Reviews

Teaching Psychotherapy in Contemporary Psychiatric Residency Training. Formulated by The Committee on Therapy of the Group for the Advancement of Psychiatry (GAP). Report Number 120. New York: Brunner/Mazel. Pp 56. $9.95. 1987.

It is often said that the happenings of today in the USA are the tomorrows of the UK. In the 40 well-written pages of this booklet produced by the Group for the Advancement of Psychiatry, an analogous organisation to our Society of Clinical Psychiatrists, a counter-process is depicted. Here, the last 15 years have seen the establishment of psychotherapy units in most teaching centres and a substantial increase in psychotherapy training which, generally, has been welcomed by the young psychiatrists of the 1980s. As I see it, the British anatagonism to subjective experience has yielded somewhat and psychotherapy is beginning to gain some of its natural importance in psychiatry. Over there in contrast, the commanding heights of the psychiatric establishment, once possessed by respected psychoanalysts, have been taken by psychopharmacologists and social interventionists, thus establishing a new order to be admired and emulated.

American psychiatry faces a crisis in identity. More effective medical treatments, a greater concern with disordered social systems, competition from the many non-medical psychotherapists and the increasingly stringent reimbursement policies of the Government and insurance agencies have led some psychiatrists to propose a narrow definition of the speciality, limited to disorders which can be comfortably accommodated within the medical disease model and in which psychotherapy would be hived off to other professions. The authors of the report do not subscribe to this position and make a number of modest, positive proposals.

Psychotherapy training during the residency years has three functions. Firstly, to teach a set of skills based on a body of knowledge which are fundamental to understanding and dealing with distressed people. Secondly, to consolidate these skills through the practice of psychotherapy. And, thirdly, to facilitate the acquisition of a set of attitudes that include being ready to attend to the many means by which an individual communicates and the levels of meaning that can be comprehended, to be non-judgemental, to use one's own emotional responses as sensitive diagnostic tools and to consider the patient as a whole person.

The form of psychotherapy training has to move with the times. It has to recognise that psychotherapy may no longer be the career choice of the resident or be practised in pure culture. Functioning as a member of the multi-disciplinary team, the resident needs practical assistance with the narcissistic and borderline patients that he is now expected to treat. The report argues for a climate of respect in which justice is done to the pluralism that is psychiatry to-day. A thorough grounding in the science of psychodynamics is basic; didactic presentations should be accompanied by clinical examples of live interviews or video-recordings. Special attention should be given to applying psychodynamic understanding to non-dynamic modalities of treatment, both biological and behavioural, *and* to elucidating non-dynamic factors in dynamic treatment. Experience in brief and supportive psychotherapy is essential. Experienced supervisors who are comfortable with a broad range of psychotherapies are to be preferred; hospital case-conferences should be structured to bring out the complementary nature of psychodynamic and biological approaches to treatment. I was impressed by the constructive tone of the report and recommend it to all those charged with organising training.

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The Rights of Mentally Ill People: MRG Report No. 74 by Chris Heginbotham. Obtainable from the Minority Rights Group, 29 Craven Street, London WC2N 5NT. Pp 13. £1.80, plus 20% postage and packing. 1987.

This pamphlet, written by Chris Heginbotham, the National Director of MIND, deals with psychiatric illness in relation to the protection of the rights of this patient group. Interestingly, it is number 74 in a series published by the Minority Rights Group whose previous titles have dealt with virtually every ethnic minority worldwide and which has otherwise only previously ventured into discussing minority aspects of feminism and a tract on genocide.

As a clinical psychiatrist I had hitherto considered that I am a doctor specialising in a field of medicine, much like a cardiologist or gastroenterologist. However the mentally ill are also firmly within the orbit of the anti-discrimination lobby alongside other discriminated minority groups.

In nine closely typed pages, eight if you exclude the United Nations Declaration of Human Rights, he discusses a series of global issues relating to a loss of rights in relation to psychiatry. After sketching out the magnitude of the problem of mental illness he has devised a nine point Code of Rights as a universal yardstick; this code attempts to protect mentally ill patients from abuse but unfortunately also makes it more difficult to admit to hospital on a compulsory basis for essential treatment. Heginbotham then discusses the definition and classification of psychiatric illness. Considering that this pamphlet is designed for a lay readership, it is regrettable that he does not describe the various types of mental illness, including a differentiation between neurosis and psychosis. He therefore tends to deal with all psychiatric illness in a unitary fashion. He is critical of the dominant role of medical concepts in classifying mental illness and attributes many of the problems, particularly that of poor legislation, to this fact. He clearly does not concede that the medical model embraces psychosocial factors as well as biological and genetic ones and that the psychiatrist is the only member of the multi-disciplinary team who is trained in all of these areas.

In writing about society's attitude towards psychiatric illness he is also critical of the pharmaceutical industry for promoting "images which are negative or animalistic using pictures of tortoises, clams or snails to depict depressive illness" and of the press for juxtaposing madness with violence and sex crimes. He would clearly like to see the new Mental Health Act regarding the right to consent to or refuse treatment extended, and does not consider that the psychiatrist's continuing review is an adequate safeguard.

The occurrence of abuse of the mentally ill in various parts of the world is mentioned, but in no detail, and having referred to the problems in the Soviet Union, South Africa, Japan and Greece as well as some other countries, he insists on showing his even-handedness by referring to the Rampton scandal in the UK and the US cases of executing some mentally ill individuals who committed homicide as examples of abuse in Western society. Brief mention is made of the ethical problems concerning torture.

He concludes by placing his faith in the United Nations Commission on Human Rights and the WHO, and one would be more impressed with these organisations if their past record of effectiveness was better.

Although this pamphlet covers many important topics it does so superficially and with a great deal of personal bias. I suspect that the author will not rest easy until the mentally ill are removed from the medical arena and although psychiatrists are attempting to come to grips with all the problems of mental illness, it is clear that their first concern should be the ease with which these people receive necessary care and treatment even if this adversely influences some of their less important human rights temporarily.

Much of what is written has been better dealt with in other publications, as many of the topics deserve more detailed analysis than is available here. Nevertheless, one must commend any publication which gives wider publicity to many of the prevalent international abuses of psychiatry.

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Mental Hospital Closures—The Way Forward? By Kathleen Jones. Institute of Advanced Architectural Studies, University of York, Continuing Education Group. York: The King's Manor. Pp 13. 1987.

A way forward for mental hospital closures that avoids trampling on the rights of long-stay patients would be profoundly welcome. The meat of this report is a proposal for the planned redevelopment of hospital sites as an alternative to their complete loss to patients, present and future.

It is envisaged that the sites' resources of space, buildings and public acceptance will allow selective demolition and high-density development to cater for both patients and public. Some land will be sold for facilities such as supermarkets, libraries and other leisure provision, and for housing—including up-market housing to counteract stigma. Room will be left for a range of mental health services including a variety of sheltered accommodation, resource centres and 'hospital-type' units. It is argued that if urban environments are sufficiently diverse and intense specialist buildings are easily assimilated, the inclusion of piazzas, parks and walkways will make for a pleasant place in which to live.

The eventual result is described in large-scale terms as "the transformation of the former asylum site into a small town, community or quarter, similar perhaps to a small market or district centre."

There is no consideration of clinical issues such as the number and categories of patients likely to be catered for: Wing & Furlong's account of the related Haven concept which deals with this aspect is not mentioned. Nor are the social implications considered critically. The term "new communities" begs the question as to what extent patients will in fact be integrated with other residents. At worst, yuppies in the up-market housing might regard them as the price to be borne for other advantages, and their hopefully enhanced status as the original occupants of the site will need protection.

Nonetheless, the concept provides a valuable alternative or, perhaps more precisely, supplement to existing plans. Schemes could be developed on varying scales according to local needs and as a part of comprehensive services. They could be phased in slowly so as to realise the best prices for the land and adjust mental health provision to the needs as they became apparent. At even a modest level they would extend the range of choices available to long-stay patients sufficiently for them to be involved more genuinely in decisions about their own futures. The Poor Law flavour of present arrangements which lay more stress on district of origin than current attachments would be mitigated. In addition, resources for future generations of long-term patients would be ensured and a signal given that their needs are to be taken seriously in the new service.

The report also includes brief accounts of the role of community mental health centres in Trieste and in the USA. They are proffered as examples of the importance of warmth, human concern and the ability to transcend professional barriers. Major deficiencies are also described, especially failure to cater for important groups. In Trieste these include adolescents, the over 65s and those who lack the initiative to come to the centres of their own accord. Reasons for the disparity between concern and failure to provide these services are not explored; nor is the claim that the existence of the National Health Service will preclude problems which have arisen in the USA. It is to be hoped that these and other issues will be pursued further now that the series has been inaugurated.

It is also to be hoped that much more will be heard about the "new communities" concept. Its architectural, clinical and social aspects need to be brought together and related to particular patients' needs. Psychiatrists might well focus attention in that direction: if the institutional era ends in an ugly way we will have much to answer for.

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