

Reviews

Common Concern. MIND's Manifesto for a New Mental Health Service. London: MIND. 1983. Pp 64. £2.50.

Common Concern is published as MIND's manifesto for a comprehensive mental health service. Let us hope that this document can be taken as a useful contribution to the debate on the reorganization and planning of future services and bring a better dialogue between the statutory care providers and this great voluntary organization.

For too long the polemicists of the mental health lobby have engaged in the national sport of doctor bashing to a degree which has estranged them from a majority of practising psychiatrists. This is a schism which we cannot afford for without the support of an informed public and the active involvement of many divisions, if not an army, of volunteers we cannot provide adequate care for our patients.

The deliberate error 'our patients' is in the eyes of many as heinous a crime as references to 'my' nurses, 'my' social workers or whatever. Yet despite the pressure to change the service base and role of the psychiatrist, we will sacrifice that personal commitment to considering the total needs of an individual within the special patient-doctor relationship implied by 'my' and 'patient' at our peril. This document, like many others, challenges current views on medical confidentiality. It states: 'The issue of confidentiality of GP records must be resolved and GPs will have to be more open with clients and other professionals.'

However, patient access to their own notes and inter-professional transmission of information are much more complex issues than either the civil libertarians or colleagues from other professions suggest, and many of us are having increasing reservations about the sharing of confidential information with those with whom we do not have a direct and trusting working relationship.

After a selective historical review the manifesto attempts to identify the principles of service development, and to the eight which are identified I believe at least two should be added. These would be that a local, comprehensive service is one which can: (ix) ensure that those whose volition or judgement is impaired by mental illness are not thereby deprived of their right to necessary and humane treatment; and (x) command adequate resources to provide a reasonable level of service.

There is an unequivocal recommendation in the report that there should be a 'client group' or comprehensive psychiatric services management structure, but they recommend significant departures from the Psychiatric Service Management Team (PSMT) envisaged in the Nodder report. They appear to exclude both a Senior Finance Officer and 'where appropriate, a representative of the University department of psychiatry', but add 'Officers of the local authority including representatives of housing and social services' and

representatives from the local supplementary benefit office, clients, Community Health Councils member and Trade Unions.

In addition they recommend a Mental Health Service Development Committee whose responsibility would be for strategic and policy development and whose membership would include the Team just described, plus senior elected members of the local authority, social services and housing committees and members of the district health authority.

This political involvement is regarded by the authors as crucial in securing the necessary budgetary and organizational commitment to the development of the new service for they envisage a unified budget 'drawn by way of a precept from the appropriate local authority, the district health authority and other relevant sources'.

Many will fear that both day to day management and planning will be in the hands of a group too large and potentially too divisive to secure effective management. It is surely obvious that a small executive group must have the responsibility for total management of psychiatric services within a district. Unfortunately, administrative considerations of the worst kind have often dictated that the psychiatric services are fragmented across a number of management units, and in my view some variant of the PSMT is essential.

The concept of a unified budget has much to commend it but only if the cost in political control is not too great or too parochial.

In a chapter on the components of a new service there is a shopping list for the elements of a comprehensive service. Most people are likely to endorse the list with few modifications, but those who pause to count the cost in manpower and other resources of providing such a service will soon see that we are light years away from its realization.

The chapter on the role of voluntary organizations is surprisingly cautious. Apart from setting out MIND's claim to provide a paternalistic umbrella and warning of the hazards of voluntary groups being cornered into providing services 'on the cheap', it provides few pointers to future developments.

Two chapters on staffing emphasize the need for flexibility and multidisciplinary team work. They suggest the need for a new, generic mental health worker and emphasize the necessity for individualization of training programmes to meet local needs.

The divisive and expensive nature of the current interdisciplinary conflicts is not recognized. Distinguished nurses have argued that nurses in hospital must engage in a nursing process which may involve the decision to reject the prescriptions of the doctor in favour of their own programme and to act as advocate of the patient in interpreting and resisting the doctors' advice. They talk of community

nurses operating entirely independently of hospitals or psychiatrists.

Psychologists have been heard suggesting that current psychiatric population norms are excessive and that not fewer psychiatrists but a ten-fold increase in psychologists is required. These psychologists would take direct referrals from all sources, undertake most of the clinical and administrative research in the field and believe they are better equipped than psychiatrists for management.

Similar claims emerge from other professions and we are in danger that such group rivalries will destroy the possibility of real multidisciplinary working. Most dangerously we face the possibility of parallel services developed by each profession and all clamouring for an ever larger share of resources yet providing competing and expensively overlapping services.

The second part of the document contains an outline of regional authority strategic plans and an attempt to assess progress. If nothing else this illustrates the limitations of the performance indicators currently available.

There is also a sample of district approaches which is broadly encouraging, but difficult to evaluate as the distinction between pious hope and evaluated achievement is not always clear.

Altogether this volume is a good starting point for the debate on the future of psychiatric services, we cannot afford to wait until either adequate financial resources are available or for the fruits of improved recruitment and training to improve the quality and swell the size of our consultant ranks. We must ensure that inherent conservatism and self interest, wherever they are found, do not produce a structure of service which fails to provide first class care for our patients and a satisfying and useful role for the young people now drawn to our profession.

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Children and Family Breakdown—Custody and Access: Guidelines—The Need for a New Approach by Robin Benians, Trevor Berry, David Gouling and Peter Johnson. Discussion document prepared for 'Families Need Fathers'. 1983. Pp 30. £1.50.

The divorce rate in England and Wales is currently the highest in the EEC, and it is estimated that some 200,000 children are affected each year by their parents' divorce.

The courts make decisions on the custody of dependent children, often without the benefit of welfare reports or appropriate professional evidence. But even when such evidence is available, it is sometimes difficult to distinguish between that which stems from studies of the issues involved, and that from opinions that professional workers derive from the knowledge and prejudices of their own personal lives.

In contested custody cases there is a tendency to award the sole custody of a child to one parent, and subsequently there is frequently a desire to 'banish' the remaining parent from the child's life.

The organization, 'Families Need Fathers', have sponsored this discussion document, stressing the place of fathers in a child's life in the vast majority of cases where custody has been given to the mother. They urge the case for decisions of *joint custody*, even when care and control is given to one parent.

Marriage can be dissolved, parenthood cannot; and the authors quote research which shows emphatically that children whose parents separate and divorce do not regard themselves as having only one parent. Nevertheless, 40 per cent of children lose contact with their non-custodial parent within two years of divorce.

Dr Benians has shown that many convincing ploys are available to the custodial parent to frustrate any decisions or arguments regarding access; but access is not a privilege of the disputing parent; it is a necessity to the child. When the child loses contact with one parent, there is also a loss of family connections. Both parents originally provide the child with a separate network of relatives; and loss of contact between the child of one parent is likely to lead to severance from aunts, uncles, cousins and grandparents on one side of the family. Knowledge of the extended family is vital to the developing child's sense of identity.

Access is discussed as a temporary transfer of care and control to the parent with whom the child does not normally live. It is recommended that access should be considered in terms of visits, overnight staying, and holidays. It is not always easy for the custodial parent to agree this, and the handbook puts forward the idea of 'conciliation' (which must not be confused with 'reconciliation'). This accepts that the parental relationship has broken down, and is an attempt to assist the separating and divorcing couples to reach agreed decisions about their future roles in relation to one another, and their children.

The booklet finishes with a summary of recommendations which include the securing of contact between the child and the extended family, as well as with the parent with whom the child does not mainly live. Access for little children should be on the basis of little and often. A further point is that all people connected with making decisions for children should be familiar with common excuses made to avoid access. This is particularly important because breaks in access often lead to intense difficulties in re-starting it.

The handbook compresses considerable information and argument into a small space, and the reader should not lose sight of the fact that, although the term 'non-custodial parent' is used impartially, in practical terms it is the father with whom contact is most likely to be lost.

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