

deciding on the best course of action in a given situation, and wanted to be 'covered' if things went wrong.

There was one aspect of training that was not adequately covered during the year, which was that of supervising junior doctors, as they were hospital based and involved with a different clientele. It is obviously important to gain experience in delegating work appropriately and supervising the results, and this may be difficult to achieve in community-based senior registrar posts, unless the junior staff also move out of the hospital base.

In total, the post was useful and enjoyable. A post such as this can help to clarify ideas of what the practice of community psychiatry entails, which is important if we are to avoid the experience of some authors in the USA who report a steady decline in the numbers of trainees opting to work in community settings, which they ascribe to inadequate preparation for the task and subsequent disillusionment. (Cutler, Bloom & Shore, 1981; Morrison Donovan, 1982).

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## Conference report

### Symposium on the closure of mental hospitals\*

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Psychiatric practice is reaching out into the community, while long established mental asylums contract. Twenty years ago, government health advisers first backed this new approach to psychiatric treatment by sponsoring the Worcester Development Project, which aimed to move psychiatric patients from two of the large mental hospitals into the community. In April, clinicians and managers gathered to mark the closure of one of these institutions by discussing their changing practice.

Researchers are evaluating such moves into the community. They are making a special study of Friern and Claybury hospitals in north London.

\*Held at Malvern, 20–22 April 1989.

Baseline assessment has revealed surprisingly similar patient populations in these two institutions. In each, over half the patients were present for at least 20 years. Most of them had case-note diagnoses of schizophrenia and at least a third were still actively psychotic, although few had very socially disturbing behaviour involving violence or sexual disinhibition. Patients vary in their hopes for the future, with some wanting to go and some to stay. Success in settling in the community may relate to an individual's social network, so that those who are more able to interact with others establish themselves more readily outside hospital. Isolated patients tend to remain in hospital. In the new accumulating group, chronic neurotic disorders are increasingly common, a previously little

recognised problem which psychiatrists will have to face in future work.

Psychiatrists are also examining ways of avoiding hospitalisation by offering greater support at home. In Camberwell, a deprived inner city area, a research team randomly allocates psychotic patients seen in the emergency room to a community based daily living programme (DLP) as an alternative to standard hospital care. The team aims to maximise functioning in the community by offering greatly increased support to patients and their families at times of particular need, while having key-workers to improve continuity of care and co-ordination of services. Over the last 18 months, although three quarters of the DLP patients have had subsequent hospital admissions, these have generally been brief, half lasting less than three days. Patients' families appreciate the support offered and with their involvement, patients are more compliant with treatment, so reducing the need for compulsory admission. In particular, the researchers have noticed better compliance with

treatment among ethnic minority patients and their families.

American psychiatrists have demonstrated the need to go on providing a high level of support even after apparent full recovery. Patients on a one year training in community living (TCL) programme did well during active management. However, at the end of the one year trial period when standard follow-up only was available, individuals were unable to maintain the gains they had made in social functioning leading to improved satisfaction with life. Instead they became more symptomatic with increased hospitalisation. Psychiatrists have also tried to develop preventive measures by opening drop-in clinics. These tap a new patient group, the 'worried well'. In order to reach more acutely disturbed people in the community, a more active approach to crisis intervention is generally needed. Community team members routinely make emergency home assessments, offering appropriate treatment so as to avoid unnecessary hospital admission.

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## Miscellany

### Queen's Birthday Honours List

Professor James Griffith Edwards, Institute of Psychiatry, has been awarded the CBE and Dr Hector Fowle, formerly Vice Chairman, Mental Welfare Commission for Scotland, has been awarded the OBE.

### New appointment

MIND, the mental health charity, has appointed Ros Hepplewhite as its new National Director. She was previously Director of Corporate Development with Brighton Health Authority and has also held management responsibility for mental health services in a

teaching hospital, an inner city area and as a Unit General Manager in Brighton.

### Palestinian Mental Health Association

Amaan, the Palestinian Mental Health Association, has been set up recently to deal with the psychological and emotional problems that affect the people of Palestine. Any donations of books and research papers (published since 1985) will be very welcome, as will financial contributions. Further particulars and donations to Sheena Dunbar, Amaan, P.O. Box 2516, Cairo 11361, Egypt or contact: Dr Suman Fernando, Department of Psychiatry, Chase Farm Hospital, Enfield, Middlesex.

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*"What you do in this world is a matter of no consequence . . . the question is, what can you make people believe that you have done."*

SIR ARTHUR CONAN DOYLE