Psychiatric Bulletin (1989), **13**, 197–203

Correspondence

Beware of your friendly social worker

DEAR SIRS

Two similar episodes have occurred at different hospitals recently which have caused me considerable concern. Both involved multidisciplinary ward conferences, each attended by a social worker and myself, among others. On the first occasion the ward doctor routinely reported on the progress of a young male schizophrenic patient who remained deluded and disturbed. The patient had said that he had sexually molested a child in the past. The social worker at once insisted that he must take urgent action. I said that medical confidentiality must not be simply ignored and that more discussion was needed before action was decided upon, especially in view of the patient's continuing illness. However, within a few days the patient's local social services department and the police had been informed, and I soon received a copy of a letter sent to a number of people giving the patient's name, address and alleged illegal behaviour. The police readily accepted that the patient was too ill to be interviewed. He still is, several months later, so there was no advantage in such impulsive behaviour.

The second occasion was similar. A lady was in hospital with an episode of mania. She had experienced several previous attacks which had progressively threatened her relationship with her husband and during the present admission her husband said he was going to leave the family home, taking the children. This naturally upset the patient who told us, at the ward round, that when she was well she would have the children and they would prefer to be with her because, although she became ill sometimes, her husband often beat them. This was a different hospital with a different social worker but there was a similar response. The social worker said he must look into the possibility that the children were in danger from their father and the social worker intended to first contact the school in order to see whether there were difficulties there and whether the children had been seen with bruises. Again, the social worker assumed that he must take action, without further discussion with myself or with other members of the team.

Of course, in both these cases there should have been a discussion with the multidisciplinary team, which is usually an enthusiasm of social workers. This was surely a major defect in the case of both social workers, although I allow they might say that the enormous social pressures on them, in cases of child abuse, preclude other considerations. But, accepting the social pressures, I wanted to impress on the two social workers that, as a consultant, I have a considerable and a compulsory commitment to protect medical confidentiality, although a discussion of the issues involved might well have allowed me to accept that confidentiality should be overridden. My concern that my responsibility for confidentiality must be taken into account caused me to make a major issue of the situation and a meeting was arranged between consultants, the local Director of Social Services and others. The Director did not consider that the first social worker had acted in any unacceptable way and the Director's main interest was to set up a procedure which would encourage more consultation and communication if there were disagreements between a social worker and a doctor in future. It seemed obvious to me that the multidisciplinary conference dealt with this and has been hallowed by time, but it was not involved in this case. I therefore considered that the social worker should be accused of not adequately communicating with colleagues of other professions, if nothing else.

Two extraordinary opinions were subsequently voiced at this meeting. The Director of Social Services expressed complete disinterest in medical confidentiality which he regarded as only serving to maintain the authority and self-importance of doctors. During the discussion the suggestion was made that consultants might need to consider having ward conferences without social workers in some circumstances. The Unit Manager then stated that he would report to the District Health Authority any consultant who refused to cooperate with social workers.

May I remind your readers that the General Medical Council's relevant booklet on Professional Conduct and Discipline (1987) allows exceptions but the following is unambiguous:

> "81 (b) ... To the extent that the doctor deems it necessary for the performance of their particular duties, confidential information may also be shared with other persons ... who are assisting and collaborating with the doctor in his professional relationship with the patient. It is the doctor's responsibility to ensure that such individuals appreciate that the information is being imparted in strict professional confidence".

Of course, social workers are unencumbered by a supervising professional body like the GMC with its considerable legal powers.

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Group therapy with sex offenders

DEAR SIRS

I was most impressed with the account of two years of 'A Community Treatment Service for Sex Offenders', by Dr Mendelson *et al* (*Psychiatric Bulletin*, October 1988, **12**, 416–419).

I thought the readership would like to know of a programme on treating similar patients with group psychotherapy which has been running since 1971 at the Portman Clinic. An account of this clinical research has been written up in 'Application of Group Analytical Psychotherapy to those with Sexual Perversions', a chapter that I wrote for a book edited by Terry Lear, entitled *Spheres of Group Analysis*, and published by Leinster Leader Limited, Nass, Co. Kildare, in 1984. These include selection criteria, composition of these groups, type of leadership and important themes which tend to appear when working with these patients.

Obviously, the technique used by Dr Mendelson and colleagues is a different one, although the early hurdles and the rewards are very much like the ones we encounter in our own work. The description of their treatment confirmed our own findings, when treating similar patients by group psychotherapy at the Portman Clinic. This is an NHS out-patient setting which deals with patients suffering from sexual perversions and who engage in acts of criminality and delinquency.

I would very much welcome a chance to get to know of other professionals in the field who are working in group therapy with similar patients. Those who are interested in exchanging ideas, problems and experiences with other professionals may like to know that the Portman is considering organising a forum for this purpose.

In addition, the Portman Clinic will be offering a series of supervisionary work which will be advertised in this *Bulletin* later this year.

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A hospital drugs review system

DEAR SIRS

In the long-stay psychiatric hospital regular appraisals of medication are desirable to ensure that in-patients are not receiving drugs inappropriately. At Meanwood Park Hospital, Leeds, with over 300 mentally handicapped patients, a review system has been devised and has been operating for two to three years. Each week a different ward or NHS community outreach residence is taken in turn for a weekly drugs review meeting attended by the psychiatric consultant and registrar, the staff pharmacist, and a nurse with knowledge of the patients. The patients' prescriptions are examined in turn, alterations are agreed, and entries made in the clinical records. Student nurses can attend the meetings. The advantages of the system are:

(a) It ensures that all patients have a periodic review of their medication at least once in every three to six months. Ten to 20 patients can usually be covered in about an hour.
(b) It encourages face-to-face communication between medical, nursing and pharmacy staff.
(c) It helps consistency in prescribing to be achieved.
(d) It enable doctors, nurses and pharmacist to learn from each other and to benefit from the pharmacists' detailed knowledge of drugs.
(e) It brings to light issues which may need to be covered by hospital in-service teaching programmes or an information hand-out.

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Private sector psychiatric services

DEAR SIRS

Your December 1988 issue carried an open letter to the President objecting to the inclusion of a session on private sector psychiatric services in a scientific meeting of the College. I found the views it expressed narrow-minded and self-contradictory.

One of the consequences of nationalising health care delivery systems in the UK has been to stifle innovation and diversity in health care. Part of this has arisen through national and regional constraints placed on service design, especially on the building and redevelopment of hospitals and health centres. This has been compounded through the competition which has arisen between psychiatric and other medical services for scarce resources, a competition in which psychiatric services have tended to do badly. Not surprisingly, since few district or regional health authorities have psychiatrists as members while virtually all have members who reflect the interests of more general medical services.

One key feature of private sector services is their ability to respond to the wishes and needs of their patients. The potential for diversity which this implies makes these services a natural test ground for new approaches to service delivery. Natural