

effective primary drugs. For example, the adverse effects of vigabatrin might often represent an incompatibility with other drugs, improving their removal. All treatments, including surgery (Charles Polkey), should be judged on their longer-term efficacy over at least five years.

The conference's emphasis on service provision, coupled with the Department's recent choice of 'learning disability', led to a re-examination of the Section's function and title. There was a reluctance to pursue a chameleon fashion which may yet arrive at some politically correct phrase such as 'people facing a developmental challenge'. However, as other services move on, so 'mental handicap' might be left to be seen as isolated, idiosyncratic or, at best, as quaint. There was some favour for 'developmental

psychiatry' but this might equally embrace child psychiatry. Like a problematic wine set aside to mature, it was left for time to resolve some of these issues. This debate set the context for the guest lecture, given by Professor Brice Pitt, on the Section's responsibility for public education. This means the development of some enthusiasm for, and skill in working with, the news media together with a readiness to seize the passing opportunity.

The meeting was well-attended by nearly 100 members. It introduced many trainees to the wider world in which they are to seek posts and make their career. Addressing some of the everyday tasks of a mental handicap service, it gave further substance and purpose to a subspecialty which has left behind its earlier self-doubt and recruitment difficulties.

The Newham experience: from hospital into the community during two decades*

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The conference presented experience mainly related to de-institutionalisation from Goodmayes Hospital, which it was thought might be particularly relevant at a critical time in the evolution of services.

An initial overview of housing developments emphasised the importance of a varied range of accommodation to suit individual needs and choices. The importance of choice was underlined by studies of long-stay patients' attitudes to leaving hospital which had shown that they were influenced by realistic consideration of what was available in the community. It is facilitated by the several preparation houses which have been developed on the hospital campus.

The value of single houses in the community, both the traditional group home and recent staffed versions, was acknowledged; but not all patients wish to live in such physical and emotional closeness. Several larger projects have been designed to provide more space and privacy with the opportunity for companionship when desired, and are proving very successful.

Other contributions by members of the Newham Rehabilitation Team dealt with the assessment methods used and their results, which have been predominantly encouraging, and with leisure and social activities – a combined group and individual

out-patient clinic patients and a social club which developed from it have been happy experiences.

Investigations of the social networks of hospital and community patients confirmed the support they can give one another: but it is clear that moving 'into the community' does not ensure integration.

The importance of communication and the contribution of pragmatic concepts and techniques was emphasised by another member of the team; one of the few speech and language therapists available to long-term psychiatric patients.

In appraising the morning's contributions, Matt Muijen, Director of Research and Development for Psychiatry, Guy's and St Thomas's Hospitals, pointed out the general success of de-institutionalisation in terms of quality of life, which throws into focus the lack of comparable facilities for other patients who have not become long-stay, a point which was repeatedly emphasised during the afternoon session. This was in the form of three parallel workshops, on preparation for leaving hospital, community provision and relationships between the agencies concerned, and issues of social and clinical support including modifications of clinical style required in the new settings.

The overall message seemed to be that de-institutionalism is working but is not yet out of the woods. Concerns included the possibility that the culture of rules and regulations produced by the Registered Homes Act risks turning the clock back.

*Conference on 22 November 1991 at Newham General Hospital, London E16.