

Reviews

Social Work Practice in Mental Health by Peter Huxley. Aldershot: Gower Publishing. 1985. Pp 106. £3.95.

Though it is written by a social worker for other social workers, psychiatrists may read this book without finding their clinical or moral principles unduly criticised. It is true that acceptance of the role of biochemical and genetic factors in mental illness is a little grudging—'there is a degree of support'—and he evidently fears that even this concession may offend some of his readers. Stating firmly that 'social, psychological and biochemical factors interact with one another', he adds: 'This is not a comfortable conclusion', though it is surely one with which most psychiatrists have lived comfortably enough.

Recognising that the relationship between social workers and other mental health professionals is often rather strained, he accepts that at least some of the fault lies with social workers and their 'ideological antipathy' to the medical approach and to physical treatments. However, he makes the important point that while many social workers view the multidisciplinary team as a 'collegial' structure which 'involves the participation of several individuals in decision making *as of right*' (italics in original), psychiatrists may tend to see it as a 'bureaucratic' structure in which 'the right to act is held through the sanction of all those above the individual in the hierarchy.' And he reports without comment the view of one writer that a degree of conflict should be viewed as 'essential', especially when the social worker is acting as the patient's advocate, and that this may be more important than maintaining good relationships with other members of the team.

As well as these general and very important inter-professional observations, the book gives sound practical advice on interviewing techniques, especially in the context of compulsory admissions, and is evidently written from considerable personal experience. In discussing whether a social worker who is part of a hospital-based team can legitimately act as the approved social worker in such cases, he criticises Gostin's view that the ASW should always come from the area social services even if the hospital-based worker knows the patient better. There is a balanced discussion of some of the organisational and political issues in the provision of social services. As might be expected, in considering the divergent—or rather trivertent—views of the Barclay Committee, he is a 'professionaliser' rather than a 'patcherite'. And few people will disagree with his observation that 'non-statutory support networks [are] often a euphemism for the unpaid care provided by female family members'.

As well as a good index and bibliography, a list of useful addresses and a summary of the more important sections of the 1983 Mental Health Act, several case histories illustrate the use of social work techniques in the management of various types of patient and problem. These are

generally sound and refreshingly unhostile to behavioural methods, though I would question his suggested handling of morbid grief. But there is much more to praise than to criticise. Huxley's book really should be regarded as essential for any hospital library, and librarians should not be surprised if they see the medical and nursing staff sneaking a look at it occasionally.

COLIN BREWER

*Gordon Hospital
Bloomburg Street, London SW1*

A Child in Trust: The Report of the Panel of Inquiry into the Circumstances Surrounding the Death of Jasmine Beckford. Brent Borough Council. 1986. £11.

The main interest of this report is its painstaking analysis of what went so badly wrong in the management of the case of this little girl who was killed by her stepfather while in the care of the local authority. The dilemmas at each stage of case management will be all too familiar to anyone with clinical experience of this difficult field. It is the very commonness of the case which makes this report of such importance. The media coverage focused much attention on the failures of social workers and health visitors, so that as I opened the book I was particularly interested to find out where the doctors were—in particular, the three groups with whom I identify: child psychiatrists, general psychiatrists, and paediatricians.

As far as psychiatry is concerned, the answer is simple: psychiatric referral was recommended but never took place. What could a psychiatric referral have achieved? It was Mr Beckford who was to have been referred, but as it was to a reputable child psychiatry unit we can safely assume that the children's development, the child care and the parenting capacities of the parents would have been assessed as well as the mental state of Mr Beckford (he almost certainly did not suffer from any sort of formal mental illness). The comprehensive assessment would then have been available for the other staff involved in the case. The child psychiatry unit could also perhaps have offered support for the beleaguered social workers and could have helped in keeping the focus on the child. The special therapeutic skills of the department could perhaps have been used in monitoring the child's mental state if (as happened) a trial of rehabilitation were attempted.

It is possible that careful assessment may have suggested that some form of therapeutic intervention, such as focused casework or anger management, could have been part of a trial rehabilitation package. Non-cooperation or lack of progress in treatment, together with other clearly specified indicators such as the children's physical, emotional and social development, could then have been used as absolute criteria on whether the trial should be

continued, or whether the child should be moved to long-term foster parents with a view to adoption. It is very easy with hindsight to come up with attractive sounding solutions, and no child psychiatrist could have contributed anything unless he or she were prepared to devote massive thought, time and energy to the case.

What about the actual medical contribution? Here again there are a number of learning points. In the early stages, when the children were brought to hospital with injuries, neither senior medical staff nor the social workers were informed, with the result that immediate protection was not made available for the children. In the initial assessment, the doctors are said to have focused on organic aspects of the case rather than participating in the complete developmental and psychosocial assessment that could have revealed the depth of the problem through a coherent multidisciplinary formulation.

Thereafter, scrupulous follow-up with particular care in developmental surveillance in collaboration with the health visitors could have helped prevent the tragedy. Medical support is needed in the arduous activity of management as well as in diagnosis. The lessons are here. Let us all learn from them.

The Role of Infertility in Adoption by Cecilia M. Brebner, John D. Sharp and Frederick H. Stone. London: British Association of Adoption and Fostering. 1985. Pp 75. £4.

This is the seventh small volume in BAAF's discussion

series on aspects of fostering and adoption practice. In the current climate of there being relatively few children for adoption compared with the number of prospective adoptive parents, most attention is now devoted to the fostering and adoption of children with special needs, such as older children who have spent time in care, emotionally disturbed children and children with mental and physical handicaps. This book is therefore unusual in that it concerns children adopted in the early weeks of life.

The hypothesis underlying this work is that the disappointment of infertility may significantly interfere with the parents' developing relationship with the adopted child. Twenty adoptive parents were interviewed within two to four weeks of placement, and again when the children were six months old. The special tasks of adoptive parents are helpfully described and there are interesting descriptions of the development of parental attitudes and of the stresses experienced during the assessment period and when the adopted child has a difficult temperament. This is not a formal research project, however, and there is a need for much more research to help answer questions such as whether unresolved disappointment leads to family relationship problems later on, or psychiatric disorder, or adoption breakdown, or difficulties in informing the child of his adoption status. The helpful hints in this booklet need to be energetically followed up.

A. R. NICOL

*Nuffield Psychology and Psychiatry Unit
Fleming Memorial Hospital
Newcastle upon Tyne*

New Constant Current ECT Machines

It has recently come to the notice of the ECT Sub-Committee that a number of users are finding these machines to be less effective than the Ectron Mark 4 machines which they have replaced. We would appreciate any comments from members about this situation. I have been in touch with Dr Russell of Ectron Limited and he is prepared to increase the output on recently purchased machines if this seems desirable.

CHRIS FREEMAN

Chairman, ECT Sub-Committee of Research Committee

Help with Research

We would be grateful to hear from colleagues who have under their care, or have had in the past, children from families where one parent had killed the other. We have collected a small series of families and would like to collaborate with other colleagues in looking at the effects on the children. Please contact: Dr Dora Black, Consultant Child Psychiatrist, Department of Child Psychiatry, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG.

MSc in Clinical Psychotherapy (University of London)

Applications are now invited for the next intake of the MSc in Clinical Psychotherapy in St George's Hospital Medical School. The course will begin on 1 October 1986 and will consist of three academic terms of 10 Mondays per term for three years. Medical graduates, normally Senior Registrar and above, or Principal General Practitioner, are eligible to apply. The course fees are set by the University of London (currently £272 per term). The course directors are Dr S. Lieberman and Dr A. Powell. Enquiries to: Mrs Linda Hensman (Course Secretary), Department of Psychotherapy, Level O, Jenner Wing, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE. Telephone 01-672-1255, extension 5470.

Laughlin Prize

With effect from the Membership Examination of November 1985, the monetary value attached to the Laughlin Prize (*Bulletin*, February 1986, 10, 34) has been increased to £250.