difficulties in conducting research on alcoholism, and Dr. William B. Wright, Physician Superintendent of the recently opened new Craig Phadrig mental deficiency hospital in Inverness, who described the work of the hospital. The Division was also able to discuss the Scottish Health Services Council Report on 'The Staffing of Mental Deficiency Hospitals' (the Batchelor Report), and we were fortunate to have Dr. A. Shapiro with us representing the Mental Deficiency specialists south of the border.

It is anticipated that the regular quarterly meetings of the Scottish Division will continue under the new College structure, and that we will also continue to

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have active Sections dealing with Mental Deficiency; Forensic Psychiatry; Child and Adolescent Psychiatry; and a Research and Clinical Section. The Research and Clinical Section has, in fact, planned an autumn meeting to deal with current problems in geriatric psychiatry.

The autumn meeting of the whole Division was held at the Royal Scottish National Hospital, Larbert, on Friday, 24 September, and the winter meeting is planned for Gartnavel Royal Hospital, Glasgow, on Friday, 3 December. This will be a joint meeting with the Scottish Branch of the British Geriatric Society.

The Scottish Division continues to receive regularly requests for advice on psychiatric topics from the Scottish Home and Health Department, and has recently been asked for evidence and comments on the White Paper on the Reorganization of the Scottish Health Services.

The Division is represented on a number of other bodies, including the Scottish Joint Consultants Committee (Professor A. K. M. Macrae) and the Scottish Committee for Hospital Medical Services (Dr. A. D. Forrest), and we have a Standing Joint Working Party with the Scottish Association of Directors of Social Work (Secretary: Dr. P. W. Kershaw).

GERALD C. TIMBURY,
Honorary Divisional Secretary

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