

### *Useful adjuncts to a rehabilitation programme*

DEAR SIR

I would like to mention, for hospitals not yet familiar with them, two useful adjuncts to a rehabilitation programme, Domestic Day Training and Group Training Homes.

The Day Patient Training Course is aimed at assessing, and training in self-care and social independence, patients who are at risk, for example, chronic schizophrenics living with ageing parents. Patients are referred to this course from the social workers in the community, general practitioners and other consultants. The final assessment after this course may recommend that in a sudden failure of domestic support the patient could be admitted either directly to a group home or other sheltered accommodation, or to a group training home for assessment, or may have to be admitted to the Rehabilitation Unit initially. It is hoped that some patients may have become able to cope on their own, and in any case it is aimed at preventing admissions to acute admission wards for purely social reasons.

Group Training Homes form a useful halfway house for patients proceeding from rehabilitation wards to the community. They are private houses in normal residential areas, and groups of patients can be assessed for their compatibility and their suitability for Homes.

In most of our Group Homes, one or two patients function as housekeepers and are responsible for catering and housekeeping. The Group Training Home gives them valuable experience, as the residents are paid a weekly sum in lieu of food, laundry etc., which they pay to their housekeeper. At this stage mistakes are more easily remedied and more satisfactory groups constructed than when they have moved on.

We have found this system has had advantages in assessing residents particularly regarding the following: (1) ability to continue self-medication in an unsupervised situation; and (2) co-operation in sharing household chores, in paying their housekeepers their money regularly, and practising give and take with regard to television etc.

Supervision is limited to the continuing domestic training by the occupational therapist for the housekeepers, a weekly visit from the community nurse for the purpose of giving depot drugs to the patients who do not attend the hospital by day, and a weekly visit from the Rehabilitation Sister or Charge Nurse in the evenings, when the group can be seen as a whole, to try to assess possible tensions.

Apart from the housekeeper, the residents may go out to work when jobs are available or attend hospital for work in the Industrial Therapy or other hospital departments daily, having a good mid-day meal and then supper at the Group Home. The non-housekeepers are also taught sufficient domestic skills so that the home can carry on if the housekeepers are incapacitated, and at one-time or another the trainees may have to cope with ordinary physical illness. They register with a local general practitioner who prescribes for physical illness, although the prescriptions are dealt with through the hospital as the residents are technical in-patients and so are on reduced benefit. It is probable that many hospitals already have these facilities, but for those who have not we have found them a useful adjunct to the Rehabilitation Unit.

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## *News Items*

### *American Psychiatric Association's Commission on Psychiatric Therapies*

A Commission on Psychiatric Therapies has been established by the American Psychiatric Association to examine critically the whole range of therapies in current use in the United States, and to establish guidelines 'for the practice of therapies at various points in time for psychiatric patients with given mental disorders, and with specified physical and psycho-social characteristics'. The College has been invited to act as a consultant in offering comments and criticisms on the work of the Commission. In March, 1980 a preliminary paper outlined the aims of the Commission, the extent of the project, and the general principles on which its work would be organized.

A second document, recently received, describes in detail the proposed administrative arrangements to produce a Psychiatric Treatment Manual. Such guidelines will be based

on both research findings and expert clinical judgement, offered by 20 Advisory Committees. Each will consist of a Chairman and four panel members, each of whom will be an acknowledged expert in the category of psychiatric disorder which that particular group will examine. The Committees will make every attempt to reach a consensus before submitting a 'Narrative'. The 'Narratives' will then be edited and the First Draft of the Psychiatric Treatment Manual will be given a field trial to determine its clarity, acceptability and usefulness. Participants in the trial will be asked to respond to a questionnaire after using it in the treatment of patients for a period of at least one month.

The responses to the questionnaire will form the basis of a revision of the Treatment Manual which will then be sent to a sample of 100 clinicians who have had no previous involvement in the project. Their report will form the basis of a further revision which will then be sent to the APA Board of Trustees for endorsement.

The Draft Proposals contain recognition of the complexity of the task and potential difficulties, and emphasis is given to its limitations. It is hoped that the use of the Treatment Manual will influence future research and follow-up studies on the efficacy of psychiatric treatment. Appendices list in considerable detail the organizational structure of the Commission, definitions for use by the Advisory Committees, categories for the description of every form of therapy, factors that may influence treatment, examples of elements to be included in the 'Narratives', members of the Advisory Committee and budgetary proposals for the Project. It is estimated that the total cost of the five-year project will be about \$500,000.

### ***The Association for Child Psychology and Psychiatry***

The Association for Child Psychology and Psychiatry is a multidisciplinary scientific society concerned with the study of mental health of children. The membership stands at approximately 2000 and includes psychiatrists, psycho-

logists, psychotherapists, social workers, and other professional groups. A monthly programme of meetings is held in London and similar programmes are organized by branches of the Association around the country. There is also a one-day annual conference. The subscription is £5.00 per annum and entitles members to attend meetings and to receive the quarterly *Journal of Child Psychology and Psychiatry*.

Requests for further details and membership enquiries should be addressed to ACPP, 4 Southampton Row, London WC1B 4AB.

### ***West Midlands Institute of Psychotherapy***

The West Midlands Institute of Psychotherapy formally came into being with the holding of its first annual general meeting in January, 1981. Anyone seeking information as to the aims and objectives of the Institute and details of membership should contact the secretary, Dr Gerald Dickens, Uffculme Clinic, Queensbridge Road, Moseley, Birmingham B13 8QD.

## ***Under Discussion***

It's quite difficult to keep track of all the College's activities. The organization of the Membership examinations, approval visits, advice to inceptors, reading lists, and so on, most people know about, though they may be less aware of the work done by the Psychiatric Tutors' Sub-Committee, or the Library Committee, or the Audio-Visual Sub-Committee in furthering the educational and training aims of the College. Then there's the furtherance of research, and surveys of the use of psychotherapy, or of ECT or the incidence of hospital deaths. There are not only the quarterly meetings but the specialist sections and special groups which also hold meetings and discussions and sometimes create working parties to examine the aims of that specialty or its role in the NHS or in the life of the community. But Council, or its Public Policy Committee, also create special groups and working parties, quite often in response to Government enquiries, or the setting up of Commissions, or the publication of White Papers. These groups set forth a psychiatric view on confidentiality, or on co-operation between the professions, or on corporal punishment or the mental health of teachers, or on changes required in the Mental Health Act or the laws on adoption, and many more subjects.

The *Bulletin* tries to keep members informed of all the

College's activities but its editors are dependent on the various working groups and sections telling them from time to time what is going on. Not all the reports and memoranda of evidence can be printed (some of them are very long, some very specialized and of limited interest), but the *Bulletin* aims to list them all, report many in short or long, and print some in full. In addition, the aim now is to deposit all full reports in the library, where they can be consulted or Xerox copies obtained. The College has recently acquired a word processor and new photocopying equipment and may soon be able to make copies of reports fairly cheaply, and even to produce short runs of small College books.

Communicating is a complex affair nowadays, where mailing costs have to be watched, and the substance of a report may need distributing in two or three different ways—to all members in one way, to specialists in another way, to the members of other professions in a third, and to the press in a fourth. This may mean several different writings, choice of reproductive methods according to numbers of copies needed, and knowledge of the different mailing lists the College holds. We have to try harder to make sure everyone is being kept informed.