

## *Psychiatric Libraries—Old and New*

The following papers were presented at a session during the Tenth Annual Meeting of the College in July 1981.

### *A Comparison of College Libraries*

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Libraries vary greatly: there is a common theme of books and information, but at the edges, one finds all sorts of variations. Examining the range of facilities provided by other College and Institutional Libraries may give us ideas for possible developments in our own College. Such rough statistics as number of staff, number of books held, number of journals taken give basic information. Using this approach, let us look at some of the larger London libraries.

The two most powerful colleges in terms of history and resources are the Royal College of Physicians and the Royal College of Surgeons. Both have a smallish staff of six or seven, large numbers of books and extremely valuable historical collections. The Royal College of Surgeons seems to provide a lively service, as reflected in the number of current journals taken, some 700, whereas the Royal College of Physicians only takes 157. Physicians tell me they tend to approach the Royal Society of Medicine for aid on research topics, whilst surgeons go to their own College. Oddly, a reverse pattern is shown in Edinburgh, where the Royal College of Physicians takes many more journals. Three large non-College libraries providing a service are the BMA, the RSM and the Institute of Psychiatry. The BMA, in spite of recent reductions, still has a staff of 12 and takes 1,500 journals. This reflects the level of its service in providing much more than a basic reading room. The Institute of Psychiatry concentrates entirely on psychiatric subjects, but the range is great—from statistics through animal studies to clinical psychiatry and beyond. It takes 352 journals and has a staff of six.

Turning to the more recently established Colleges, the picture alters. We find smaller staff and smaller numbers of journals, but all seem to be expanding slowly. For example, two comparable Colleges are the Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists. The former has a library staff of four and takes 60 journals, the latter, with a staff of two, takes 120 journals. The RCGP is housed in an elegant early 19th century building, not dissimilar to our own, but more spacious. The library is an unusually congenial room facing out onto an enclosed garden square. The emphasis here is less on books and bound journals and more on a place to come and ask for information on specific subjects and how to go about acquiring it. The RCOG, with its large modern building, has much more space for journals and bound volumes and hence a greater emphasis on providing more traditional medical information.

Our College has its valuable historical and mixed book

collection. Journals have been drastically reduced to a current number of about 30. We now have a part-time professional librarian, Mrs Susan Floate. Our list of journals may seem small, but there are in London several specialist Institutions with large numbers of journals on psychiatry and related subjects. For example, the British Psychological Society takes 400 journals, and these are lodged with the University of London, the Institute of Psycho-Analysis takes 60 journals, and the Tavistock Clinic 250. There is thus a wide selection available within London itself, and the problem is that of access. This can be limited by times of opening or restricted by membership. So much for some crude figures about London libraries.

A different approach is to look at a library in terms of function. Psychiatry has a lengthy and complex history; thus it is essential that our historical collection should be maintained and developed. This applies in part to our own library since in the past many books were acquired rather unsystematically by gift or legacy. Probably a book-loan service is beyond the resources of small Colleges, because of expense, including postage, and the lack of available space, and the rapidity with which new editions are issued. There are alternatives, such as borrowing from Lewis's, but most psychiatric hospitals now maintain an adequate range of psychiatric textbooks. Journals are another matter. A basic core of say 20 journals will give most of the references required by most researchers, and in London more esoteric journals are, as I have already said, available in other institutions. There is also a problem of how to keep the journals. If bound, they are difficult to photocopy, and if free they disintegrate. Micro-filming is becoming popular, but opinions differ as to its value. For example, the RSM prefers microfiche—6" x 4" plates being easier to read.

In terms of function, a bibliographic service is probably the best measure of a viable library service. There may only be a limited number of journals at the librarian's disposal, but with basic tools such as the *Cumulative Index Medicus*, the *Excerpta Medica (Psychiatry)* and perhaps *Psychological Abstracts*, the librarian can begin to meet bibliographic requests. Of equal importance is the librarian's advice where to seek further references and also means of acquiring them, if access is difficult. One would expect a librarian to establish links with all others in the London area and thus enable a tapping of much wider resources. Photocopying is, of course, a basic and essential facility in all libraries.

What of computer searches? There is the online method

using computer terminal, modem and telephone. A range of databases can be tapped providing immediate feed-back. This is sophisticated and obviously saves time in giving a quick response and allowing the searcher to discount irrelevant lines and pursue more fruitful ones. MEDLINE is an example and is part of the British Library's centrally held database. MEDLINE covers references to articles taken from an international range of over 3,000 journals in the field of medicine. It is updated monthly and because of its size, only the current year and preceding four years are available online. Offline computer searching is handled by the Lending Division of the British Library. Staff will search the MEDLINE files on your behalf and post the results to you. The RSM has access to MEDLINE, and does over 600 searches a year using it. In contrast, about 380 searches are done manually. The RCGP does not use MEDLINE, but the RCOG is about to install the necessary hardware. At present, the RCOG does about 120 searches a year.

Educational facilities, such as tapes and slides are patchy and reflect trainees' enthusiasms and demands. In our College there is much emphasis on local facilities and this is encouraged by the College Approval visits. Another attractive idea is setting up a research register, which allows anyone to know of research projects being undertaken in various parts of the country.

Our specialty perhaps more than any other is open to political and social pressures. So our librarian should be

scrutinizing daily papers and lay journals, extracting relevant information from them. She does, in fact, scan *The Times* each day. The RCOG employs a press agency to do searches on their subject, but in psychiatry the range of subjects is so broad that an informed searcher is probably better. It would also be efficient for the library to retain copies of our committees' deliberations and reports. Equally important is the retention of DHSS publications and the reports of public inquiries into psychiatric services. The librarian is also keeping folders for press cuttings on current problems.

The particular pattern of a library depends on the history of its College and the needs of the members. A survey of trainees, done by Clare and Lucas some years ago, found that the majority wanted a photocopying and bibliographic service. A loan library was a clear second choice, but that may have altered, in that trainees are expected to have adequate local library book facilities. Perhaps more importantly, a College librarian can advise trainees on searching from references for a research project and how to obtain the more esoteric journals and books. One hopes that eventually the provision of searches and reference lists will be part of our College library service.

Meanwhile our Library's setting is a congenial and attractive room where browsing amongst books is a pleasure. That, too, is important and it is now a matter of how to extend the facilities further.

## *Using Library Resources*

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The whole object of using a library is to obtain wanted material and information. Libraries are in a constant state of evolution, and local facilities have improved, in some cases dramatically, but on the whole the situation is still far from adequate.

If one looks specifically at psychiatric coverage, there are several types of access points, each having advantages but also presenting problems. Psychiatrists in a teaching hospital have access to a library staffed by professional librarians who possess in-depth skills in relation to automated information, retrieval, classification, outside sources, and so on. On the other hand, such a library has to cover around 35 disciplines in medicine, only one of which is psychiatry. This itself has important sub-divisions—child psychiatry, psychoanalysis, etc—so on the whole the coverage of books and journals is likely to be less than in the libraries of psychiatric hospitals.

These themselves differ, encompassing the various sub-specialties. The staff ratio may be very low in these hospitals, and this makes it difficult to justify the employment of a qualified librarian, even in a part-time capacity, when the

medical staff may number no more than ten. This, of course, strengthens the case for a multi-user library with a multi-disciplinary stock. However inadequate the staffing here, the stock is often quite reasonable as it is specific to a relatively narrow field, but at the same time there are often problems relating to obtaining material not held.

One of the most recent developments which has profoundly affected library provision over the last decade has been the creation of posts of Regional Librarian. Out of the 15 National Health Service Regions in England and Wales, at this moment six have full-time Regional Librarians (the four Thames Regions, Wessex and Oxford), and apart from the South West and Trent Regions which have no Regional system at all, all the rest have varying degrees of coverage. The role of the Regional Librarian is to co-ordinate all library activity within postgraduate centre libraries and foster co-operation with medical and other libraries, with the object of creating a network capable of supporting the demands of the readership at whatever level is required. For example, by grouping libraries in Districts it has been possible to appoint a qualified experienced medical