

## Reviews

**Care of the Seriously Mentally Ill: A Rating of State Programs.** By E. Fuller Torrey and Sydney M. Wolfe. Washington, DC: Public Citizen Health Research Group. 1986. Pp 105.

Ralph Nader's consumer research organisation hit the front pages of newspapers across the United States recently with this report on the adequacy of public mental health care for the seriously ill in each of the 50 states and Washington, DC. While the survey may be somewhat lacking as psychiatric research, its importance in stirring public awareness of serious deficiencies in the mental health system and in making an impact upon social policy-making should not be underestimated.

Mental health administrators in Hawaii, rated worst of all the state programmes, found themselves responding to charges of allowing medical incompetence in inpatient care and diversion of community resources away from the mentally ill. Legislators in New Mexico, one place above Hawaii at the bottom of the ratings table, are confronted with accusations of corruption and 'pork barrel' manipulation of mental health funding and jobs to gain political favour.

Expenditure on services, Torrey and Wolfe argue, does not account for the variation in the quality of state programmes. Washington, DC and New York State, although first and second in per capita spending on psychiatric care, rank no better than 26th and 43rd respectively in overall quality of care. The problem in these states, according to the authors, is that too much money is directed into bloated mental health bureaucracies and megalithic institutions. Community programmes in New York State, for example, receive only one quarter of the amount assigned to hospital treatment.

What makes for a good state mental health programme, Torrey and Wolfe conclude, is good administrative leadership, governmental concern and well-organised consumer advocacy. The nationwide Alliance for the Mentally Ill (similar to the National Schizophrenia Fellowship), which has burgeoned in recent years, has become a powerful force to reckon with. The best programmes, the authors also demonstrate, develop in the medium size states which do not suffer from the problem of sparse population distribution, at one extreme, or unwieldy administrative difficulties at the other.

How good are the best systems of care? No-one is awarding any medals. 'If we're the third best in the country', says Mary Krane of the Denver Department of Social Services and a prominent member of the local Alliance movement, speaking of Colorado's impressive ranking, 'this country has a huge problem on its hands.' The facts clearly support her view. A thousand chronically psychotic patients are homeless in the Denver metropolitan area, sleeping on the streets and in the city's reception centres; dozens languish in jail for want of sufficient hospital beds. The community

mental health centre for central Denver is so underfunded and understaffed that each outpatient therapist is responsible for the treatment of around 100 patients, half of whom are psychotic.

How did Colorado, with such glaring deficiencies, emerge as one of the best three states? In part, the answer lies in the fact that services often are even worse elsewhere. US deinstitutionalisation has been pushed further than in any other country; community services, underfunded and often not directed to the needs of psychotic patients, have failed to fill the void left by the shortage of hospital beds.

In part, however, the rankings in this survey are just not reliable. Colorado, for example, is rated highly both for the adequacy of its current programmes and for its future goals (revealed in the Division of Mental Health *Three Year Master Plan*) of improving services to the severely ill. What Torrey and Wolfe's survey overlooks is that the *Master Plan* is, in a large part, a response to a class action suit brought against the State of Colorado and City of Denver by chronically psychotic patients in which the judge found that services to these patients were egregiously inadequate.

Accuracy of ranking would scarcely have been possible given the nature of the author's sources of data. While some of their sources, such as hospital evaluations performed by the Joint Commission on Accreditation of Hospitals or community mental health centre surveys by the National Institute of Mental Health, might have yielded reasonably comparable information, other sources were of dubious value. Reliance was placed on such subjective data as the opinions of 'experts' and Dr Torrey's own impressions gathered while lecturing in various cities across the nation. Some states earned their ranking from no more than three of the twelve sources of information which were used.

While the methodology is weak, the goals of this survey are admirable, its topic has long been sadly neglected and its impact, one may hope, could be substantial. At last, the chronically mentally ill seem to be building a political lobby with some clout.

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**Journal of the American Academy Child Psychology and Psychiatry 1962-1987. Twenty-Fifth Anniversary Issue: January 1986.**

The development of this journal parallels the historical development of child psychiatry. Its early years reflected the ideological domination of child psychiatry by psychoanalysis. In the early 1970s change was necessary to keep pace with rapid progress in clinical and biological research. Over the last decade the editorial staff have responded to this challenge. They have endeavoured to raise the level of