of adequate finance, the lack of research and evaluation, the difficulties of multidisciplinary teamwork, Sir Roy Griffiths' concept of 'packages of care' – so simple to prescribe, so difficult to construct. The contributions might have ventured further across the health–social services divide, and tackled some of these problems head-on; but within its chosen focus, this is a humane book, with a genuine concern for the needs of patients – particularly those with severe and chronic conditions – for whom many of the 'community care' solutions so far advanced are no more than facile.

Perhaps the basic problem is that we do not yet have a clear organisational model for the community mental health services as a whole, or the political will to produce one. Given a coherent framework in place of the current policy of *laissez-faire*, the problems of community psychiatry might be easier to write about, and much less daunting in practice.

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Indicators for Mental Health in the Population. A Series of Two Workshops. Edited by R. JENKINS and S. GRIFFITHS. London: HMSO. 1990. 116 pp. £14.95.

Public health doctors are poorly informed about mental illness and psychiatric care. Now, they are asked to mediate in contracting, to estimate if existing services are appropriate and providing good value for money. They need all the information they can get and the papers in this volume are a relevant starting point.

But psychiatrists also need to provide information for rational decisions. Contracting is not just about money – how much will we pay? – but also about benefit – what has been bought? Psychiatrists cannot yet describe the product of their work. Years of epidemiological effort have gone into developing ever more precise diagnostic systems, but we still know little about whether patients get better. Indeed, to judge from one sobering paper in this collection, in-patient admission resolves neither the mental nor the social needs of most patients, as assessed at follow-up.

In the coming year, the challenge of contracting is redoubled: health authorities must cooperate with local authorities to produce community-care plans, jointly based on the purchaser–provider split. Measuring outcomes will be easier – since the social functioning of patients will be dominant. But that could encourage health authorities to shift their resources out of psychiatry into social care. Only clear measures of mental health improvement will be satisfactory reason for staying with existing patterns. Psychiatry must respond with good outcome measures if it is to survive.

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Care Staff in Transition: The Impact on Staff of Changing Services for People with Mental Handicaps. By PETER ALLEN, JAN PAHL and LYN QUINE. London: HMSO. 1990. 164 pp. £9.65.

A fashionable phrase in the 1980s with respect to services for the mentally handicapped was 'the management of change'. A new term has since crept in – 'the management of uncertainty'. It is important in such unsettling times to have a profile of health care staff in transition, their attitudes, aspirations and needs; this book provides one. As we face the 1990s with an NHS Act, a Community Care Act, and plans to replace the Mental Handicap Hospitals with a new community service, it forms useful reading for medical directors, managers and senior clinicians.

The book is based on research concerning two situations: the reduction and closure of a large NHS hospital, and the development of a local authority housing service based on ordinary houses in the community. The patterns of employment are illuminating. Both services are largely staffed by women, for many of whom the notion of career has not been primary, with large numbers of unqualified part-time and relatively immobile women. The community service has a higher turnover than the hospital, and the staff are mostly young, mobile and ambitious with high expectations and needs for self development. Dissatisfaction is one consequence of employing staff who are uniformly highly motivated; the authors point out that the appointment of some staff with low self-development requirements need not compromise the effectiveness of the service but would improve its stability. The established but contracting institution still has greater staff stability for the immediate future, than the developing community services.

The community service is in some ways more demanding. More decisions are made, locally, in the home. Staff are expected to be individual practitioners rather than basic caretakers. Specific training needs have been identified by structured interviews: they include behaviour modification, patient plans, and teaching. In some homes, there may be 28 teachable objectives per day. The need for a balanced staff profile requires appropriately focused training. How much can you ask of people who are often secondary wage earners, part-time, and on a very low salary?

Community care of people with mental handicap has been gathering pace for over 20 years. In general, the hard-to-manage patient remains in hospital. As the authors demonstrate, the proportions of dependency level remaining within hospitals have changed; in 1987 only 10% of the hospital population were of the low dependency category. The authors found the beliefs of community staff were now similar to those of registered nurses, villa managers and nursing staff within the hospital (but different from most nursing assistants). Nearly half of the community staff believed that a

minority of clients would always require special provision, especially those with challenging behaviour, and the authors indicate that services for these residents should be given a higher profile.

Allen, Pahl and Quine are careful not to devalue the importance of the staff working in the hospitals. The book sees their futures as inextricable from community care. The authors also wisely conclude that for the hospitals the role of senior managers in villa management and staff motivation will become increasingly demanding as the service contracts. "We feel that it is especially important that their long-term commitment to the client group and their obvious advocacy of alternative forms of care should be recognised and understood by those seeking their cooperation in the development of these new forms of care". At present, there is still no unified training that crosses the boundary of social work and nursing expertise; there is no single specialist modification. The authors also identified a need for some qualification of normalisation theory. Notwithstanding, normalisation is a basic component in any induction training, much time is wasted in ideological disputes over interpretation. The complexities of the 1990s require a sophisticated interpretation of this theory.

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Counselling and Communication in Health Care. Edited by HILTON DAVIS and LESLEY FALLOWFIELD. Chichester: John Wiley. 1991. 358 pp. £15.95.

This book is intended for health care professionals working in medical settings, aiming to convey an understanding of how distress can arise from both physical and psychological causes, and how this distress can be helped through more effective ways of talking and counselling. To this end, the contributors marshall the available research evidence and outline helping strategies in their areas of interest. The book has three sections. The first examines a variety of theoretical approaches to counselling and reviews the current research literature on counselling in health care. A second section focuses on specialist areas of health care, including work with sufferers from diabetes, renal failure, cancer, and heart disease, and children with disabilities, and in a variety of settings, including general practice, paediatrics and neonatal intensive care. A final section discusses the evaluation of counselling in health care settings and training and organisational issues.

This book provides useful information for those who wish to create a more concerned, less dehumanising type of health care. If I have one criticism of it, it is that, paradoxically, the individual is largely absent from a book which is clearly intended as a 'scientific' textbook, meant to persuade on the basis of a presentation of evidence and theory. I found myself longing for case examples which would persuade and convince on a different level, and I think the book could have usefully used this type of material. I am sure that the editors are right, also, in pointing to the influence of the institutional ethos as a potential inhibitor of the development of concerned and communicative attitudes on a personal level, but the limited space they give to these issues does not allow them to deal fully with the complexity of this subject, which is of major importance for the successful implementation of the work covered by this book. However, this text is one of the best in its field, and will be a useful source for anyone interested in current approaches to counselling in health care.

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Medical Choices, Medical Chances (2nd edition). By HAROLD J. BURSZTAJN, RICHARD I. FEINBLOOM, ROBERT M. HAMM and ARCHIE BRODSKY, with a new preface by HILARY PUTNAM. London: Routledge. 1990. 454 pp. £12.99.

Believe it or not, most doctors still believe that explanatory models applied to billiard balls can readily be applied to patients. These crazed individuals in sombre suits think that there is no difference between a heart and a water pump and a brain and a microcomputer. They forget that even in 1991 some people still have families, that how a patient feels is more important than how a doctor feels, and that when you observe the actions or even the symptoms of a patient, the very act of observation might be affecting that which you are observing.

Difficult and ground-breaking stuff, but have no fear – all can be understood by making the intellectual leap from a human being to a subatomic particle. Out go dreary Newtonian physics, Freud's hydrostatics and Mesmer's magnetism. Libido may have been rather like water but people are actually not unlike photons. In what seems to be a rather polemical text, these authors, with little reference to the philosophy of science, systems theory and all the arguments about explanation and understanding that have so fascinated psychiatrists, embrace with special relish two important principles of modern physics and quantum mechanics – the probabilistic paradigm and the uncertainty principle.

The book then proceeds rather like a morality play in which dark, evil, cold, mechanistic doctors are contrasted with kind, sympathetic doctors who explain to distressed old ladies that this injection might hurt or that this brain scan might or might not be worth all the time, trouble and expense because it might not find the cause of the illness.

The contrasts between the 'baddies' who do not talk to relatives and cannot bear not to always know the