

## Reviews

**Management Training for Psychiatrists.** Edited by Dinesh Bhugra and Alistair Burns. London: Gaskell (Royal College of Psychiatrists). 1992. Pp. 260. £15.00.

Training in management is becoming an integral part of training in psychiatry. The Dean, Dr Fiona Caldicott, recognises that trainees now see experience in management not only as a way to optimise conditions for obtaining resources, but more generally, as a component of training which will enhance the calibre of their clinical practice through the development of good interpersonal skills. In the entrepreneurial spirit of management, editors Dinesh Bhugra and Alistair Burns have produced the first book to look at management issues from a psychiatrist's perspective in order to fill this particular niche in the market. As such, the book is likely to be of interest to any psychiatrist or other mental health professional concerned with management issues.

Until now, Bhugra and Burns suggest, doctors have been the most important professionals within the service, but with changes in the shape of the NHS a change in the relationship of power within it may follow. Debate over the allocation of resources has escalated as service planners confront the increased demand which has followed innovations in practice together with changing patterns of need in the community and the increased expectations of the public. Health Service manager, Richard Alderslade, believes clinical rationing must inevitably become more explicit as doctors face more constrained resources; doctors need to involve themselves in this process if the clinical content and quality of care are to be properly considered within the new contracting processes.

In addition to overhauling the NHS, the government has also looked at community care, an area of relevance to psychiatrists who have a broader remit than other doctors in dealing with wider psychosocial issues which require effective cooperation with social services. In the wake of the Griffiths report attention has turned to the burden of chronic psychiatric illness, but as Dr Jim Birley reports, experiments along the lines of a new community care worker to give help of a practical nature are badly needed. (The best predictor of survival outside hospital is 'domestic skills' rather than diagnosis!) At the same time, the President of the College, Professor Andrew Sims, argues for the role of the hospital

consultant as the patient's personal physician, believing that leadership of the team is inexorably linked to the role and clinical responsibility vested in the consultant.

In the second half of the book, the various authors outline a number of practical management techniques including how to deal with personnel, how to negotiate and how to manage time and stress. In a survey of psychiatric trainees, although overwork was the most common stress, relationships with other staff and performance related stresses were also ranked high. These stresses take their toll. Among doctors, psychiatrists have the highest suicide rate; they are more likely to commit suicide than their patients. Helena Water's sensible advice on preventing and coping with stress should be useful. So too are Dr Peter Hill's hints on chairing a committee.

*Management Training for Psychiatrists* ends with important words of advice to SRs on 'how to get the job you really want', and on surviving – even enjoying – that first day as a consultant.

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**Too Many Drugs, Too Little Care** By Jane Hubert. London: Values into Action. 1992. Pp. 59 £3.95 + £1 p&p. Available from Values into Action, Oxford House, Derbyshire Street, London E2 6HG.

Between the covers of this inconspicuous book, Jane Hubert's study unveils a bleak and disturbing picture of prescribing patterns for young people with severe learning difficulties. She condemns the lack of public concern for this vulnerable group, and throughout the study emphasises the dangers of a treatment protocol based on the needs of the Service rather than the needs of an individual.

Her study involves 20 families in different health districts. It represents 90% of such families in one southern county. Each district has a local community mental handicap team with a consultant psychiatrist, psychologist and community nurses. Each family has, living at home, a young adult with severe or profound learning difficulties and challenging behaviour. The original aim was to discover factors which influenced parental decision making in placing

such adults in permanent residential care. Numerous visits were made over a three year period in order to document their daily lives, relationships and Service contact.

The result shows 90% of these adults on long-term psychotropic medication (i.e. anticonvulsants, neuroleptics, hypnotics), with 30% taking three or more different drugs. One account describes a young man taking a total of over 270 tablets per week. Polypharmacy, often for an individual with multiple disabilities, is time-consuming and prone to mistakes especially during short-term respite care. The anguish of these mothers who are attuned to subtle presentation of side effects and abnormalities in their adult child is evident. What are more disturbing are personal tales of irregular and often infrequent monitoring of efficacy or side effects, the lack of contact with prescribing psychiatrists, and the poor communication with general practitioners.

There is always a need to balance potential benefits against risks of potent medication. It is implied that medication is used for unwanted behaviour and not for psychiatric illness. While this may be justified in the short term for acute behavioural disturbances, it should not be to the exclusion of more labour-intensive, behavioural interventions.

As clinicians, most of us will be aware of this problem, and perhaps comfort ourselves in the belief that it affects a relatively small minority of patients. Read this book, and you will appreciate the magnitude of the problem, and the need for a radical shift in social and professional attitudes.

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**Working with Young Problem Gamblers: guidelines to practice.** By Paul Bellringer. 1992. Pp. 24. £3.50. Available from UK Forum on Young People and Gambling, 11 St Bride's Street, London EC4A 4AS.

This is written for those who work with young gamblers in an advisory and counselling capacity. It is refreshingly short at 24 pages and laid out in easy to read sections. There is an assumption that the reader will already have relevant skills in counselling and problem solving.

I like the focus on the need for a well structured model and am also impressed by the clarity and detail of the particular approach suggested.

There is a good mixture of basic information drawn from the fields of addiction and behaviour modification and an appropriate use of ideas which most of those in the field would recognise as relevant. These include the necessity for motivation on the part of the client and the importance of the worker being consistent and reliable and yet not taking too much responsibility. I liked the emphasis on achievable goals, involving the family, and being prepared to offer practical help such as with debts. Addresses are given for relevant organisations.

If I am to find a criticism then I note that there is little said about what to do with the large group of young gamblers in whom motivation is questionable or fluctuating. I would like to have read more about how to approach these youngsters and also how to respond to their worried families.

To conclude, this will be a useful book for those with a background in counselling/problem solving who wish to embark on or review their work with young gamblers.

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