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fashioned lines. The patients were treated humanely but therapeutic methods were hopelessly outdated and there were major difficulties with the then medical superintendent, essentially a decent man but one whose influence was disruptive and opposed to change. Together with two other young and newly appointed colleagues, Edward pressed for a re-organisation of the service. He was totally opposed to the idea that Fulbourn should remain out of sight and out of mind, completely detached from the main general hospital. He insisted that he should be given out-patient facilities at Addenbrooke's and was subsequently the first consultant psychiatrist appointed specifically to that hospital. Like all psychiatrists of his generation he was enormously excited by the discovery and development of the neuroleptic drugs, providing, as they did, a first significant input into the treatment of schizophrenia. But when the anti-depressant drugs appeared in 1960 he had the foresight to recognise that these would have an

equally far reaching impact upon the care of the mentally ill. In that same year he organised an international conference in Cambridge, one of the first of its kind, to look at all aspects of anti-depressant treatment. His approach to his patients was essentially eclectic. He used psychotropic medication when it was indicated, but he was also a well-trained and skilful psychotherapist. He was sensitive and extremely kind to his patients and he was held in the highest esteem by them. He developed a flourishing private practice but it was not widely known that he was exceptionally generous to many of those patients who came to his rooms. Doctors, nurses and members of the cloth were never charged fees and people whom he realised were 'hard up' paid only minimal amounts. He had always been interested in the use of lithium in the treatment of affective illness and together with a patient who suffered from bipolar affective disorder, he started the Lithium Club, open to all who needed to take lithium. Originally a local initiative, this became a

national charity, intended to provide support to patients and their relatives not only from the Cambridge area but from all over the country. Another of his particular interests and areas of expertise was in the care of patients with alcoholism.

Edward passed the DPM in 1940 at the time of joining the RAF and he gained his MD in 1949, this based upon his research and thesis into the effects of electroconvulsive therapy. He was a Founder member of the Royal College of Psychiatrists and he was elected to the Fellowship in 1971. He was an associate lecturer at the University of Cambridge.

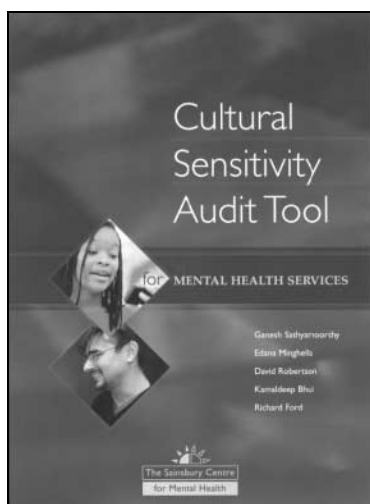
Hendriette died in 1993. Her death, after 55 years of marriage, hit him very hard. By good fortune, after a few lonely years, he married Barbara Simpson, herself a doctor's widow and an old friend of the family. She gave him an entirely new lease of life. Those who knew him well watched him flourish again. He is survived by his three children.

Alan Broadhurst

reviews

Cultural Sensitivity Audit Tool for Mental Health Services

By G. Sathyamoorthy, E. Minghella, D. Robertson, K. Bhui and R. Ford. London: Sainsbury Centre for Mental Health. 2001. 57 pp. £25.00. ISBN: 1-870-480-50-3



'The Sainsbury Centre for Mental Health seeks to encourage fair and best care for everybody affected by a mental health problem. With this in mind we have developed the Cultural Sensitivity Audit Tool to improve services for minority ethnic communities.'

The tool consists of two interview schedules (one for staff and one for service

users), guidance on using the tool and a case study. It was developed during an evaluation of community services in west London, and further refined as part of an evaluation in Hackney, east London. It was then piloted independently by workers in Middlesbrough. The work in Hackney is the case study presented in the package; none of the other fieldwork is presented or indeed referenced.

The user interview has seven domains (demographic; accessibility of services; language and interpreters; general service use issues; availability of appropriate staff; availability of ethnicity specific services; and users' views on the cultural appropriateness of mental health services). The staff interview has similar themes but also investigates issues of specific training and the use of staff as interpreters.

I am in no doubt that the authors of this tool are earnest in their desire to improve services for minority groups. My concerns would be that equity of treatment for ethnic minorities relies on political will and good science, but this tool does not measure the political will of institutions and is not an example of good science.

It is poor science not because of problems with the tool but because there is insufficient information on its development and evaluation presented for it to be assessed. No data on the validity, sensitivity, specificity or test-retest reliability or any of the psychometrics of the tool are presented. There are no published peer reviewed scientific papers cited in support.

More fundamentally, the authors do not present evidence that the tool is useful. The case study concludes with an action plan but the audit loop was not completed and so one does not know if any of the proposed changes made a difference to the ethnic minority patients of Hackney or if the tool is sensitive enough to measure such change.

The case study produces further problems; the tool contains a handful of open-ended questions that offer a greater diversity and depth of data than the other 60 questions put together.

The interviews do not measure family or carers' views, or any of the institutional problems linked to disparities in service provision for minority ethnic groups. Those involved in research and policy in the area will have serious misgivings about the narrow conceptualisation of cultural sensitivity, and thus the limited areas of enquiry.

Given all the above this tool is unlikely to be comprehensive enough to form a framework for trusts to consult with their ethnic minority patients and staff. The authors concur with this in their introduction.

One could conclude from the results of the Hackney case study that setting up a dialogue with users and the community as part of a wide-based development plan will be more efficacious than using the tool. More work will need to be done proving that this is a useful audit tool before its use can be recommended. As is usual in these circumstances, the hard work in producing the tool needs to be backed up with hard evidence. This tool is



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probably no worse or better than any other tool was at this stage of development. If there is a message from this it would be that before launching a tool it may be best to present it for proper peer review and back it with sound science.

Kwame McKenzie

Improving the Care of People with Learning Disabilities. Clinical Audit Project Examples

Edited by Kirsty MacLean Steel and Claire Palmer. Gaskell: London. 2001. 45 pp. £12.00 (pb). ISBN: 1-901242-40-4

This book is a summary of 22 clinical audit projects undertaken by a number of NHS trusts in England, Scotland and Wales. The Learning Disability Faculty of the Royal College of Psychiatrists supported the publication. The key aim of the book is to guide others beginning to design their own clinical audit projects on health services for people with learning disabilities. Each project is described within a structured abstract and divided under three headings of organisational processes, clinical process and assessment/management of challenging behaviour. At the end is a useful list of addresses as a resource, along with the opportunity to submit one's own audit projects for future editions.

I must admit this book did not inspire me to do clinical audit. However, it did tell me the current standard of clinical audit

work in the field of learning disability and so should be available in audit departments. The climb to raising the standard of audit projects in this area is long and steep. The best projects involved those auditing drug prescribing patterns, which may reflect a greater expertise in this arena or simply that this is a simpler subject to audit.

In principle the book is useful as it allows the exchange of ideas across a small speciality in which people may be working in isolation and there is a recognised variation in services. By encouraging the sharing of expertise and knowledge across the NHS it may stop too much reinvention of the wheel.

Jane McCarthy Consultant Psychiatrist, Learning Disability Service, Sussex Weald & Downs NHS Trust

miscellany

Dr Anthony Storr Bursary Fund

A Student Bursary in memory of Anthony Storr is being endowed at Green College, Oxford University. Dr Storr was one of the first Fellows, and the first Fellow Librarian at Green College, and his family

has decided that this would be a suitable way to commemorate his life and work. Contributions to the fund would be most gratefully received – large or small. Donations from UK tax payers can qualify for Gift Aid, meaning that the total value of the donation is enhanced. For further information or to make a donation please

contact the Green College Development Office, Woodstock Road, Oxford OX2 6HG (tel: 01865 274 777; e-mail: development.office@green.ox.ac.uk). Gift Aid forms are also available from the Development Office, as are special instructions on how to make a tax-effective gift for those resident in the US.

forthcoming events

Groups for Life: the Institute of Group Analysis (IGA) has organised a series of six day-long workshops combining lectures and experiential groups on the contribution of group analysis to our understanding of the developmental tasks facing us at the various stages of life: infancy, childhood, adolescence, adult life, mid-life and old age. The workshops will be held over the period of 11 May 2002 to 8 November 2002. For further information please contact the IGA (tel: 020 7431 2693) or visit their website at <http://www.igalondon.org.uk>.

Mole conferences would like to announce the following conferences: **Using Family Courts to Protect Children: Writing Reports and Giving Evidence**, which takes place on 20 June 2002 and aims at improving collaboration between social workers, child and family court advisory services, paediatricians, psychologists and psychiatrists, and those working in community child health; this session will explore making or taking referrals to 'experts', collating information, structure and layout of reports, fees, going to court and being a witness; **Cognitive Behavioural Therapy (CBT): Efficacy in Diversity** takes place on 21 June 2002 and looks at the efficacy of CBT within a

number of therapeutic situations, including the treatment of chronic fatigue syndrome (myalgic encephalomyelitis), children, trauma and post-traumatic stress disorder, and primary care counselling. Both conferences will be held in central London. For further information please contact Mole Conferences, 26 Church Road, Portslade, Brighton BN41 1LA (tel: 01273 242 634; fax: 01273 235 095; e-mail: info@mole-conferences.com; website and online booking: <http://www.mole-conferences.com>).

Risk Assessment and Management Following Self-Harm is the title of a course taking place on 15–16 July 2002 at the Manchester Royal Infirmary. Organised by Professor E. Guthrie, the course is run in conjunction with the School of Psychiatry and Behavioural Sciences, University of Manchester, and the Manchester Mental Health Partnership. This is a 2-day intensive training course, suitable for psychiatric trainees, mental health professionals and emergency department staff. The aims of the course are to provide participants with a comprehensive review of the evidence base in this field; opportunities to develop skills in the assessment and management of self-harm; and

knowledge of medico-legal issues related to this area. Application forms and further details are available from: Mrs Una Dean, Secretary to Professor E. Guthrie, University Department of Psychiatry, Rawnsley Building, Manchester Royal Infirmary, Manchester M13 9WL (tel: 0161 276 5383; fax: 0161 273 2135; e-mail: Una.Dean@man.ac.uk).

The V Congress of the European Association for the History of Psychiatry (EAHP) will take place on 12–14 September 2002 in Madrid, Spain. Plenary sessions: Germán E. Berrios (UK) – mapping mental symptoms: a conceptual history; Dora Weiner (USA) – psychiatry comes to the Americas: a global perspective; Georges Lantéri-Laura (France) – psychiatric semiology: history and structure; Jean Garrabé (France) – the works of Huarte de San Juan and the European humanist culture; Jean Canavaggio (France) – the desired death in the Cervantes' works; Hugh Freeman (UK) – psychiatry and the British State: 1948–1998; Paul Hoff (Germany) – what is biological psychiatry? Conceptual history and actual relevance; José Luis Peset (Spain) – Philippe Pinel's Hippocratic revolution; and Antonio