

Health Act 1983 and on the strong correlation between social deprivation and psychiatric admissions. The latter has enormous implications for bed use and service planning and perhaps even greater implications for community care.

The future is daunting; I left this report feeling there should be more of us, and that for there to be a decent future for psychiatry, the training and support of trainees is of paramount importance – for those of us lucky enough to have trainees.

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Psychosocial Interventions in Primary Health Care Settings in Europe Copenhagen: WHO. 1991 Pp. 22.

This is a report on a WHO European consultation about psychosocial interventions to promote health, prevent disease and care for people suffering from disease and disability. It is largely a description of 11 experimental initiatives which have succeeded or promise to succeed.

Members of the consultation, who came together from nine countries to a meeting in Bulgaria in 1989, aimed to identify common features of successful programmes, to suggest ways of strengthening the development of further programmes and to list conditions and principles which need to be observed when planning interventions.

Psychosocial interventions were defined as “a pattern of communication and/or a contextual modification, providing positive changes in the current emotional and social factors related to the individual's health and illness”. (“Contextual” should be understood to refer to organisational structures, normative base, and professional ideology; these determine the responses to any innovation.)

Here is one example – a behavioural intervention for children with school maladaptation, in Bulgaria, based on US and UK models: a psychologist trained in behavioural modification trained a group of four educational psychologists, each of whom then worked with a group of three primary teachers in their own school. These in turn successfully learnt the principles involved and developed a specific behavioural programme for one or two children in their classes. All the programmes were successful in achieving change.

Problems of discipline were easier to manage, but positive effects were also shown on scholastic activities. The experience also affected the communication styles of the teachers.

A particularly interesting detail in this experiment, with implications for adult education in any field and under any political system, was that the meetings between teachers and psychologists were more

successful when they were able to see each other as equal colleagues in discussion. Being taught by a person seeing himself or being seen as of higher professional status, posing as instructor, aroused resistance.

Did the consultation achieve its aims? Yes, as one of a sequence of meetings. Conditions for success are proposed in the conclusion. Examples are: “Psychosocial interventions require a multi-disciplinary, multi-level and multi-focal approach . . .” “Intervention techniques should be tailored to the client's specific problems and needs . . .”. “At the level of primary care, training of the family doctor, primary health care team and public health doctors is of key importance. Training must be focused on how to carry out interventions and not simply be a statement of tasks”.

Among 11 recommendations, here is one example: “Follow-up from this meeting should include further meetings on stress management techniques, psychosocial interventions suitable for the school system and for fostering the psychological competence and coping skills of adolescents and a meeting that would bring together mental health professionals with family doctors, representatives of informal groups and other interested parties.”

A report with substance, most of it worth the effort to read.

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Out of Harm's Way By Philip Bean, William Bingley, Ian Bynoe, Alison Faulkner, Elaine Rassaby and Anne Rogers. London: MIND Publications. 1991. Pp. 199. £13.50.

In 1987 Anne Rogers and Alison Faulkner published the results of a study looking at the assessment and outcome of people referred by the police under section 136 of the Mental Health Act 1983 (England and Wales) to three different places of safety. The work was published by MIND in *A Place of Safety* and it clearly showed that outcome was largely determined by where and by whom the patient was assessed.

Out of Harm's Way forms the second and third stages of a three stage investigation by MIND into the use of section 136. Working within a defined area of London the researchers followed through the whole section 136 procedure from the time the police entered the encounter with the person, through the processing of the encounter at the police station, to the referral to a psychiatric hospital.

Information was collected from police records, interviews with the arresting officers and the interviewing psychiatrists, and from a variety of questionnaires. A huge amount of information

must have been collected and the authors are to be complimented on the clear and readable way in which the results are presented.

Each chapter looks to a different stage in the procedure and ends with a summary of the main findings. Tables and figures are kept to a minimum and complex statistical tests are avoided. The book concludes with a discussion of the implications of the findings and recommendations are made on how procedures should be changed.

One of the most striking findings of the study is the general level of ignorance and confusion found among the police, psychiatrists and social workers regarding the purpose and legal requirements of section 136. A few examples of the misuse of the section will suffice: the police using section 136 when the person arrested was on private property instead of "a place to which the public have access"; patients being admitted under the section; and social workers either not being asked to interview the patient or refusing to come.

I have some criticisms of the study. Firstly, the way in which cases were referred to the researchers, which largely depended on officers responding to a

previously circulated memorandum. Several police stations did not refer any cases during the one year study period. The authors concede that this may have led to a selection bias and the conclusions must be interpreted accordingly.

Secondly, statistical tests are not used to analyse the data. So a conclusion that A happens more often than B is made in the absence of probability values or confidence intervals. Thirdly, the authors do not seem to be aware of some of the recently published work on section 136 which has appeared in the psychiatric press. A final criticism regards the quality of the printing, which at times is very poor and gives one the sensation of having diplopia.

In conclusion, this is an important study and one which should be made compulsory reading for all professionals involved in the use of section 136. Finally, the Metropolitan Police must be congratulated on cooperating with MIND in allowing the study to take place at all.

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'The Taming of the Shrew'

The British Psycho-Analytical Society will be holding a dialogue between the director and members of the cast of 'The Taming of the Shrew' at the Royal Shakespeare Theatre, Stratford-upon-Avon, and Gerald Wooster, psychoanalyst, following a matinee

performance of the play on 4 July 1992. Further information and tickets: Ann Glynn, The Institute of Psycho-Analysis, 63 New Cavendish Street, London W1M 7RD.

Scientific debate

The British Association for Social Psychiatry (BASP) scientific debate 'Dealing with Childhood Sexual Abuse: Dawn Raid or Family Therapy' will be held on 30 June 1992 at London Bridge Hospital at 7.30 p.m. All are welcome and there is no charge.

If attending, please inform Professor A. H. Crisp, Chairman BASP, Department of Mental Health Sciences, St George's Hospital Medical School, London SW17 0RE (telephone 081 672 9944, extension 55540).