EDITORIAL

Community Care

Community Care suggests that a patient, usually mentally ill or elderly, is better off being cared for in familiar surroundings. Ideally they are in their own house close to their relatives and near to the shops and buildings they have known all their life. Who could object to that? Why has Community Care got such a bad name now? Care seems to carry all the sinister connotations that Charity had in Dickens’ day or Mercy had at the time of the Inquisition.

To understand what has gone wrong one should look at the origins of the Community Care movement. It seems to have started in California (nothing unusual about a new idea starting there) when fringe groups felt that the mentally ill were relating to reality in their own personal way and should therefore be released from the institutions allowing them to pursue their eccentricities along with the rest of the population. This idea found immediate favour with the then Governor of California. He could pursue an enlightened policy appealing to those who were not of his natural constituency and at the same time by closing mental hospitals save money. The same sort of pattern has been followed in the UK. An accountant led administration had listened benignly to patient pressure groups which as we know are rarely led by satisfied customers. The imperative has therefore been to close institutions with little thought of what awaits vulnerable people when they are returned to an unwelcoming society.

The problem seems to lie in the fact that the Community does not exist. The country contains many communities, if an individual belongs to one of them perhaps he will be accepted back into it on his discharge from hospital and all will be well. Indeed, if a patient belonged to the sort of ideal warm supporting non-judgmental community the proponents of community care envisage he probably would not have needed prolonged hospital care in the first place.

The worst effects of the Community Care programme are at their most visible in Central London. The mentally ill tend to gravitate to city centres where there is no discernable community whatsoever. The Kent commuter and the Glaswegian alcoholic in the Strand over whom the former steps — are not part of the same community. They share no duties or obligations. If the man from Kent found a recumbent figure in his orchard his reaction would be different, ambulances and doctors would be summoned. In his home area he feels a responsibility for what happens, away from it he does not.

The Army is a community. It is a body of individuals who have shared interests and aspirations. They have in a word responsibility for each other. The most undeserving soldier has a claim on the military community. He can expect to be clothed, fed and paid. If his family is sick he can rely on the Service looking after them. This sort of relationship is implied by the term community. It is easy to see that it is far from being a common situation in the England of today.

What is to be done? It is easier to destroy a community than to create one. The evidence for this is not difficult to find. It is not certain that there is a sure recipe for community spirit. It often germinates most readily in situations of shared adversity. No government is likely to include proposals for this in its legislative programme. The possibility of the inadvertent production of such conditions cannot of course be ruled out. However in the meantime it would be wisest to stop the closure of mental hospitals (there are not many left) and to examine carefully the areas where discharged patients are going to live. In spite of what has been said, some areas in the countryside and old established urban populations can be quite suitable but if too many mentally ill people are placed in one area the potential welcome will turn sour.

In short Community Care is an example of a good idea hastily carried out for contradictory ideological motives. It has gone wrong and there are no easy ways of rectifying the mistakes.

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