Conference Reports

Community Mental Health Centres Conference

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The National Unit for Psychiatric Research and Development held its first annual conference in collaboration with Good Practices in Mental Health at the Royal Agricultural College, Cirencester on 6 and 7 July 1987. A major purpose for holding the conference was to provide an opportunity to assess the accelerating development of non-hospital based mental health services, some of which have been called "Community Mental Health Centres" (CMHCs). The response to the conference was overwhelming and it was attended by 150 practitioners, managers and planners from NHS, Social Service and voluntary sector organisations in the UK.

The late advent of summer meant that the conference was held in brilliant sunshine and, whilst this meant insufferable lecture theatres, it did allow the delegates to enjoy the splendid surroundings of the college.

Dr Tom Craig opened the conference and pointed out the general lack of information on existing centres in the UK and the important need to co-ordinate information on existing and planned centres, especially in view of the rapid developments in community health services in the UK. The first plenary session aimed to put the CMHCs into perspective. Dr Peter Kennedy, a psychiatrist and unit general manager from York, examined the functions of CMHCs in the context of NHS planning. His talk was illustrated by his own experience of the development of services in York. Particularly emphasised was the importance of foreknowledge about the patient population and the need to separate clearly the issues of clinical responsibility and management. His illustration of the clinical team's unique and shared expertise, by analogy to the flower arrangement of a dahlia, provided a horticultural edge to the session. However his talk raised the first glaring problem, that of nomenclature, an issue developed by Liz Sayce in her overview of British CMHCs. She presented some of the preliminary findings of a survey of health and social service departments in this country designed to monitor planned and existing centres. She reported a rapid increase in the development of such centres in recent years but with little consensus on their aims and organisational structure. A preliminary typology was proposed to which it was hoped that refinements could be made.

Dr Steen Mangen of the London School of Economics provided a cross-national view of community developments in Western industrialised nations, concentrating especially on the comparative policy contexts of France, Germany, Italy and the USA. Despite huge national differences, all the countries reviewed had perverse incentives operating against the development of community provisions, the lack of a national health service and the dominance of private health insurance schemes being notable deficiencies in all the examples given. This leads to a two-tiered system of private and public services, a fact which reminded the audience of the primary strength of the NHS as a basis on which to plan and build effective health services.

The second plenary session posed the question "CMHCs—a luxury or a necessity?" and invited two speakers, Dr John Shanks from the Department of Health and Social Security and Dr Shulamit Ramon from the London School of Economics, to put their differing views to the audience. John Shanks briefly sketched the DHSS line on CMHCs by pointing to the absence of any mention of them in *Better Services for the Mentally Ill* and the single sentence in the 1985 Social Services Committee report. The DHSS does not wish to prescribe particular models, preferring to specify broad characteristics of a mental health service. He gave several examples of CMHCs and concluded that they were neither a luxury nor a necessity: they provided one means of running community based services and their planning and usage required evaluation. Shula Ramon upheld a more definite stance, firmly concluding that CMHCs were a necessity and should be the core and backbone of a new psychiatric system. She laid particular emphasis on the need for the service to provide greater autonomy for its users, less coercive means of social control and an emphasis on a preventative as well as a reactive role.

The plenary session on day two focused on evaluation and monitoring. Dr Jed Boardman looked at some of the approaches and problems of service evaluation and illustrated them with his own experience of the evaluation of a CMHC in South East London. Two examples of CMHCs in operation were outlined by Sue Grey and Dr Lenny Fagin. Sue Grey gave an account of Gable House in Streatham and Lenny Fagin of 608 in Leytonstone. Their experience in the setting up and running of these centres provided the conference with invaluable insights into CMHC practice and both speakers were able to illustrate

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their accounts by findings based on the monitoring of the centres using micro-based computer facilities.

During both days workshops were organised around five themes: planning and targeting, management, teamwork, monitoring and working with the community. These provided an opportunity to explore areas not covered in the plenary sessions and to discuss important issues in more depth. Despite the fine weather and their timing after lunch these were enthusiastically attended and the issues hotly pursued. For planning, issues high on the agenda were the need to involve all interest groups in the planning procedure, to ensure that service objectives were achieved and that services were accessible to all groups living in the area.

The management workshops were particularly concerned with ways of resolving the ambiguities caused by separate line management structures and by role blurring within teams. In addition the need for both users and service workers to affect management decisions was seen as an important issue. The team provided the focus for two workshops which tackled the roles and perspectives of team members and the stereotypes of different disciplines. The participants' computer skills were put to the test in the monitoring workshops when examples of software packages for data collection were demonstrated. The issue of involving the local community and users in the planning and running of services, often seen as a difficulty for professionals, was tackled in the workshops on working with the community. The convenors, with experience in consumer involvement, outlined already existing schemes and implications for staff and consumers.

By the end of the conference a number of themes had emerged, which Tom Craig attempted to summarise. Two opposing views of CMHCs could be discerned: one an outgrowth of traditional services into the community, with accessibility for the base population; and the other as a new kind of service emphasising user and community control with weakened links with the remainder of the psychiatric services. Given current service and political constraints a compromise between these views seemed to be more credible, with perhaps the CMHCs providing a focus for links with the community and between primary care, psychiatric, social and voluntary services. Locally based teams are in a position to initiate innovative schemes of prevention and education which need not endanger the funding of care for the chronic and severely mentally ill. They can also involve community members and users of services in decision making in a way that was not possible in traditional hospital based settings.

There is, however, a possible penalty to be paid for such a rapid growth of diverse centres. A lack of co-ordination creates a danger of loss of overall perspective and blurring of aims as occurred in the USA. These risks are minimised when services have precise goals and are effectively monitored. The introduction of low cost micro-computer systems and thoughtful methods of evaluation can cut out the time lag common in research and provide rapid feedback to teams and planners, enabling them to maintain a clear direction.

The conference provided more questions than answers, a situation fitting for such a rapidly changing area as the development of psychiatric services in the UK. The delegates left requesting more conferences and workshops on the areas covered, requests that can hopefully be met in the future.

International Physicians for the Prevention of Nuclear War VIIth World Congress, Moscow, May/June 1987

"A New Manner of Thinking"

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The Congress provided four packed and absorbing days. Most delegates stayed at the Rossiya Hotel, which has 6000 rooms and 28 restaurants where we were well fed. An efficient bus service ran between hotel and the modern Soviet Centre complex, complete with shopping arcades, fountains and glass-fronted lifts, where the Congress was held. After initial hiccups, the Congress was well organised and an excellent social programme laid on which included the Bolshoi, Moscow Circus and a televised concert.

International Physicians for the Prevention of Nuclear War (IPPNW) founded in 1980 by two cardiologists — an American, Dr Lown, and a Soviet, Dr Chazov — has grown rapidly; nearly 3000 delegates from 55 countries attended this Congress compared with about 50 at its first. IPPNW's principles derive from a knowledge of the consequences of thermo-nuclear explosions which it has done much to publicise. Since there is no cure for nuclear war, which unlike conventional war would destroy civilisation and

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