

funding systems and for changes in training programmes so that more people are equipped to perform well in the community. **But there are flaws and these must be recognised:**

Arguments for more radical changes such as the creation for the elderly of "a single budget in an area . . . by contributions from the NHS and local authorities . . . determined . . . by a formula agreed centrally . . . (and) under the control of a single manager" are not persuasive. They seem to be based in current fashions: to make radical changes every few years, an overenthusiastic belief that 'management' has magical powers beyond those of the caring and curing professions and the hardly concealed wish to include all provisions within cash limited budgets.

Let's try some fine tuning based on the sound observations and more sensible suggestions in this report and leave radical change for further consideration if these aren't helping, given a realistic time trial—of the order of a further ten years.

Let's leave Supplementary Benefits Board and Lodgings payments free from cash limits as a safety valve in a system where the pressure falls heaviest on those least able to stand up for themselves.

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## *Audio-Visual Aids to Teaching*

### *Videotape Reviews*

#### **Back to the Community** (UK, 1986, 29 mins)

A mixed audience of health professionals at a recent Mental Health Film Council screening welcomed this video which shows a variety of community-based initiatives. Most participants thought it would be useful in several contexts, for fellow professionals and for the general public. Those working with individuals who are ill, have a handicap or are old could be helped by the video, it was believed, to clarify their own attitudes to institutions: local residents might be introduced to the idea of care in their own community.

The video has a direct, optimistic approach: it looks at several projects where ex-inhabitants of large institutions appear to be living richer, more positive lives because of the move in to the community. There is recognition of the problems. The video acknowledges that the concerns of those who will become neighbours of such schemes have to be considered along with those of the individuals in need of care. It even admits that, although such care may be cheaper in some instances, it is likely "that the whole exercise is going to be more expensive".

The production of the video is competent, business-like and unpretentious. It uses the technique of intercutting shots which show the different projects with statements by some of the professionals responsible for developing the facilities and by some of those who work in the community. The commentary is authoritative and clear. It might be argued, indeed, that the general effect of the video is to err on the side of confidence and clarity. The problems are honestly raised but the difficult ones are not explored through all their pain and much of the contentious discussion will inevitably come after the television set is switched off.

The format is a familiar conventional one of mixed film and interview but it may give an unintentional balance of

importance and value to professionals. We *see* the radically changed circumstances of several people, old, ill and handicapped but we *hear* too little, directly, of what they feel about the changes. They are not substantially allowed to speak for themselves. More significance is given by the style of presentation to those who are involved in the projects because of their work. As is usual in this kind of video, each professional is signalled by a caption with name and job description; individuals whose lives are being described are named in the commentary only. This is one of several techniques which recreate the 'them' and 'us' divide which may not be helpful.

Many groups and individuals will find this video a useful starting point. It may be that some who are firmly committed to the concepts would have preferred a more forceful presentation to stir the emotions and evoke the doubts. Without question, though, anyone who cares about the issues and wants more knowledge and understanding, will find the video a helpful tool.

*Production:* Holmes Associates for the Department of Health and Social Security.

*Distribution:* CFL Vision, Chalfont Grove, Gerrards Cross, Bucks SL9 8TN. (Telephone 02407 4433). Available on free loan or for sale on VHS.

ELIZABETH GARRETT

*Director*

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#### **Seeing Eye to Eye** (UK, 1985, 24 mins)

This tape deals with the transition from pre-clinical to clinical medicine as seen through the eyes of two medical students. They embark on their clinical training at Sutton Hospital where an apparently inhumane and thoughtless surgeon talks literally over the head of a recently admitted

emergency. He and his entourage walk away leaving the patient unable to answer the questions of her neighbour, and presumably of herself, as to what is wrong and what is going to happen to her.

Fortunately, our faith in the senior members of the medical profession is quickly restored by a view of the same surgeon behaving in a totally acceptable manner. He introduces himself and the two students, talks to the patient, asks her permission before examining her and seeks her agreement for the medical student to repeat the examination.

We then see a similar comparison between a non-productive interview between an overworked doctor in the out-patient clinic and a mother with her young baby who has been waiting an hour for her appointment, and a similar situation where the doctor controls his irritation and greets the patient warmly, putting her at ease and allowing him to pursue the clinical issues to a satisfactory conclusion. These two wrong and right approaches are done exceptionally well and give vent to appropriate feelings of irritation and dismay at the way these students are being taught before the reassuring alternative is produced.

There are three further models of a patient having a rectal examination, another exposing a fungating mastectomy scar and a final one of a joking interaction with an elderly lady who is incapacitated and unable to drive her car.

These stories all provide good talking points and illustrate the importance of many aspects of patient contact. They are convincing interactions and many students would identify, sadly, the wrong version while, hopefully, recognising the appropriateness of the right version.

As far as psychiatry is concerned, the general principles apply but it would be most useful for teaching of liaison psychiatry and other work with medical students during their introduction to clinical work.

(Bronze Award, 1986 BLAT/BMA Film and Video Competition).

*Production:* Andrew Macaulay and Andrew Powell (St George's Hospital, London).

*Distribution:* Turnip Video Services, 193 Queens Road, Wimbledon, London SW19 8NX.

*Format:* VHS and BETA (£69); U-matic (£79).

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#### **Sharing Caring** (UK, 30 mins, 1987)

*'We're not closing a mental hospital, we're building a better service'*

It is about time we had some quality television on well-planned community care to balance the image of seedy mental hospitals approaching closure and windswept seashores with lonely silhouettes. The *Sunday Times* Colour Supplement (3 May, 1987) on Community Care excluded satisfied customers!

Dr Donald Dick, once Director of the Health Advisory Service, has seen it all. Back in harness as clinician, he shows

us around his own district services with the deliberateness and charm of a Magnus Magnusson. "You need your day-care and out-patient consultations about as near as the local branch of your bank, whereas for more sophisticated treatments you wouldn't mind travelling to an in-patient unit about as far away as the county court . . . no-one with senile dementia needs to be in a mental hospital."

And as we visit the dispersed facilities, 'Line-Up' are to be congratulated for capturing a vital ingredient so often absent in such documentaries – unpatronising warmth in staff and patient relationships. This is important because the videotape is primarily to engage patients, relatives and the public in discussing how their mental health service might be provided. Community care can appear drab and pointless without paramourcy of the individual.

I would advise anyone who is about to announce the closure of a mental hospital to show interested members of the public tapes like this, which illustrate well what the alternative can be. It is set in rural Dorset, so we need another equally imaginative tape on an inner city service.

I got ideas to think about, and so I suppose other professionals will also. If Sir Roy Griffiths' review of the financing of community care will let them, they intend to put NHS staff into privately owned facilities. Wouldn't that be a good way of closely monitoring standards of care in the private sector? Of the rich variety of occupational activities shown, the market gardening consortium set me thinking about the possibilities in my district.

'Sharing Caring' is the rather sickly title with introductory song to match, but there is a talking point here for staff in the multidisciplinary teams. *It will never be the same again for any of us.* Doctors, nurses and social workers do have different relationships with each other and with their patients. For those who are worried about professional role change, it is reassuring to hear them talking about each other in West Dorset. The new special home helps, essential for domiciliary care of the elderly, add to the skill mix with "bags of good common sense".

I would have edited out the few seconds given to the old guard defending large institutions. Amidst this display of new ideas, he sits there bemoaning the run-down of the mental hospital – like they portray members of the other side in a party political broadcast. Complacency was, of course, the poison in the institution, so it is appropriate that this tape ends on the note "I do not believe plans are ever right – they need constantly to be revised and aligned to changing need."

*Production:* "Line-Up" for the West Dorset Health Authority.

*Consultant:* Dr Donald Dick.

*Distribution:* "Line-Up", Freshford, Bath BA3 6BX.

*Format:* VHS.

*Purchase* £46, including VAT, postage and booklet.

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