It is all most embarrassing. Anyone with a healthy scepticism of the infallibility of human beings would be bound to have serious reservations about November's announcement from Sir Keith Joseph, the Social Services Minister, of the Government's plan to spend hundreds of millions of pounds on improved services for the mentally handicapped and ill in the next four years, over and above present spending.

Yet—bearing in mind that I write before the Government's decision on the closely connected rate support grant is known, and—more important—taking the definition of mental health in its narrowest possible form (ignoring pensioners' troubles, rat-race stress among office workers etc., etc.)—this does at first glance seem to be the one field where almost all could agree that the Tories have, within the limits of economic realism, got their spending broadly right.

Almost every other decision stemming from the Chancellor's October mini-Budget can be—and is—criticised, and not only by the Labour Party either. And this goes for Sir Keith's health policies as a whole too—with mental health the only fly in the moaner's ointment.

Some Parliamentary mental health followers were slightly perturbed by the claim in the NAMH's pre-cuts open letter to Chancellor Anthony Barber that 'the case for the psychiatric services is paramount'.

Their fear was that this could give Mr. Barber the ideal cuts-conscious excuse to reply: 'That's what everybody says to me. Are you sure that mental illness is more important, for instance, than low income families whose poverty is likely to send them into a mental hospital if nothing is done?' Luckily, the Chancellor was Minister of Health himself before 1964.

Instead, both Mr. Barber and Mr. Heath—in his otherwise bitterly controversial 'Panorama' appearance—made special mention of mental illness during their TV broadcasts on the economy.

On the Joseph announcement, his Labour predecessor Richard Crossman, now feeling free to speak his mind as backbencher and editor of the New Statesman, is openly envious that the Tories have wrung more money out of the pop newspapers' 'Demon Barber' than he winkled out of 'Austerity Roy'.

So far so good, but things could still go wrong. In the first place, the figure of £40m. more in four years over and above present Government and local authority spending includes the elderly in addition to the mentally ill and handicapped, and no financial breakdown between these groups is yet available. Secondly, will the money be spent wisely?

The sketchy proposals so far—mental illness hospitals: improved conditions and standards in existing hospitals, better amenities for long-stay patients, better assessment and rehabilitation facilities, appropriate provision for elderly patients who need long-term psychiatric care, faster replacement of large isolated hospitals by mental illness units in general hospitals.

Not much light on local authority services here. Hospital and local services for the mentally handicapped: guidance under active consideration by Sir Keith.

Mr. Laurie Pavitt, Labour's most indefatigable backbench beaver on health questions as a whole, wants far more concentration on easing the mental patient's return to the community, and feels personally that better conditions for staff in the mental health service would work far greater wonders than hospital improvement and building. What Mr. Pavitt could not know from the brief newspaper reports of Sir Keith's post-announcement Press conference was that his plans on the community and after-care front at least are still not very definite, but enthusiastic: he rattled off an impressive list of possible expansion by more staff, hostels, training centres, at which point by shorthand gave out.

To conclude the provisional hymn of praise: more
help for alcoholics, and genuine inroads into—though no final end of—the mental agony of young chronically sick patients immured in geriatric wards. An echo, incidentally, of Alfred Morris's 1970 Chronic Sick and Disabled Persons' private member's Act, the most significant non-Government health legislation ever enacted—with apologies to the 1959 Mental Health Act, in which the Tories drew so much help from Labour's Kenneth Robinson and, of course, Bessie Braddock, whose death in November was a sad loss to the mental health movement.

Mr. Crossman's long-awaited, Election-killed White Paper on mental handicap is also promised for Spring or so—though this delay rouses suspicion of considerable change of contents.

Infinitely the most serious criticism of the Joseph mental health strategy lies in a field which affects the whole health spectrum: prescription charges. When Labour re-introduced them, Mr. Pavitt pointed out forcibly that post-hospital mental patients who rely on permanent medication were not on the brief exemption list, and were the very group most likely to be put off by charges, deteriorating from bad to worse the moment they missed a dose. Many of them too would not understand the red tape of winning exemption on financial, age or pregnancy grounds or of buying the season ticket.

Now he says that these objections gain all the more force with the increase to four shillings.

Some doubts cropped up also in the Commons' only autumn debate on mental health, when Paul Rose (Lab, Manchester Blackley) raised the problem of autistic children after coming across cases of Manchester parents forced to send their children 200 miles for treatment. Sir Keith's junior Health Minister, Mr. Michael Alison, said that hospital bed expansion would help towards a cure of the regional imbalance whereby already inadequate facilities are concentrated largely in the South-East. He pointed out many of the contradictions and difficulties of this baffling condition, but tended to hide behind these instead of offering research help which might discover facts on which action could be based. Admittedly, Mr. Alison and his colleagues have had little time in which to play themselves in.

Of somewhat different interest to the NAMH and other voluntary bodies was the Joseph package's doubling of Government money for voluntary bodies in the health and personal social service field—little enough as it is—to £500,000. No specific decisions
have yet been taken, but Sir Keith hopes to improve individual bodies' administration, and to enable some of them to combine to provide a common, better, cheaper service.

This was based on the Conservative Election Manifesto's promise of Government encouragement of voluntary action in many social welfare fields—founded in turn on the conclusions of a backroom Opposition working party under Lord Jellicoe, now Lord Privy Seal and Minister for the Civil Service Department.

These conclusions were finalised only shortly before the Election, and prudently left unpublished in case the cold realities of power might have revealed them to be impractical. Lord Jellicoe is still in charge of policy formulation on this issue, although this is being handled by Cabinet Office staff as it involves several Ministries.

Mr. Christopher Patton, a member of the pre-Election Jellicoe group has been seconded from the Conservative Research Department to the Cabinet Office, where he is now working on the problem under an Assistant Under-Secretary of State, Mr. Paul Odgers, who himself is engaged part-time on this work. Any representations, please, to Lord Jellicoe or Mr. Odgers.

The Tory Manifesto sounded not all that different from Mr. Crossman's previous, widely welcomed words on the subject. The voluntary societies' only worry was that the Conservatives might want to lessen the State's role by a partial hand-over to them, rather than a pure extension of voluntary effort.

Maybe so. A 'declaration of intent' is hoped for by Christmas, possibly later, with a full White Paper in 1971. In the meantime Sir Keith's reaction to the State hand-over question is that it is an 'interesting idea', but that his own £½ million will be used to extend, not transfer, health work. Nor will his own final decision on allocation of the money have to wait for the White Paper.

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