

Review

Care of the Seriously Mentally Ill: A Rating of State Programs. Second Edition: 1988.

By E. Fuller Torrey, Sidney E. Wolfe and Laurie M. Flynn. Washington, DC: Public Citizen Research Group and National Alliance for the Mentally Ill. 1988. Pp. 115.

Capturing public attention with a topic that rarely receives serious consideration, Ralph Nader's consumer research organisation (working jointly with the National Alliance for the Mentally Ill, a powerful advocacy group principally composed of relatives of the psychiatrically ill) has again performed a valuable service for American community psychiatry. The first review of the care of the seriously mentally ill in each of the 50 states and Washington DC, published by Nader's group in 1986, sent shock waves throughout the nation. In worst-ranked Hawaii, public hearings were called, discussions of the findings took place in several state legislatures and, across the nation, candidates for public office were obliged to defend their records on mental health policy. Copies of this, second, edition were in the trembling hands of 51 state commissioners of mental health at the moment that the report's conclusions were hitting the front pages of newspapers from coast to coast. For a while, mental health care was in the public eye, and taxpayers were questioning how a substantial portion of the state budget (20% of New York State employees, for example, work in mental health services) was being spent.

The report pulls no punches and makes no attempt to curry political favour. Even first-ranked Rhode Island is likened to "the smartest kid in the dumb class at school" (p. 49), Colorado State Hospital is awarded only the "dubious honor" of being the best in the nation "since competition is so weak" (p. 55) and the authors conclude their excoriating review of Hawaii's mental health services (bottom again) with a plea to the Japanese, who are said to be buying up much of the state, to purchase the state's division of mental health and "rehabilitate it as an economic assistance programme to a needy country" (p. 88). The private psychiatric sector comes in for its share of the blame for "raping" the public sector – skimming off the easiest and most profitable patients and hiring professionals away from public employment with exorbitant salary offers. The labyrinthine complexity and overall inadequacy of the public funding mechanisms for the support and treatment of the mentally disabled are roundly criticised, as are the Machiavellian methods used by local, state and federal legislators to shuffle these costs off onto other

levels of government. Strangely enough, given the report's political audacity, this critique is not accompanied by a call to examine the possibility of developing a comprehensive national health insurance programme.

The report is powerful journalism, but cannot lay claim to being serious research. While the sources of data for rating the state programmes have been expanded somewhat since the first edition, they still rely, in large part, on the unsupported opinions of selected informants: the derivation of rating scores from these data is also somewhat arbitrary. Between the first and second editions of the *Care of the Seriously Mentally Ill*, states change their ranking so drastically that the whole methodology is thrown into doubt. Kansas, moving from 11th to 42nd place, and North Dakota, travelling the other way from 35th to 17th, pass one another like Amtrak express trains in the open prairie. The problem, it seems, is that the rating scales are too imprecise and tightly bunched to allow meaningful ranking. As the authors, somewhat grudgingly, remark about New Jersey's spectacular leap of 13 places in the table, the state's "14th place ranking is deceptively high; its total of 8 points places it slightly closer to 51st place (3 points) than it does to 1st place (14 points)" (p. 60). The restrictions imposed by the tightness of the rating scores are exacerbated by the authors' negativism. Although they set out to rate each state on four five-point scales (measuring hospital, outpatient, rehabilitation and housing programmes), where a score of five means the programme is a model for other states, no state scores a perfect five on any scale. Apparently there is no model state mental health service, or even service component, anywhere in the country.

Given the rather arbitrary nature of the rankings, one cannot give full credibility to the authors' attempts to correlate quality of care with other variables. We have to take with caution their conclusion that good quality care is most likely to be found in small states, especially those in New England. The observation that good care is associated with a greater shift of patients from state hospital care to the community might be seen as an artefact of the methodology – a state with excellent hospital services and underdeveloped community programmes could only score high on one of the four assessment scales. The lack of association between the state's *per capita* mental health spending and quality of care is an intriguing, and related, finding. As the authors point out, the truth seems to be that low spending is associated with poor care (witness 50th ranked

Arizona spending a puny \$14 *per capita*) but high spending is not necessarily associated with good care, since the money may be gobbled up by dinosaurian hospitals. Washington, DC, for example, spends more than any state on mental health care – \$179 *per capita* – but most of the money goes to preserve St Elizabeth's Hospital and the district earns no better than 49th place in quality of care.

Care of the Seriously Mentally Ill shares many features with the US deinstitutionalisation move-

ment which it is at pains to critique. Born out of high ideals and pursued with humanitarian zeal, it dramatically catches the mood of the moment, but loses credibility for want of care in the execution and by over-promising what it can reasonably accomplish given the limitations of its research base.

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December 1988

226 pages, £10

ISBN 0 902241 24 9

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