Forget community care – reinstitutionalisation is here

Although we agree that care in the community is perceived as a failure within the public domain and definitively as portrayed by the media, there are a number of issues around deinstitutionalisation that have not been addressed by Professor Leff (2001). Certainly, the apparent invisibility of community teams, the muddling of schizophrenia with personality disorder, ‘split mind’ and homicides, and the modern prevalence of homelessness are all factors. More important, perhaps, is that we do not really know why community care developed during the second half of the 20th century, and why it is now returning to what a 19th-century editor called ‘bricks and mortar humanity’ (Wynter, 1859).

It may be that the studies following the planned resettlement of asylum populations quoted by Leff show no subsequent homelessness in the discharge populations, but this ignores the new long-stay problem. That is to say younger patients, who have never been through the asylum system, and who go in and out of in-patient units on the revolving-door circuit. Leff’s experience of 20% of patients that was otherwise not forthcoming needs more careful research.

Compensation claims after whiplash neck injury

Although the effort in the study by Mayou & Bryant (2002) is substantial, we find that there is a tendency in such studies to fail to account for at least two important confounding variables. Our own experience, in both clinical and medico-legal practice, is that asking patients about pre-accident emotional stress is too often unreliable. Interviews with family members and review of employment reports and records often uncovers a wealth of data on these patients that was otherwise not forthcoming. Yet this is a difficult task in research studies in most cases. What is less difficult, however, is seeking the opportunity to review all pre-accident medical records, which often refer to lengthy or recent histories of significant life stressors. This is important; if some of the subjects who reported a lack of pre-accident emotional difficulties in a study actually have them, they confound the comparison of emotionally vulnerable v. non-vulnerable accident victims. No difference will appear to exist between the two groups because in reality they are much more alike than the researchers can know. Although researchers do use methods that suggest self-reported data is still valid, if the purpose of the research is to study psychosocial variables, then short-cuts or surrogate measures are not sufficient.

Also, post-accident stressors unrelated to an accident (e.g. death of a friend or family member, or moving house) have been shown, albeit in a small group of subjects, to be important predictors of whiplash outcome (Karlsborg et al., 1997). In research, to obtain this information, one need merely ask the subjects to check off what may seem like a list of not uncommon life events. We have found in clinical and medico-legal practice that patients tend to be more forthright about reporting these events, although we are impressed at how frequently people