columns

are now on high dose therapy and this may affect their consent to treatment.

BRITISH MEDICAL ASSOCIATION & ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN (2000) *British National Formulary*. London & Wallingford: BMJ & Pharmaceutical Press.

THOMPSON, C. (1994) The use of high-dose antipsychotic medication. *British Journal of Psychiatry*, **164**, 448–458.

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New mental health information strategy

Sir: Elphick (*Psychiatric Bulletin*, November 2000, **24**, 426–428) stated a true picture of the difficulties in bringing health information strategies into the forefront of psychiatry. He reiterated that more clinicians need more informatics training (NHS Executive, 1999). Unless the clinicians play a part in the frontline developments we will never have a good operational system. With these ideas in mind I would like to inform like-minded clinicians that there are opportunities to be trained. I am currently on a Diploma in Medical Informatics course which the forward thinking Royal College of Surgeons in Edinburgh have started in October 2000. This involves 12 modules (at about 75 hours per module) starting from an introduction to 'information' and leading to proficiencies in databases, telemedicine, electronic health records and other computer and web-related medical topics. You need a computer and connection to the internet. Apart from the initial weekend in Edinburgh and a final week in Edinburgh (2–5 years later) you can do everything else on-line. The course is challenging and lateral thinking is a useful advantage as concepts are quite wide-ranging in the introductory module.

I suggest a look on the Royal College of Surgeon's website (http://www.rcsed.ac.uk) for further information.

NHS EXECUTIVE (1999) *Learning to Manage Health Education: A Theme for Clinical Education*. Enabling People Programme. Bristol: NHS Executive South and West.

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Shakespeare and beef

Sir: Given the current topicality of concerns about the safety or otherwise of beef, both in this country and in continental Europe, I was most interested to note the following exchange between Sir Andrew Aguecheek and Sir Toby Belch in Shakespeare's *Twelfth Night* (Act I, Scene III):

> Sir Toby: O knight, thou lack'st a cup of canary! When did I see thee so put down?
> Sir Andrew: Never in your life, I think; unless you see canary put me down. Methinks sometimes I have no more wit than a Christian or an ordinary man has; but I am a great eater of beef, and I believe that does harm to my wit.
> Sir Toby: No question.

I have always been an admirer of Shakespeare's descriptions of medical and psychiatric conditions, but can it be that in this case, as in so many others, he has once again exhibited remarkable prescience?

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Managers' hearings and patients' rights

Sir: I read Gregory's opinion (*Psychiatric Bulletin*, October 2000, **24**, 366–367) and Kennedy's humorous editorial reply (*Psychiatric Bulletin*, October 2000, **24**, 361–362) with interest. As a practising clinician and long time medical member of the mental health review tribunal I would like to make the following points.

Manager's tribunals have no discretionary powers. They must decide on the legality of the section, continue if it is legal, discharge if it is not. Kennedy is right that discharges by managers are rare, I believe the national figure is less than 1% but there is a wide variation, with some trusts having a figure above 20%. If there are a significant number of illegal sections this is a cause for enquiry. I suspect the truth is that a minority of managers overstep their remit.

Issues of medication, side-effects, polypharmacy, prescribing within *British National Formulary* limits and consent to treatment (Gregory) are all matters that managers should concern themselves with. They should ensure that their trust has policies and procedures in place to monitor these matters. They have no part in a manager's appeal.

Kennedy is right to raise the matter of legal representation at managers' appeals. This has crept into practice and should be stopped or else the panel must have legal expertise in all cases. Lawyers rehearse their questions for a future tribunal – this runs contrary to the British legal system and is akin to the American system of pre-disclosure of testimony.

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the college

Annual Census of Psychiatric Staffing 1999

Occasional Paper OP50
£7.50. 74 pp.

This eighth annual census undertaken by the Royal College of Psychiatrists relates to psychiatric staffing in England, Scotland, Wales and Northern Ireland as at 30 September 1999. For the first time the assumptions made in producing the census are clearly given.

The College has confidence that the census provides the most accurate picture we have of psychiatric staffing in the UK. This is vital information as we work towards producing an effective response to the National Service Framework for Mental Health and the NHS National Plan, and their respective workforce expansion requirements. The data collected in the census have a direct bearing on the College negotiations with the NHS Executive with respect to the number of national training numbers that remain within the speciality, or are added or withdrawn from its pool.

Comment

There has been an overall increase in consultant posts with growth rates varying from 4.6%, England, 7.4%, Scotland, under 1% in Wales and a slight reduction in Northern Ireland by 5%. There is considerable regional variation. The North West and Mersey have over 20% vacant posts, compared with 17% in Yorkshire, but under 8% in East Anglia, Oxford, Wessex and all of Scotland except the West. Compared with last year, the vacancy rate generally is coming down despite the creation of new posts. There is also variation between specialities. In child and adolescent psychiatry recruitment is improving in most areas except Scotland. The same is true of forensic psychiatry where 16% of posts in Scotland are vacant, but empty posts are reducing everywhere else. Learning

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disability posts are fully recruited to in Wales, but vacancy rates are running at 15% elsewhere.

Recruiting into old age psychiatry is getting better in England and Scotland. In pscyhotherapy the very low vacancy rate is likely to be a reflection of the lack of growth of new posts. General adult psychiatry remains problematic. Vacancy figures overall are down, for example, to 12% in England. However, sub-specialities of liaison, rehabilitation and substance misuse, which for the purposes of the NHS Executive's Specialist Workforce Advisory Group negotiations are considered part of general adult, all have higher vacancy rates. As numerically this is the largest group of consultants, recruiting to these empty posts without a substantial increase in senior house officer and specialist registrar posts is going to be very difficult and a challenge for the next few years. The continuing increase in staff grade numbers this year may be one way trusts are seeking to make up the shortfall, as the supply of appropriately qualified locums is insufficient to meet service needs.

Honorary Fellowships

Nominations to the College's Honorary Fellowship will be discussed at the October meeting of the Court of Electors.

The regulations of the College state under Bye-Law Section VI that:

> "Subject to the Regulations the College may elect as an Honorary Fellow any person, whether or not he is a member of the medical profession, who either is eminent in psychiatry or in allied or connected sciences or disciplines or has rendered distinguished service to humanity in relation to the study, prevention or treatment of mental illness or to subjects allied thereto or connected herewith or has rendered notable service to the College or to the Association."

Nomination forms are available from Ms Beverley Fiddimore, Department of Postgraduate Educational Services, to whom nominations for the Honorary Fellowship should be sent by 30 June 2001. Such nominations must contain recommendations by no less than six Members of the College, and include full supporting documentation.

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reviews

Hospital Hostels. An Evaluation of Four Psychiatric Care Facilities

By A. Emerson. London: The Stationery Office. 1998. 172 pp. £29.50 (pb). ISBN 0-11-322118-3

There have been relatively few studies of hospital hostels (HMSO, 1991) and the present publication, by a nurse, is therefore welcome. Emerson's study reports on the progress of 65 residents of four contrasting hospital hostels, using a quasi-experimental design, i.e. using each patient as his/her own control. Fifty of the subjects were studied on four occasions over 12 months, the assumption being that any changes were owing to the effects of living in the hostel. The study's aims were to identify the causes of any improvements observed over time, to compare outcomes in terms of discharges and transfers and to obtain the views of staff, carers and residents about the hostels.

The four hostels differed in their internal environment, their admission policies, the stated degree of dependency of the patients and the degree of restrictiveness of the nursing policies adopted. Two mainly had residents engaged in gainful occupations outside the hostel, one encouraged voluntary light work around the house rewarded with 'incentive payments', while the fourth arranged few activities and residents were left with lots of time on their hands. In two hostels residents cooked their own food under the supervision of the staff, another had food cooked in a nearby hospital and served by a catering assistant and one had meals cooked by the staff.

Few details are given of the clinical status of the patients, and although about 70% had hospital diagnoses of schizophrenia, one cannot tell the length of their illnesses or their hospital age. The Present State Examination is mentioned in the 'Methods' chapter [p. 25] as an instrument for obtaining "the client's own judgements on their outcome", but it is not mentioned again, and one cannot tell whether or not it was administered. Since one of the hostels allowed admissions from the community, one was for new long-stay and two were predominantly for old long-stay, it is probably safe to assume that the patients were not comparable. Thus, it is not clear whether they would all have been suitable for the same kind of nursing care. However, they are probably a much less disabled group of patients than those cared for in Douglas House (Hyde *et al*, 1987), and we were able to allow our patients a greater degree of autonomy than the most restrictive hostel described here.

Emerson's conclusions are that improvement in the residents – as measured by the Social Behaviour Schedule and the Social Role Performance Scale – was greatest in the hostel with the least restrictive policies. This hostel was designated a 'rehabilitation hostel', but it was one where most patients were engaged in outside gainful activities, where each resident cooked a substantial meal every week and where staff carried out domestic work themselves if the residents did not volunteer for it. If these patients were less severely ill than those in the other hostels their progressive improvement would be easier to understand. While I have no problems with his conclusion, it is not clear to me that it follows from the results. It is a great pity that the hostel studied in the pilot study was not included in the follow-up, since in my view only that hostel had really desirable policies.

This is a difficult book to read, as facts are presented in a rather diffuse way, but the conclusions are really very modest. My main impression was disappointment that the hostels studied had many features of mini-institutions and that nursing still has a way to go in adjusting its practices to the new system. The statistical treatment of the results leaves something to be desired, but the author's heart is in the right place.

HMSO (1991) *Residential Needs for Severely Disabled Psychiatric Patients: The Case for Hospital Hostels.* London: HMSO.

HYDE, C., BRIDGES, K., GOLDBERG, D., *et al* (1987) The evaluation of a hostel ward: a controlled study using modified cost–benefit analysis. *British Journal of Psychiatry*, **151**, 805–812.

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The King of Fools (Tokfursten)

Opera by Carl Unander-Scharin.
Cast led by Mats Persson (baritone) and Anna Larsson (contralto).
Conductor Michael Bartosch.
Double CD
Caprice CAP 22046

This chamber opera has unusual relevance for psychiatrists. It distils Elgard Johnsson's account of his own experience of hospitalisation with seemingly incurable

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