

Review

Mental Health and the Community: Report of the Richmond Fellowship Enquiry. Richmond Fellowship Press, 8 Addison Road, London W14. 1983. Pp. 100. £2.50.

This Enquiry was initiated by Lord Longford, who conducted it in the company of some fellow Peers and a group of individuals representing relevant interests and expertise. The Enquiry specifically concerns adult mental disorders, but excludes mental handicap and dementia, alcoholism and drug addiction. The scene is set with a brief history of the development of services for the mentally ill, which ends with the conclusion that we have reached 'a point of crisis'. The document examines critically the various meanings that are ascribed to the term 'community' and identifies as a fallacy the assumption that the quality of life in the community must inevitably be superior to that in a hospital. The variety of services required for the delivery of community care is detailed, and gaps in the existing networks illustrated with telling clinical examples. The universal lack of co-ordination is emphasized and partly attributed to the haphazard way in which services have developed.

'Even within one administrative hierarchy such as a District Health Authority or a Social Services Department, each small centre tends to develop its own traditions, select its own clients, guard its own autonomy and deny responsibility for what happens elsewhere.'

Some current examples of good practice of community care are cited, and the important contribution of the voluntary sector is highlighted, as is fitting for a document that emanates from the Richmond Fellowship.

Probably the most important section of this booklet is Chapter 7, on Organizing Mental Health Services, in which concrete proposals are put forward with the aim of furthering the development of an adequate community-based psychiatric service. These proposals deserve detailed consideration. The principles of a good community service are enunciated as: district responsibility, comprehensive provision and continuity of care. In order to satisfy the first principle, it is recommended that District Health Authorities and Social Service Departments should have co-terminous boundaries, with the Health District as the basic geographical unit. This administrative change appears to be relatively straightforward to implement.

To be fully comprehensive, a community psychiatric service must cater for acutely ill patients and those with chronic illnesses and handicaps. The authors of this document recommend the use of a crisis intervention team involving domiciliary visiting in order to minimize the need for hospital care for the acutely ill. They also reiterate government policy that treatment services should be based in the psychiatric units of district general hospitals, but point

out that currently only one-third of all patients are admitted to such units. The more chronically ill have varied needs for sheltered accommodation, occupation and leisure activities, and these can only be catered for by a network of combinations of care which the authors affirm is nowhere available in the United Kingdom.

In order to achieve even a minimally adequate community psychiatric service, the members of the Enquiry suggest that 'the duty of health and social service authorities to provide adequate numbers of places and of staff, and adequate quality of care should be specified by statute and that a designated Minister should be given responsibility for ensuring that a good standard is met.' Certainly some action needs to be taken to implement the minimal guidelines set out in the Government White Paper of 1975, but even a Minister backed by a statute would be impotent without some power of enforcement and in the absence of the necessary funds.

The issue of special funding is raised in this document in respect to mentally ill vagrants who are attracted to inner city areas. In London, for example, they accumulate in the districts in which the major railway termini are sited. As a consequence Hampstead and Bloomsbury admit annually four times the proportion of the 'single homeless' and of patients from outside the area as do the adjoining districts of Haringey and Islington. The great majority of the vagrant mentally ill are suffering from schizophrenia and originate from small towns and rural areas. Their migration to cities relieves their districts of origin of the responsibility and cost of their care, which fall upon the inner city districts. This process partly explains the geographical variation in service needs, which is ignored in the recommended national guidelines. It is one reason why semi-rural areas, such as Worcester, can manage with less admission beds than the suggested 0.5 per 1000, but the other side of this equation is that some inner city areas need more than the norm. The Report suggests that it is unfair to charge the local services for providing decent accommodation and occupational facilities for them and that special funds should be made available centrally for the districts affected.

The third principle on which a good community service rests is continuity of care. The authors point out that the presence of services, and professional people to staff them, does not mean that the needs of disabled people and their families are being met. The obstacles in the way of producing a well co-ordinated and responsive service are discussed in detail and various proposals for removing them are put forward. In particular, it is suggested that there should be a register of people at risk in each district, and that for each client on the register a key worker should be designated. It is hoped that 'this worker would be able to mobilize services and resources without hierarchical decision-making inter-

rupting the programme'. The authors propose a new type of management system for community mental health services—a Joint Mental Health Development Committee, with senior representatives from the main services involved, both Health and Local Authority, and including representatives of local voluntary services.

It is evident that for the objectives set out in this document to be realized, a great deal more money needs to be injected into psychiatric services. The members of the Enquiry suggest that a Development Fund be set up for this purpose and that disbursements should be monitored and controlled by the Joint Mental Health Development Committee, to be set up. The Development Fund would not be restricted to schemes enabling people to move out of hospital and funding would continue, if necessary, indefinitely.

This Report is timely as strong moves are currently being made to implement the recommendations of the 1959 Act. Claybury and Friern Hospitals in the North East Thames Region are likely to be in the vanguard of this movement for change to a community psychiatric service. The members of the Enquiry state clearly that 'no hospital should be closed

until the alternatives are available and shown to be working well'. This well-intentioned statement ignores the effects of planning blight. Once a hospital has been designated for closure, the staff begin to melt away, morale drops, and the therapeutic environment undergoes an irreversible process of dissolution. Furthermore the acres of land on which the mental hospitals stand, and which provide many advantages for patient care, cannot be replaced after they have been sold off. Once a government, whatever its political colour, has declared its firm intentions to remedy what Lord Longford calls 'the scandalous neglect' of psychiatric services, it must be prepared to follow through with the necessary cash. However inopportune that may be, given current economic policy, an inadequately funded community psychiatric service could easily worsen the 'present crisis in the mental health services' identified by the authors of this Report.

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Forthcoming Events

The 1984 meeting of the **Biological Council, Co-Ordinating Committee for Symposia on Drug Addiction, 'Control and Manipulation of Calcium Movement'**, will be held from 30 April to 1 May 1984 at the Royal Institution, London W1. Information: Mrs J. Kruger, c/o Department of Pharmacology, St Thomas's Hospital Medical School, London SE1 7EH.

The **26th Current Themes in Psychiatry** conference will be held at Leeds Castle, near Maidstone, from 24 to 30 March 1984. As before, the course is restricted to 25 senior psychiatrists. Further information: Marie Carlisle, Munro Clinic, Guy's Hospital, London SE1 9RT.

Junior Current Themes in Psychiatry conference will be held at Leeds Castle, near Maidstone, from 24 to 30 March 1984. This course is suitable for registrars preparing for Part II of the MRCPsych examination, and is being organized jointly by the Academic Department of Psychiatry, Guy's Hospital Medical School and the SE Thames Regional MRCPsych training programme. Applications to: Marie Carlisle, Munro Clinic, Guy's Hospital, London SE1 9RT.

The **Hospital for Sick Children**, Great Ormond Street, London, and the Institute of Child Health, London is holding a one-week course in Child Psychiatry from 26 to 30 March 1984. This course is suitable for trainees taking the MRCPsych. Application forms and information: Sub-Dean's Secretary, Institute of Child Health, 30 Guildford Street, London WC1 1EH (closing date for applications: 9 March 1984).

The **Second International Meeting of the International Organization of Psychophysiology (IOP)** will be held from 16 to 19 July 1984 at Charing Cross and Westminster Medical School, Hammersmith, London. Prospective symposia and invited lectures will concern: brain influences and immunology; developmental psychophysiology; a one-day symposium on lateralization, including basic processes, interhemispheric relations, individual differences, and psychosis; scalp electroencephalography and cognition; infra slow potentials and behaviour; and medical psychophysiology. Papers are now invited—deadline for submission of abstracts: 24 April 1984. Information: Dr John Gruzeliier, Chairman, Conference Committee, Charing Cross Hospital Medical School, Department of Psychiatry, 22–24 St Dunstons Road, London W6 8RP.

The **Pakistan Psychiatric Society** is holding its 5th International Psychiatric Conference at Peshawar from 13 to 16 December 1984. Information: Dr M. Shafique, Chairman, Organizing Committee, 5th International Psychiatric Conference, Department of Psychiatry, Khyber Teaching Hospital, Peshawar, Pakistan.

A **'Training Workshop in Gestalt Therapy'** will be held from 9 to 13 April 1984 at Thomas Hall, University of Exeter. This workshop is intended for members of the helping professions whose work involves counselling or psychotherapy. Information: Dr Richard Tillet, Wonford House Hospital, Exeter EX2 5AF.