## Video news

## Videotape reviews

## Talking to the Relatives of Schizophrenic Patients

Two main points are made at the outset of this video: that the families of schizophrenic patients often feel they have been given very bad information, while the way those families deal with the patient themselves constitutes an important part of treatment. This 30-minute training video was therefore made to provide professionals with guidelines for the expert interviewing skills needed to inform, reassure and guide the family carers of such patients in order to recruit their most beneficial cooperation. This is done by means of expositions and discussions between two experienced psychiatrists, together with excerpts from three model interviews with actors playing the part of parents whose son, who we do not see, develops schizophrenia while at university. These interviews deal with Breaking the news (interview with psychiatrist), Ongoing problems - notably, explaining characteristics of the illness which might be misjudged simply as bad behaviour (further interview with psychiatrist), and Relaxing the bonds, i.e. introducing the suggestion that the patient leaves home (interview with social worker). Guidelines include (a) that initially informing parents of the diagnosis and explaining its implications must always be by a qualified doctor, (b) that before offering information, carers should first be asked for their opinions and feelings about the patient and for information of events in the home, and (c) that the interviewer should never withhold information merely to avoid awkwardness but should be ready to explain matters in as positive a light as can be managed, e.g. explaining the genetic component while allaying parents' feelings that they might be to blame.

Perhaps I should explain at this juncture that I have been asked to review this video from the "consumer's" viewpoint, being the parent of a schizophrenic son (and also, as it happens, being the son of a physician and a research biologist myself). I therefore say that for training in professional courtesy, which is what these guidelines amount to, one may well shudder at any alternatives which leave families feeling isolated and misinformed.

Implicit throughout this video is that overinvolved behaviour on the part of families, i.e. avoidable stress which may not only aggravate the patient's condition but threaten the stability of the family (and thus the patient's very support) is something best handled gently and gradually. This may be so with the conspicuously sanitised "typical" parents portrayed, but real life is seldom so bland. Further implicit is that the kind of facilities offered in the interview with the social worker (i.e. a place for the

patient on leaving home in a local authority residential rehabilitation unit) actually exists, yet the nationwide shortfall in community care is only too well known. Indeed it is with the further implication that somehow the problem ends here that the video seems to depart most glaringly from actual experience in the full community, making one realise with a jolt that it was made from the perspective of a university clinic for students, as if rehabilitation units were anything more than a scarce stop-gap. But given its provenance, its date and the fact that it only runs for 30 minutes, can we expect more of this video? The 1985 shirt collars etc give it a dated Open University air which underscores that it is actually an historical document, for it was made in the days when community care seemed little more than a political euphemism offering opportunity chiefly to property developers. This is why the video makes no mention of CPNs, of team management of discharge care plans, of effective sufferers' and carers' associations and all the other facets of community outreach which we must all hope is heaving itself off the ground, and which would all help parents and other carers to view themselves as less isolated and marginalised than the restricted clinic setting of this video suggests. Perhaps, too, the video will serve to remind trainees and especially teachers that present-day ideas would have gone more against the grain of medical professionalism in 1985 than now.

What is most telling is that this 1985 video calls for reviewing at all now; that is, that it has not been superseded in nearly a decade when so much else has changed. May the principles of deep courtesy nevertheless endure in an age when concerned "significant others" are as likely to ask searching questions about sudden death statistics among patients under long-term neuroleptic medication, armed perhaps with information from the recent TV *Dispatches* programme 'Fatal Dose', and to have the backing of effective voluntary agencies to overcome the notorious pseudo-professional delaying tactics of those guardians of our social services the social workers, as to be reduced to silent shame over their own genes.

Please, would someone take up the gauntlet and make a new, forward-facing and less onedimensional training video about channelling carers' concern to greatest constructive benefit all round?

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## **Internal Strength**

This is a video compilation of clips from group therapy sessions for women who have been sexually abused as children. The group comprises four survivors of abuse and their female therapist who helps them focus on, and work through, key issues. The