

Review

Window Dressing – Research Findings on the Care Programme Approach and the Mental Illness Specific Grant

By G. Hogman and J. Westall (1992). Pp. 12. £3.00.
Kingston upon Thames: The National Schizophrenia Fellowship.

The Department of Health issued a Joint Health/Social Services Department circular in September 1990 which directed the drawing up of local care programme policies, and announced that a Mental Illness Specific Grant was to be made available to local authorities from 1 April 1991. The response to this circular has been investigated by the National Schizophrenia Fellowship in a representative sample of 14 district health authorities.

It was found that there were considerable delays in implementing the Care Programme Approach. Four authorities planned start dates in 1992, two of these one year after the DOH's original date. In part the delay was due to the fact that no extra resources were provided to implement the approach. Any costs incurred had to be met from existing resources. Nevertheless, six authorities created new posts and employed new staff, or changed the job descriptions of posts. Despite an exhortation in the circular to promote inter-professional working, only one authority included a GP in their group, and six did not involve consultant psychiatrists. Only one authority had a service user in their group.

The investigation found considerable confusion to exist between the Care Programme Approach and Case Management. The authors of this NSF Report consider that the effectiveness of either policy requires case registers for adequate monitoring. They criticise the care programme policy as little more than "window-dressing" since it has not been backed by adequate and well-targeted resources.

By contrast the Mental Illness Specific Grant represents an additional resource, and has recently been increased by about 50%. In order for local authorities to receive it, they have to commit 30% of the total themselves. Of the 14 authorities investigated by the NSF, two failed to claim the grant and another seven did not use their full allocation. For those initiating projects there was considerable slippage, the average being 44%. Nine authorities funded projects run by voluntary organisations, which benefited because of their ability to spend small amounts of money relatively quickly.

The new grant is intended for revenue only, so that if new projects require capital, this has to be borrowed and later repaid with interest. Understandably not all local authorities have been keen to apply. Two of the 14 authorities have indicated they will not be applying for the extra 50% grant because they cannot afford their contribution of 30%. The Report concludes that this initiative, though welcome, has been rushed, allowing too little time for consultation with users/carers and voluntary organisations. One consequence has been widespread slippage, which though often used creatively, is not commensurate with the careful planning needed to develop a good standard of community care.

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