

ups), one session on rehabilitation of alcoholics and chronic patients, and one session at another hospital doing child psychiatry. He was also able to undertake all the self-poisoning assessments and liaison psychiatry. Most of his fellow trainees in the Region complained bitterly that they only treated a heavily psychotic and custodial care population, which was poor preparation for future practice.

Most participants seemed to agree that the recommendations (*Bulletin*, June, p 93) were on the right lines, though not the whole story; and that a period of hospital psychiatric

experience should be very valuable, not least in showing how the psychiatric services work. But psychiatrists might benefit from knowing how general practice works, and there was some support for the suggestion, which will be further explored, that six months in general practice should be part of the experience of every psychiatric specialty trainee. Such an option or requirement would of course release more junior hospital posts, and possibly enable all instead of only some GP trainees to get their six months in a psychiatric hospital.

Reviews

Prevention in Mental Health. MIND Annual Conference, London, October 1979. 119 pp. £2.95.

Prevention has for a long time ceased to be the subject of much enthusiasm on the part of psychiatrists. Caution seems to stem particularly from doubts about its feasibility, a concern that resources should not be syphoned away from much needed treatment of established illness, or reservations about the relevance of psychosocial stress to mental illness, especially when the latter is defined in biomedical disease entity terms. Nevertheless, this report contains a great deal which is relevant to clinical psychiatry and demands to be taken very seriously. It looks at mental health care problems primarily from a socio-economic perspective, examines the current community setting of mental distress, describes many exciting new initiatives, and gives special attention to high risk population sub-groups. The report consists of four sections concerned with mental health in the community and in the work place, the mental health of women and children, and various aspects of childbirth and infant care.

The scene is set by two main introductory position papers. Peter Draper issues the challenge that treaters are not necessarily the best preventers, because the necessary skills do not overlap. Health is therefore not to be equated with the establishment of more treatment services. He also insists that resistance to prevention may stem from complex motives which are not always altruistic: the way forward must depend on genuine socio-political changes rather than 'medico-legal heroes,' this being the note of mock respect which he reserves for the Victorian MOH. Fortunately the temperature of the report then falls to a more tolerable level, at least one which promotes a constructive dialogue, with Anthony Clare's well balanced look at feasibility: he warns of overweening enthusiasm for particular approaches and their misapplication, and emphasises the need to distinguish between morality and health and indeed to define a clear

remit. Yet we must reflect at this stage that neither of those two giants of preventive medicine, Snow and Goldberger, knew the cause of cholera and pellagra when they effectively demonstrated how to prevent them. They won through because of an astonishing zeal for accurate observation, persistence, and thoroughness in applying simple techniques. The unsophisticated approach, and indeed the intuitive one, may well be worth backing. We need also to remember basic issues: as the report proceeds doctors are urged by Tony Smythe to be more on the side of their patients, to show less professional arrogance, and to foster early intervention in a non-threatening way.

'Mental Health in the Community' considers the American experience of community mental health centres and the controversy over their effectiveness, as well as special initiatives which have developed in this country. The battle of the mental hospital versus the community service is engaged, but not in a way which provides sufficient hard evidence to decide which side wins in the end. The role of the psychiatrist is challenged by Roger Hargreaves of the Brindle House Mental Health Centre, near Manchester, where diversion of clients away from the formal psychiatric service is encouraged in order to avoid labelling and unnecessary medication. We must pause here: are we psychiatrists doing people more harm than good? Are we to be pensioned off to the mental hospitals to reign supreme over our ECT boxes and psychotropic drugs? Will society ultimately only allow us a role in tertiary prevention? The report then moves on to the problem of immigrant groups in Bradford, where Dr Rack's initiative as a psychiatrist is gratefully acknowledged, followed by several shorter but refreshing contributions on community psychiatric nursing, work with the physically handicapped, and day centres.

'Mental Health in the Work Place' constitutes the second main section of this report. Elliot Stern's paper provides a startling insight into the stresses at work today, where the deskilling and loss of jobs inherent in the introduction of

robots, computer control and microprocessors will confront present-day assumptions about higher education and vocational training. The trend towards professionalism has recently also been accompanied by a swing against its costliness and depersonalized approach, and there has been a loss of faith in professional capacity (the widespread interest in prevention embodying some such doubts). Otto and Holloway's contribution on assessing work problems applies just as much to the psychiatrist as to anyone else and should be read by all who struggle to find a *modus vivendi* in multi-disciplinary teams. Others deal with legislative approaches to mental health and work, as well as problems of redundancy and retirement. Are we really heading for permanent high levels of unemployment in this country, perhaps as much as 20 per cent by 1991? Some of our assumptions about education, work and leisure as well as mental health care will in that case have to be revised.

The section 'Mental Health of Women and Children' begins with a review of mental health in women by Tirril Harris, who summarizes some of the findings of her joint researches with George Brown on depression in women, particularly their implications for prevention. She argues that more attention should be paid to problems such as the plight of single parents, provision of more part-time employment, more nursery places, and more advice besides the prescription of psychotropic drugs, as well as free contraception.

The central role of counselling is affirmed. Naomi

Richman, from the perspective of child psychiatry, asks whether prevention is possible and concludes that local community action such as the provision of family planning facilities, improvement in fostering and adoption procedures, or the teaching of parenting skills can all be important components of prevention. This section also contains an outstanding paper on child abuse by Judy Hutchings and Dick Jones, who describe their work with families in a most convincing way: theirs is an enlightened fresh approach based on acceptance and non-blaming, using target behaviour programmes which focus on parenting behaviour. The report ends with a quick look at problems which our adolescents face in secondary schools.

MIND is to be congratulated on producing this report, which ranges widely over so many issues in a way that challenges yet on the whole does not attempt to alienate. The result is that it encourages constructive debate instead of fruitless inter-group conflict. Every clinical intervention aims at prevention, whether this concerns the initial symptoms of breakdown, the control of established illness or reduction of chronic disability. This report is therefore relevant to all mental health care professionals and deserves to be read at length.

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Experience desirable for the GP trainee in psychiatry

DEAR SIR,

The experience recommended in the guidelines issued by the Joint Liaison Committee (*Bulletin*, June 1980, pp 93-5) must be seen as only one part of the total postgraduate training of general practitioners in psychiatry. Other opportunities arise in training practices and day release courses.

For some trainees there will be no experience in psychiatric hospital posts, for a variety of reasons. This emphasises the importance of the other learning situations, since psychiatric understanding is vital in general practice.

The need for co-operation between regional and local advisers or tutors in psychiatry and in general practice extends therefore beyond the subject of these guidelines, to cover the distribution of experience over all the learning situations available to vocational trainees, and to take account of continuing opportunities for training after estab-

lishment in practice. Responsibility for ensuring this co-ordination lies with the regional advisers and scheme organizers in general practice.

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Training course in behavioural psychotherapy

DEAR SIR,

It is good to read the College recognizes the importance of experience in behavioural methods of treatment in the training of psychiatrists (*March Bulletin*). At the same time it is not clear how adequately the proposed Institute of Psychiatry course will increase available training resources in anything other than the most limited respects. Two days