



### Improving the Care of Elderly People with Mental Health Problems – Clinical Audit Project Examples

By Kirsty MacLean Steel & Claire Palmer. London: Gaskell. 1999. 65 pp. £15.00 (pb). ISBN 1-901242-38-2

The thing that sells recipe books is probably not so much the list of ingredients for each concoction, but the style in which they are mixed together and the stories and flair demonstrated by the culinary expert. So it is that Delia Smith continues to sell and Mrs Beeton is past her prime. Modern books have the advantage of colour photographs and often benefit from reference to warmly entertaining, even slightly risqué presentations on live television. One cannot say that for this very disciplined presentation of audit in practice to a standard format and with highlights in humourless grey. However, it is clearly a good idea to encourage clinical audit and there is little doubt that those who have been prepared to offer their work for consideration on a national stage have done us good service.

We can be encouraged by the range of topics addressed by old age psychiatry services – it is interesting to know who is worrying or wondering about what. It is also interesting to know how they went about informing their own worrying and wondering and what sort of outcomes they discovered. Many of us, having read at least some of the topics, will want to make contact with particular authors, for we have similar interests and might have made a bit of progress ourselves in answering some of the questions. Roger Bullock makes the interesting observation that “clinical audit is not research and therefore can be done by anybody”: research and development leaders, of course, have it on the highest authority that research can only be done by very special individuals.

The principles of audit have been understood and accepted for over a decade, and the enthusiasm that people might have had 10 years ago has perhaps faded with time. Some of us have become rather bored with the process, particularly when it is not closely integrated into service developments and evaluations that are constructive and productive. It is still often the case that one audit does not lead on to a re-audit and to demonstrable, progressive improvements. Over and again we seem to start from scratch, including audit as just another of those extremely good things that we should be doing as part of clinical governance. For

most people the process will have to deliver something more worthwhile than a feeling that one is fitting in with the Government’s latest exhortation to be good.

This is the first collection of its type. It confirms what audit as a process looks like and that it can be applied across the whole range of old age psychiatry endeavour. Future editions might benefit from discussion of how to prioritise projects, establish good standards and accumulate, prioritise and integrate evidence from research, clinical expertise and user views. Some guidance on locating evidence would be helpful and a more extensive list of internet addresses likely to give useful information could be added.

This book is a start and will encourage us, but its greatest lack is a sense of joy. Let us hope that future editions include more colour and zest.

**Sarah Freeman** Clinical Audit Coordinator,  
**Professor David Jolley** Director of Audit,  
Wolverhampton Health Care NHS Trust, Penn Hospital, Wolverhampton WV4 5HN

### Managing Mental Health Services

By Amanda Reynolds & Graham Thornicroft. Abingdon: Open University Press. 1999. 170 pp. £16.99 (pb); £50.00 (hb). ISBN 0-335-19833-3 (pb); 0-335-19834-1 (hb)

Managing mental health services seems a bit of a contradiction in terms really. Patients’ needs and demands pull in one direction and government policies, such as the National Service Framework and Clinical Governance, seem to be pulling in the other, with homicide inquiries just pulling us down. With restrictions on resources, especially of trained staff, management can seem to be like organising the bailing out of the *Titanic* using buckets. But Reynolds and Thornicroft make a brave attempt at describing what it is possible to do.

Since this book was published, as they predict, change has occurred at such a rate that parts are inevitably looking dated (for example, Clinical Governance and the Framework, developed under Thornicroft’s chairmanship). However, these authors have at least been in a good position to predict the likely and considerable demands arising from these developments and take them into account in their advice.

The book is clear, concise and readable. It is also brief and basic, but it does provide signposts to relevant literature. It is a valuable introduction to the subject,

although it skirts around some of the most problematic management issues, such as those involving the relationship between doctors and managers and other mental health workers. Creative management of beds and other resources, recruitment and the development of integrated counselling/psychotherapy networks are also key issues that are not considered – as is how to avoid spending all your time in meetings and working groups without seeming inaccessible and arrogant.

Skim it, read it, buy it, but whatever you do, look at the cartoons (from *Private Eye*): they’re great.

**David Kingdon** Professor of Mental Health Care Delivery, University of Southampton, Royal South Hampshire Hospital, Brinton’s Terrace, Southampton, Hants SO14 0YG

### Electroshock. Restoring the Mind

By Max Fink. Oxford: Oxford University Press. 1999. 148 pp. £22.00 (pb). ISBN 0-19-511956-8

This book is subtitled *Guide for Patients and their Families*, so my first impulse was to get the opinion of a user. However, I changed my mind after reading it.

I have met Max Fink in the past and he is given to bullish statements, so I was not surprised at the tenor of the book. However, I cannot suggest to my patients or their relatives that they should read a book that states that a course of electroconvulsive therapy (ECT) usually takes at least 6 months and that appears to condone using ECT to treat patients without informed consent. Fink describes the mechanism whereby treatment can be given without written consent in the USA, pointing out that it can be slow and expensive. He then describes several case histories in which this mechanism was circumvented and treatment appears to have been given without either informed consent or the appropriate order from a State Court. We must be grateful that the current Mental Health Act procedures in the UK provide an effective mechanism to allow appropriate timely treatment of these very ill people. On behalf of these vulnerable individuals we must be vigilant regarding proposals for reform.

This is a small, slim and eminently readable volume, but I cannot recommend it to patients and families. I did find it instructive in terms of practice and attitudes in the USA and I urge psychiatrists who prescribe ECT to read it and to reflect upon our own practice in the UK. Those who campaign against the stigma associated with psychiatry might also find



columns

it interesting. ECT in the USA has faced relentless opposition from anti-ECT groups, and there is always a temptation to combat extremism by going to the other extreme. The real challenge, of course, is to recognise legitimate concerns at both poles of opinion and to negotiate a middle course.

**S. M. Benbow** Consultant Psychiatrist (Old Age Psychiatry), Carisbrooke Resource Centre, Wenlock Way, Gorton, Manchester M12 5LF

## The Ninth Annual Richard Finlayson Lecture: Problems Following Bereavement

By Colin Murray-Parkes.  
Samaritans. 1999.  
£5.00 (audiotape)

The recording was made live at the 1999 Samaritans Conference and is available as an audiotape from Maxine Carter, General Office, The Samaritans, 10 The Grove, Slough SL1 1QP. The content of the talk is excellent. Dr Murray-Parkes gives a clear and concise introduction to the types of problems that follow bereavement through death and the factors that make difficulties more likely and says a little about treatments available. He makes the point that many of the research findings can be applied to other forms of loss (Murray-Parkes & Markus, 1998). The tape really comes alive when he discusses case material. For example, a widow dreamed repeatedly of her husband falling off a cliff. With therapy she was able to change the ending of the dream so that he soared up to heaven, and the dream did not recur. The talk also includes one of the best jokes I have heard from a psychiatrist.

Sadly, the content is let down somewhat by the presentation. There is much distortion and whistling on the tape and

the background noise was distracting. The recording would certainly have benefited from editing: the turnover break came in the middle of a sentence, and two deafening bursts of applause at the end of the tape precede some unnecessary house-keeping details about the conference.

Murray-Parkes is a clear thinker and conveys his message well. This tape would be useful for general practitioners and psychiatric trainees, as well as the original audience of Samaritans.

The joke? Murray-Parkes reminded us that not all marital relationships are close. A gentleman told the speaker that he had married his landlady, "because I was fed up having to share the lavatory with all the other tenants". "Ah," said the doctor, "you had a marriage of convenience."

MURRAY-PARKES, C. & MARKUS, A. (Eds) (1998)  
*Coping with Loss*. London: BMJ Books.

**Alison J. Gray** Senior Registrar in General Psychiatry, St Anne's Orchard Psychiatric Day Hospital, Link Top, Worcester Road, Malvern WR14 1EZ

## Speaking our minds – Personal Reflections from Individuals with Alzheimer's

By Lisa Snyder.  
New York: W. H. Freeman & Co.  
1999. 157 pp. £15.95 (hb)  
ISBN: 0-7167-324-6

Although much has been written about the clinical and scientific aspects of Alzheimer's disease, one side of the story remains largely untold – the subjective experience of those who have the illness. This book addresses this important issue. The author, a clinical social worker from the Alzheimer's disease Research Centre at the University of California, has recorded a series of interviews with individuals affected by Alzheimer's disease.

Seven people eloquently relate their personal journey through the illness, covering issues such as their early symptoms, how they were told their diagnosis, how they have adapted their lives to cope with their limitations, what effect it has had on their families and what their hopes and fears are for their futures. The narrative is part poignant, part instructive, part humorous, but always compelling – I found I had to stay up one night to finish it.

The author charts the progression of illness in follow-up interviews, and it is clear she views the individuals not just as research subjects with a common illness, but a people with a wealth of life time experience. Numerous metaphors are used throughout the book that both illustrate the points made and lighten a difficult subject matter.

Though it does not claim to be a textbook, dotted through the narrative are facts and figures about the illness. There is a section detailing recent developments in the recognition and treatment of the illness and an overview of current research. It also highlights some clinical, ethical and legal problems and includes an interesting discussion on how and when patients were told their diagnosis and the effect this had on them.

In the current climate of evidence-based medicine, it is essential not to forget the importance of individual experience. Hearing the voice of people with Alzheimer's disease deepens our understanding of the effects of the illness and helps inform our clinical practice. If you are affected by Alzheimer's professionally or personally, read this book: I think you will find it is well worth a sleepless night.

**R. A. Clafferty** Consultant Psychiatrist in General Adult Psychiatry, Westbank Day Unit, Westbridge Street, Falkirk FK1 5RQ