
Book reviews

Working with the Mentally Disordered Offender in the Community. By Philip J. Vaughn and Douglas Badger. *Therapy in Practice Series, No 47* (ed. Jo Kampling). London: Chapman & Hall. 1995. 257 pp. £16.99 (pb).

This is an easy read. It is also a quick read at just over 200 pages, excluding the last chapter on key issues for the future and the helpful appendix which is a complete publication of the Home Office guidelines on social supervision.

Before reading this book myself, I decided to conduct a little market research study. I gave this book to the social worker and CPN that work in my forensic psychiatry service. I received rave reviews! They thought that this should now be the standard book for all practitioners involved in the community care of mentally disordered offenders. I am sure that this is so.

The book is as up to date as possible in the review of policy and legislation, though it suffered from a loss of detail at the expense of its general overview. For example, the Mental Health Act is covered in one and a half pages. The chapter on discrimination was thought provoking, the chapter on prevention was interesting, and covered diversion, and an excellent section on acting as the appropriate adult under the Police Criminal Evidence Act 1984, and probation orders with psychiatric treatment.

Chapter 8 on the supervision of restricted patients in hospital and the community should be read by psychiatrists involved in this work. Herschel Prins is mentioned a great deal in this chapter and elsewhere in this book. His advice on the management of these difficult cases and the 'intrusive style' necessary deserves a wider psychiatric audience. The completeness of this short book is illustrated by the chapter on residential and day care services and the needs of this forgotten tribe of workers who often, without any full training, manage this difficult client group in the community.

I have saved the best till last, Chapter 4, on the assessment of risk. I was told by my in house review team of social workers and

community nurses that this chapter should be required reading for *all* who work with mentally disordered offenders.

It would be churlish for me to pick out all of the deficits in this book, and the few areas of emphasis that I would disagree with – so I have decided not to.

In summary if you are a psychiatrist who works in this field, consider buying this book even though you are not the target audience. It deserves a place in every psychiatric library, if there are any copies left after it is purchased (as it should be) by social workers, probation and nursing practitioners, their managers and teachers.

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Eighty-Five Not Out: essays to honour Sir George Godber. Edited by Stephen Lock. London: King Edward's Hospital Fund. 1993. 78 pp. £2.50 (pb).

In an interview with Greg Wilkinson (1983), I said that my main medical hero was Sir George Godber, who was Chief Medical Officer of the Department of Health for 13 years up to 1973. Sir George had his 85th birthday in 1993, and to mark the occasion, a seminar was held by King Edward's Hospital Fund. The ten short papers that were given there have been collected into a *festschrift* edited by Stephen Lock, who was then Editor of the *BMJ*. They are concerned with the future directions of British medicine, rather than this monolithic figure himself. Unfortunately, none deals directly with mental health services, which were always one of Sir George's special interests and in which he undoubtedly played a critical role.

He did the same with the GPs' Charter of 1966, which was the biggest influence in moving general practice out of the corner shop; the primary-secondary care relationship is in fact a recurring theme here. Iona Heath writes that many politicians and managers want to save money by getting GPs to do much of the

work currently done by specialists in hospitals. If so, "it might well be at the expense of the more central and fundamentally generalist role of guardian of the illness/disease interface – and this could prove very much more costly in the long run". As J. M. Keynes pointed out, though, 'the long run' is not of great interest politically, and the whole of British life seems currently to be in the destructive grip of short-term financial calculations.

In hospitals, the average length of stay for acute services fell from almost 12 days in 1970 to 6.4 in 1990, but Fiona Moss, a London physician, points out that "such changes have been reactions to external pressures and not responses to a quest for a better deal for patients". Even more worrying is that the use of clinical interventions which are of proved value remains haphazard, even when they are cheap. Coming to the same conclusion as the GP, though from the other side, Dr Moss points out the "real risk that the response to the crisis in health care will be to push inadequate hospital care into an ill-prepared primary care service". She sees a possible new model in diabetes centres which "provide a wide range of advice and care given by specialist nurses, dietitians, chiropractors, and doctors... Firm links exist between primary and secondary care and between secondary and tertiary care". This sounds very much like what is needed for most psychiatric patients, but what proportion of such centres should remain in hospitals, rather than in 'the community'?

Much more startling in its consequences is the surgical view by John Wickham, which suggests that conventional surgery and anaesthesia may largely disappear, except for the results of trauma. Instead of the painstaking dissection and reconstruction of tissue planes, most operations will be done by endoscopy or other minimally invasive methods, while general anaesthesia will rarely be needed. This paper talks of "interventional therapy", but fails to define it. The effects on hospitals of such a revolution will clearly be immense.

The 'reformed' NHS was supposed to re-route hospitals and units in their local communities, but Nicholas Timmins, a journalist, points out that this is scarcely possible when they operate in almost total secrecy. The membership of authorities and trusts (costing £20 million per annum in salaries) "is now deeply unrepresentative of the political plurality" – which is putting it mildly. Corresponding to the growing lack of local

accountability for the NHS is the same process in Parliament; awkward questions are now passed to the Management Executive. Timmins, though, does not discuss the progressive gagging of NHS staff, which is part of the same process.

Professor Ian Kennedy has not generally been the doctor's favourite person, but it seems that he may now be finding himself on the same side of the barricades. Recent changes in the NHS are largely American-inspired, and he shows that their inevitable result will be the same infiltration of health care by lawyers – "medical policy will be made more and more by courts". People will go to law "because they will come to feel that they will not get satisfaction anywhere else", following the political rhetoric. This situation will replace "The sense of belonging to a flawed but noble enterprise... where the system tried to do its best by all for all". No doctor could have put it better. In his own contribution, Sir George Godber says that the new market "must never become a mechanism for profit", but since his words were written, this has already happened.

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Reference

WILKINSON, G. (1993) *Talking about Psychiatry*. London: Gaskell (Royal College of Psychiatrists).

Through the Rural Magnifying Glass. Meeting the mental health needs of rural inhabitants: a challenge for policymakers and purchasers. By Jan Sherlock. 72pp. £8.95 (Plus £1.73 postage and packing). Available from Publications Department, Good Practices in Mental Health, 380–384 Harrow Road, London W9 2HU.

As the world's first industrialised country, Britain had a steady proportionate decline in its rural population from the end of the 18th century. In the post-industrial age, though, this trend has now been reversed, and some ten million people live outside settlements with a population of over 10 000. For most of them, this is no Arcadian idyll: rural employment is declining as much as that in towns, while tourism provides only seasonal and poorly paid work on the whole. Country dwellers also have the constant problem of getting around,