

more of the reader than do the more forthright presentations mentioned earlier but the conclusions are much the same.

A remarkable consensus emerges from this collection of studies conducted by a variety of methods and in different places. The most pressing need is for better training of family doctors in the examination skills necessary for diagnosis of depressive illness. The challenge to academic departments of both psychiatry and general practice is clear. Teachers of undergraduate psychiatry in particular should be moved to review urgently the content of their teaching on both sides of the Atlantic. For general practitioners and psychiatrists—and especially for trainee psychiatrists—this is a valuable booklet which provides an easy entrance to what has now become quite a complicated and important area of psychiatric research. The lists of references are comprehensive and this modest volume is likely to become a landmark of easy reference. No psychiatric library should be without a copy and the problem of case definition continues to vex.

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**Psychological Problems: Who Can Help?** By Hilary Edwards. Leicester: The British Psychological Society in association with Methuen (London). 1987. Pp 86. £3.95

"This book is for you if you are an adult and you feel you have a psychological problem or have been told you have one. It may also be useful for other family members and friends".

"It is not a self-help manual: It won't do the treatment for you, but it will give you some idea of what to expect from your therapist".

The aim is to present a factual and detailed picture of the world of mental health professionals. Accounts are given of the 12 different professionals involved, including a general practitioner, a psychiatrist, a clinical psychologist, a nurse therapist, a social worker and a counsellor. In addition, using case studies, the reader can 'glimpse' the workings of an anxiety management group, a desensitisation programme for a specific phobia, and a behavioural treatment for bulimia nervosa. The final 10% of the text is devoted to a 'spotlight on professional psychologists'.

From a medical and psychiatric perspective, the contents present a highly selective view of clinically important psychological problems. The section dealing with 'some common problems and their treatment' concerns the anxiety management of cat phobia, a severely overweight man, bulimia nervosa, sexual problems, learning to live with diabetes, chronic pain and rehabilitation after a stroke. Moreover, the 'different approaches to therapy' detailed are: counselling; a behavioural approach; cognitive therapy; a psychodynamic approach; and family therapy.

The author explicitly excludes consideration of drug and medical treatments. Nevertheless, there is repeated attention to the desirability of the patient reducing or stopping

minor tranquillisers. Doctors might be interested in the ethical and professional assumptions underlying the following description: "After discussion with the psychologist (the patients) each wrote out a plan for gradually cutting down their tablets. For some this involved seeing their doctor to obtain lower dosage tablets or tablets which it would be easier to cut down... Some continued reducing their tablets after the group had finished meeting weekly".

The scope of the clinical psychologists' enterprise is apparently wide-ranging, and everywhere seeks to supplement, or substitute for, medical practice. Gemma Paris is learning to live with diabetes. Gemma's diabetes was diagnosed when she was 24. Four years later she met a clinical psychologist when she attended an information group for people with diabetes. The group helped her to develop the skills of looking after herself so that she could achieve good metabolic control. She got her diabetes under very good control, but she felt terrible about having diabetes at all. "So she went to see the psychologist... Using cognitive methods she learned to be much more realistic and positive about herself and her diabetes." With the psychologist she set goals for things she would do, like going out socially, and began to enjoy a more fulfilling life. Her more positive attitude was rewarded at work when she got promoted.

Perhaps the most interesting section of the booklet answers some of the questions one might have about clinical psychology. Here the reader learns what a professional is, and about the thorny problems, for psychologists, of registration and chartering. It may come as a surprise to some to find that at the moment anyone can call him or herself a psychologist. The British Psychological Society has applied to the Privy Council for a Charter to set up a *Register of Chartered Psychologists* to provide the public with a professional guarantee of qualifications. I understand that the Privy Council approved the Charter at the end of 1987 and interesting details will no doubt emerge shortly.

The author's postscript emphasises the difficulties faced by people with mental disorders in finding appropriate professional information, advice and treatment. She concludes with the hope that the reader will find the most suitable help and the, arguably appropriate, injunction, "Good Luck".

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**Creating Community Mental Health Services in Scotland. Volume I: The Issues.** Pp 132. £5.00. **Volume II: Community Services in Practice.** Pp 134. £5.00. Edited by Nancy Drucker. 1987. Obtainable from Scottish Association for Mental Health, 40 Shandwick Place, Edinburgh EH2 4RT

The publication of these two volumes is timely. The Scottish Home and Health Department and at least two of the major health boards in Scotland have admitted that, despite the various documents in recent years purporting to show a

shift towards care of the elderly and care of the mentally ill, the actual proportion of money has declined, though a larger proportion of residential accommodation per head of the population is retained in Scotland than in the rest of the UK.

The two books have an introduction by Lord McCluskey and the Principal Editor is Nancy Drucker, who herself visited many centres throughout Scotland in the preparation of these two volumes. Volume I contains a great deal of meat, some of which may be a little strong for weak stomachs. The book has concentrated on mental health services deliberately and of necessity has made no contributions to the care of the elderly. This is right and proper but it does beg the question as to what financial reallocation to the community services in Scotland really amounts to, given that over two-thirds of beds are occupied by people aged 65 and over.

There is also an inherent difficulty in the present broad concept of mental illness, or rather mental health, the danger being that 'least ill' people may well be the most vociferous in their demands. This would be at the expense of more disabled people less able to make the case for their care and, in the most severe instances, not even aware that they are ill.

There is talk of avoiding the stigma of being cared for in in-patient beds by the provision of alternative short-stay accommodation. A sad reflection that the naive belief still prevails that all illness is caused by institutions, therefore do away with institutions and all is well—is that right London?

Mercifully the theme throughout these books is of an integrated service including the provision of appropriate in-patient accommodation, a spectrum of available services offering facilities appropriate to the degree of disability. One almost gets carried away in believing that there might even be an element of *choice* for those with emotional or psychological problems and for those with 'old fashioned' mental illness.

There are good working models. There is a very good overview of staffing, demonstrating the wide range of availability of staff within Scottish Health Board areas. Peter Clarke's essay on joint planning is excellent; he makes a proposal for a mental health care development agency. This would be valuable if it did not become yet another quango, and it would need real teeth.

The second volume is useful. It gives a description of various services and would serve as a guide to those about to embark on new ventures, as well as stimulating others to think again of ways of improving services.

These volumes then are likely to provoke argument, much of it defensive. Throughout there is a theme of multi-disciplinary planning. There is at least an attempt to introduce some concept of consumer involvement in the determination of future services. But above all there is a refreshing awareness that mental health involves not just provision of medicines or even psychotherapy. There are essays on options, for accommodation, for activities, sheltered employment, day centres etc.

McCreadie *et al* have identified the current position in Scotland.<sup>1</sup> They have shown that where community services exist they are almost exclusively NHS and that the provision of such services is associated with a decrease in the use of long-stay beds. Sadly, local authority and alternative accommodation units are lacking. This is acknowledged by the SAMH.

The book was published to celebrate the tenth anniversary of the Scottish Association for Mental Health. It would be splendid if in five or ten years' time an *evaluation* of *comprehensive* mental health services in Scotland could be the next theme.

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#### REFERENCE

<sup>1</sup>MCCREADIE, R. G., WILSON, A. O. & BURTON, L. L. (1983) The Scottish survey of new chronic in-patients. *British Journal of Psychiatry*, **143**, 564–571.

**A Place of Safety: MINDS's Research into Police Referrals to the Psychiatric Services.** By Anne Rogers and Alison Faulkener. 1987. Pp 51. £2.25 (inc. postage). Obtainable from MIND Mail Order, 4th Floor, 24–32 Stephenson Way, London NW1 2HD.

This publication presents the findings of a retrospective study which examined the different practices involved in the implementation of Section 136 (Mental Health Act 1983) at three places of safety in London. The places studied were a police station served by a crisis intervention team, a psychiatric hospital and an emergency and assessment unit (psychiatric emergency clinic).

The media have already focused on some of the ethnic differences revealed by the study. For example, at the emergency clinic 31% of Section 136 referrals were of Afro-Caribbean origin, whilst census data showed that only 11% of the local population belonged to this ethnic group. On the surface this discrepancy might suggest racism amongst the police force, or dramatically higher rates of mental illness amongst Afro-Caribbeans. Such conclusions would be premature as some of this difference is antefactual. In the study ethnic origin is not clearly defined, but seems to be based on skin colour and racial types. However, census data classifies people by the country of origin of the head of the household. With this system black people born in England, but no longer living with their West Indian-born parents, are not classified as Afro-Caribbean. Therefore the two statistics are not directly comparable.

One of the purposes of Section 136 is to enable a social worker to carry out an assessment of the patient, and to provide any necessary arrangements for his or her care. The authors highlight the gross deficiency of social worker provision and/or involvement at two of the places of safety. Over 99% of the patients referred to both the psychiatric hospital and the emergency clinic were not assessed by a social worker. That such assessments did not take place suggests the law is being broken on a grand scale.