patients are treated less well than they should be. This did not, and does not mean that all psychiatry is bad and all psychiatrists should be stood against the wall. It does mean that institutions, be they large psychiatric establishments or small general hospital units, can easily develop bad practices which become enshrined as rituals. There is a constant need for institutions large and small to examine – and re-examine – their practices and change – and re-change – them so that the care of the patient can remain the paramount objective of that institution and its staff.

When I started to read *Treated Well?* I felt rather sad that such a publication was considered necessary in 1988. A little thought quickly changed the sadness to an acceptance of reality. This booklet, which has been produced jointly by the Camden Consortium and Good Practices in Mental Health, is a Code of Practice for psychiatric establishments. In my professional lifetime there have been quite a number of codes of practice, all generated by scandal or serious concern about the treatment of the mentally ill. We still need to be reminded.

This Code of Practice, as distinct from many others, is based on what patients, and ex-patients, think of the care they received. The result is an excellent publication. To give an example, here are the recommendations at the end of the short section on Hospital Admission. The recommendation on Accident and Emergency Departments is included because a significant number of patients said they were admitted by way of the local A & E Department.

> Accident and Emergency staff should be trained to deal with people in acute mental distress and should have more knowledge of mental health.
>
> An understanding person should be available to talk to those in distress.
>
> Explanation should be given for any delays, with reasonable estimates of when a doctor will be available.
>
> The initial interviews should always be carried out in a private room.
>
> Administrative information requested should be kept to a minimum.
>
> Induction information should be provided on ward routine and facilities. This should also be provided in a written form.
>
> Patients should be made to feel welcome, introduced to nursing staff and asked whether they want to be introduced to the other patients.

I doubt if anyone could quarrel with these recommendations but how many hospitals observe them! How many A & E Departments train their staff to deal with people in acute mental distress?

I could find nothing to disagree with, except that I felt it a pity that the term 'voluntary' patient was still being used in 1988. I also wondered how you could explain to anyone the real difference between a consultant and senior registrar without lapsing into Monty Python humour. I imagine some will be a little more critical, particularly in relationship to the right of patients to see their Notes.

However good we think our service is, it would not be amiss to read *Treated Well?* The checklist at the end is excellent and I was rather disappointed with my service when I used it. I will certainly try better next time.

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The Society of Clinical Psychiatrists. Recruitment into Psychiatry. (SCP Report No. 14)

This Report has had a long incubation period and may now be out of date as there is anecdotal evidence from around the country that the recruitment problem is lessening gradually. In 1977 the Society of Clinical Psychiatrists set up a study group to examine recruitment, an open meeting was held in 1980 and a preliminary Report was published in order to have the views of the Society published before the proceedings of the Cambridge Conference held in 1982. Their concern about recruitment results from the fact that the proportion of graduates at British Medical Schools expressing a preference for psychiatry has remained constant between 1974 and 1983.

The Report consists of a thorough review of the published literature concerning recruitment, together with the views of certain selected eminent people. The review integrates data from the UK and USA in the usual framework of: the entrants to medical school, the effects of the psychiatry clerkship on recruitment, the medical schools that produce many psychiatrists and the relationship between psychiatry and general medicine.

In short, there is no evidence that can answer the question, "Why has recruitment into psychiatry been poor?" It is the lack of a clear answer to this question which allows many views to be expressed. The study group has chosen views from within its own members and prominent figures at medical schools which are at the extremes of the recruitment figures. But the reliance on these stated views is the weakest aspect of the report.

Some will agree with the views of the psychiatrists, others, like myself, will disagree. The authors view the situation pessimistically. They feel that psychiatry can be made more attractive if it is made more like the rest of medicine but their own view is that it should be moving away from medicine, rejecting the medical model, and towards psychology. They do admit that medicine needs to be influenced by

psychology and sociology but do not identify psychiatrists with this task.

The authors appear to have minimised two very important factors regarding recruitment. Because they have concentrated on the way psychiatry is presented to medical students, quoting at least two American professors who have pulled more students into psychiatry by making the topic unashamedly part of medicine, they have not given enough weight to the push factors away from psychiatry. Negative attitudes towards psychiatry among medical colleagues are mentioned but there are no suggestions that these should be tackled directly to improve recruitment.

The other factor is the pull to other specialities. Many would-be psychiatrists go into general practice so that they can work in the community and avoid many years of junior hospital posts. This is not without advantage provided they go into general practice well-trained in the relevant areas of psychiatry. In fact, recruitment into psychiatry from GP trainee posts is increasing and some doctors may choose this career even when they did not consider it during the pre-registration year, when they would have been surveyed regarding career choice. Such changes of career choice during early post-graduate training has not been fully considered by the report, which otherwise constitutes an interesting compilation of views in the early 1980s. It will be interesting to re-read this in ten years time to see how much has changed during the 1990s.

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Audiotape review

Tranquilliser Independence (Audiocasette, side 1: 30 mins., side 2: 22 mins.)
Producer: Dr Cosmo Hallstrom
Distribution: Charing Cross Hospital (Dr Hallstrom), Fulham Palace Rd., London W68RF
Sale: £5.95 (Proceeds to research funds).

This is a self-help casette based on the advice given to patients who wish to stop taking tranquillisers; side two offers alternative relaxation techniques.

A number of questions are raised and answered on side 1, such as what is anxiety, what is dependence, what are tranquillisers and why stop taking them. Practical advice is offered on where to get help, how to cope with panic attacks and how the family can help. Guidance is given on the distinction between short and long-acting benzodiazepines, the desirable speed of cutting down and the need to think positively and to modify a whole life-style. Patients are reassured about any long-term harm or permanent brain damage and that withdrawal will not precipitate "madness".

The presentation and quality of recording are excellent, a chatty "not read" style resembling a personal consultation is adopted, and the overall effect is therapeutically reassuring. The extensive practical advice is offered at an appropriate level for the motivated patient, although at the beginning there is some assumption that the verbalisation of unfamiliar pharmacological and trade names will be readily assimilated. As it is important to distinguish, for example, between major and minor tranquillisers, and anti-depressants, a simple printed handout illustrating this would be useful.

Side 2, which continues the same firmly persuasive and therapeutic style, goes through a programme of relaxation techniques item by item. This is timed so that it can be played when the patient is undergoing the exercises, and the writer can confirm that its imagery "sitting on a bench on a warm summer's day, listening to the birds in a beautiful garden" produced a strong sensation of being "at peace with the world ..."

This tape offers a package of considerable practical value to the half-million people in England alone who are apparently dependent, in many cases unnecessarily, on tranquillising drugs. Strongly recommended.

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