good ideas offered, the detail is inadequate to allowing a full appreciation of the process and development of the teams.

Overall, the pack aims to cover an enormous range of topics and does so in a concise and readable fashion. Primarily, the pack seems to offer a checklist of critical issues with guidelines on practice and is clearly aimed at those already involved in, or setting up CMHC/Ts. The format means that there is some repetition and redundancy and complex issues are not explored in depth. However, the topics are well chosen, the issues therein highly pertinent and the few pointers on practice invaluable. The pack offers a very useful tool for orientating anyone involved with planning, developing or working within CMHC/Ts towards the central issues and further readings are usually included.

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Reference

[1]GRIFFITHS, R. (1988) *Community Care: Agenda for action. A report to the Secretary of State for Social Services.* London: HMSO.

Distinction and Meritorious Service Awards for Hospital Doctors and Dentists in the NHS.
By B. Edwards and G. W. Pennington. Health Services Manpower Review, University of Keele. 1987. Pp. 40.

As the question of Consultant Merit Awards appears on the political agenda yet again the publication of this pamphlet is timely. Written jointly by an eminent and experienced NHS administrator and a consultant chemical pathologist, it provides an unvarnished factual account of the history, development and present functioning of the system of Distinction and Meritorious Service Awards, to give them their full title.

The Spens Committee proposed the system in 1946 and, perhaps surprisingly, Aneurin Bevan accepted it at the inception of the NHS in 1948. Spens decided that, if the recruitment to, and status of, specialist practice was to be maintained specialists must be able to feel that more than ordinary ability and effort received an adequate reward and that a 'significant minority' of specialists should have the opportunity of earning a salary comparable with the highest which can be earned in other professions.

The criteria for receiving an award are set out in the phraseology of Sir Stanley Clayton, a former Chairman of the Central Advisory Committee, who published them in 1979 and 1981. They are still broadly followed and are subsumed under the headings of 'Meritorious Service' and 'Distinction'. Meritorious Service includes direct service to patients or their GPs, improvement of the service, training and teaching, research and medical administration. Distinction is less easily defined but examples quoted include leadership in a clinical or scientific field, contribution of new ideas of proven worth and acknowledged leadership of a Specialty in a Region or the country. Sir Stanley employs some sharp turns of phrase, e.g. "An international reputation deserves respect, but is not established by a mere list of attendances at foreign meetings."

The machinery through which these criteria are applied is explained in some detail, including the composition and rôle of the various Regional and National Committees and the input of the Royal Colleges. The diagram setting out the interrelationship of these sources of advice is inaccurate with regard to psychiatry, as the College has the special privilege of making representations directly and via its Regional Award Advisers to the Central Committee without being filtered through the multi-specialty Regional Committees, although psychiatry is represented on these also. In the last resort a consultant can put forward his own case for consideration.

How does psychiatry fare at the end of the day? The pamphlet publishes the statistics according to specialty at 31 December 1986. The proportion of award holders in all specialties was 35.6% for 'mental illness' the figure was 33.6%, for child and adolescent psychiatry 20.8%, forensic psychiatry 22.8%, mental handicap 21.8% and psychotherapy 30.1%. The (1984) figures for Scotland show 28% for psychiatry (all specialties) compared with 35.7% overall. The distribution between different grades of award was proportionate to the overall figures. Some specialties seem to be especially distinguished, e.g. nuclear medicine 62.1%, neurosurgery 59.1%, neurology 56.1%, general surgery 49.5% and general medicine 46.4%, although age-structure has to be taken into account.

Is the system fair? Although judgements are made by our peers and advice is sought from many sources, because of the limited number of awards available each year, the system is, in the final analysis, a competitive one. Certainly at the 'C' level the margin between the award-holder and the non-award holder can be narrow. Also, despite psychiatry's privileged access, the Regional Committees wield the greater influence. This emphasises the importance of co-ordination and synchronisation of candidacy lists but differences of opinion do sometimes arise. The recent practice of selecting candidates at award-holders' meetings has opened up the system but

carries the danger that popularity will be confused with distinction and that the diffident or awkward personality might be penalised.

Should the system continue? Like it or not, I suspect that changes are on the way. I recommend everyone to read this pamphlet before it becomes an historical document and then they can make up their own minds.

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Mental Health Care for Ethnic Minority Groups.
By J. Renshaw. London: Good Practices in Mental Health (380–384 Harrow Road, W9 2HU). 1988. 13 pp.

In the ethnic minorities in Britain there are some people who, for cultural or racial reasons, are particularly vulnerable to mental ill-health, and/or experience difficulty in utilising the established help services. The NHS and the medical profession have been slow to recognise their responsibility to provide appropriate services for those people. That is also true of the psychiatric services in most places, but not everywhere.

Therefore a publication in the 'Good Practices' series on Ethnic Minorities seems like good news. Such a booklet ought to be a guidebook for those who are working in this field and those who are not yet but ought to start. It ought to describe projects and initiatives in various places, in sufficient detail to indicate what is good about them and what general applicability they might have. It should enable the reader to follow up points of interest by further study or personal enquiry.

Sadly, these hopes are not fulfilled in this publication. The author identifies six statutory services (in Birmingham, Bradford, and various parts of London) and eight voluntary agencies (in Wolverhampton, Cambridge, and six in London); we are not told the criteria of inclusion, nor why others (which certainly exist) have been left out. The descriptions of those included occupies a little less than two pages of typescript. Most of them are

sketchy, they contain little or no hard data, there is no attempt at evaluation, and no information that could not be obtained from a telephone call. (Perhaps that is how it was obtained by the author. But without any evaluation, how can they be described as "good" practices?) "Identifies" is scarcely the right word for such references as "*Some institutes for training in psychotherapy incorporate special training in . . .*" or "*A few of the London Boroughs have developed policies to promote appropriate care . . .*" Which ones, for goodness sake? There is no index or list of contact addresses.

These examples of (presumably) Good Practice come towards the end. The preceding eight pages (most of the text) purport to be an overview of what is known about minority mental health problems. They start with a paragraph boldly headed "The facts". Alas for good intentions: the facts quoted are very selective, and some of them are wrong: (Dean *et al's* study did not find a 500% excess of West Indian admissions. Rack, Cox, Rathwell & Phillips have not reported – or even carried out – studies with "similar findings". What happened to all Cochrane's research data? A paragraph which begins "*Some startling recent work . . .*" goes on to claim that black people have "*a staggering tenfold chance of being diagnosed schizophrenic*"; believe it or not, that paragraph ends without giving any identifying reference *at all*!).

The second part ('The Interpretations'), and most of the subsequent parts, are a similar mishmash of opinions, some attributed, others offered as the author's own, many of them very sound, none of them new, some wise, others simplistically banal, many of them already expressed more lucidly in the source-books and articles.

What a pity. There isn't a readily-available guidebook to service provisions in this area, the few technical bibliographies are not easy to find, and the CRE publication with the same aims (Aspects of Mental Health in a Multicultural Society) is well out of date. This booklet might have been very useful. But it isn't.

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