

emotionally tied to their family and country of origin and therefore more vulnerable to depression when separated from them. I could find no evidence as to whether or not married couples adjusted better than single persons, but it does seem clear that support from expatriates already living in the new country facilitates adaptation.

Finally, it is not only the children of expatriates who suffer from frequent moves, but also children whose parents relocate frequently within the home country. This is a problem in the USA where families are very mobile and increasingly executives are refusing to be transferred in the interest of providing a stable environment for their children.

However, a year or two spent living abroad can also be a positive experience for many families, especially when the children are young. I know several families who have done this and who look back on their experiences as valuable ones that have contributed to their understanding of both themselves and others. They often retain close ties with friends made in the host country and return there for holidays, showing that being an expatriate can be a positive as well as a negative experience.

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Reviews

Hospitals in Trouble by J. P. Martin. Oxford: Basil Blackwell. 1984. Pp 273. £17.50.

The firm conclusion from this book is that the mental hospital inquiries of the last fifteen years have had very beneficial effects. Despite the great costs and the anguish that their proceedings have caused, in explaining failures they have taught many lessons in management which are being acted upon. They broke the log-jams of outdated practices and generated the will to change. The incidents of neglect or cruelty almost always occurred because management had allowed unsuitable persons to do the wrong tasks with inadequate training and leadership. A few years ago I searched in vain for a textbook for an MRCPsych course on administrative psychiatry. This could be it.

A synopsis of the 'old order' inquiries of the early 1970s shows time and again how professional isolation results in poor standards of care. New recruits who wonder why staff rotate so much in mental hospitals and why their seniors go on so many courses will find the reasons here. And this recent history will show trainees how important they can be to the health of an institution because so often it was a newcomer who was the 'whistle-blower' on bad conditions and practices. Just when complacency assumes that these old order problems are gone, another incident occurs in some forgotten pocket of the service, sometimes in close proximity to progressive clinical units of the highest standard.

Then are described the troubles of changing services where innovation has begot staff conflict or too rapid development has produced disorganization and inadequate care, leading, for instance, to a spate of suicides. Anyone defending the notion of clinical autonomy of consultants must take account of some totally unacceptable consequences that are described here. Examples of failure of leadership are used to good effect to consider how a consultant or a manager should have acted in situations of great difficulty. Opportunities often existed for using expressed dissatisfactions to formulate new treatment policies. But it is necessary to understand those very human

reasons why criticism was stifled for so long that eventually it erupted in a public scandal.

A good deal of attention is given to the group processes which prevented staff reacting positively to criticism and allowed them to put loyalty to colleagues before patient welfare. A striking feature of more recent hospital inquiries is the prominence of strong professional groups and unions. Two unhappy consequences are discussed: the increasing legal complexity of investigations which get longer and more costly; the fear that complainants and witnesses will suffer more, as indeed some have, quite grievously, from ostracism and worse. Even the great improvements in complaints procedures which have taken place have not provided insulation against the wrath of colleagues.

Professor Martin has done a great job in collecting together all this original material because I personally found it difficult to obtain some of the inquiry reports, never mind find relevant press comment. If I have one criticism, therefore, it is that he has sometimes abbreviated too much the description of persons, places and incidents so that the reader may be distanced from such things as part of another world. And yet there are still today wards and hospitals where there have been as yet no incidents but, to use his words: 'many staff doing their inadequate best in discouraging circumstances'. When one reads his description of the rationalizations that staff used to justify poor standards of care, I shudder a little to think how recently I have heard such remarks as: 'It is because we have no resources'; 'They are too senile to notice anyway'; 'I treat them just like my own children'. Can that include an occasional clip around the ear?

The second half of the book is entitled 'Remedies'. There is a lot of information about recent mental health policy, the Health Advisory Service and the National Health Service Commissioner, all of which have been greatly influenced by mental hospital inquiries in England and Wales. A fondly held idea that Scottish mental hospitals were somehow above these things is shattered by the case Professor Martin makes that it is merely that the Scottish Mental Welfare Commission carries out its

work more discreetly. He speculates that there would have been no published reports in Scotland of several investigations that led to major public inquiries in England. The four formal inquiries that have occurred in Scotland during the last decade would, if the same rate were applied to England, have meant about 40!

There is a good concluding chapter on 'Helping Staff' which focuses on that crucial issue—maintaining job satisfaction in the long-stay wards. The low nurse to patient ratio which John Yates of Birmingham has shown to be one of the powerful predictors that a hospital may be in trouble should not in Professor Martin's view deflect attention from the great problem of maintaining morale of nursing staff even when they are adequate in numbers. He shows how nursing manpower increased two and a half times between 1969 and 1981 whilst incidents continued to occur with depressing regularity. It is argued that it is in harnessing the power of the ward working group that the necessary enthusiasm and pride in the job can be maintained. This means ensuring that staff changes stimulate the group without destroying its identity as a dynamic family unit. It means regular meetings where feelings about awkward patients can be expressed and the frustrations of the job admitted. I like the idea of trying to produce a ward culture that allows the 'honest mistake' to be acknowledged and discussed. The same atmosphere should permit questioning by all staff, even the most junior, of those in authority. I found myself thinking that the skills required to facilitate staff groups in this way are those which were nurtured in the halcyon days of the therapeutic community movement which sadly seems to have petered out in British mental hospitals. That movement did not much affect the areas where it is needed most, the long-stay wards.

At the beginning of the book he quotes Sir Keith Joseph who said in 1971: 'I must tell you that one day somebody will write a book about the part that scandal has to play in procuring reform.' This is the book, and those who do not know the history it contains may be doomed to repeat it.

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(A list of hospital inquiries now held in the College Library is given on page 223–24—Eds.)

Occasional Paper No 5: Schizophrenia and Employment.

By Michael Floyd *et al.* London: Tavistock Institute of Human Relations, The Tavistock Centre. Pp 74. 1983. £6.50.

This is one in an occasional series of papers from the Tavistock Institute. The senior author, since joining the Tavistock, has worked on projects concerned especially with the employment of disabled people.

The aim of the booklet is to describe the sort of problems schizophrenics face when they return to work after a period of

in-patient care. A pilot study in 1977 was followed by the main project which looked at discharged patients who had been admitted between October 1978 and June 1979 to three mental hospitals and three psychiatric units in the London area. Out of 178 potential subjects, 146 were interviewed. The research workers also interviewed DROs, psychiatrists, social workers, occupational therapists, and a number of employers. The patients were followed up for a year after discharge. Of the 130 subjects whose circumstances during the year were known and who were available for employment, 57 per cent were not employed at all and at any given time the unemployment rate was between 60–70 per cent.

The study is full of methodological weaknesses; for example, the method of patient identification was haphazard, the way in which the diagnosis was reached was variable and the interviewing of employers and relatives was patchy. However, the strength of the paper lies in the interesting case reports which for the most part make depressing reading.

The authors highlight four main categories of problems: problems in seeking employment (should the patient disclose his history and how frank should the DRO be with prospective employers); problems in climbing back on the employment ladder (there is little liaison between hospital and employer); problems in adjusting to return to work (patients are often unnecessarily anxious about their performance, colleagues and supervisors often see the patient in a different light—and not always a favourable one); and problems that precipitate the patient into leaving his job (poor attendance, drug side effects, hostile colleagues).

How can the schizophrenic be helped? The authors say more should be done to secure the schizophrenic the 'right job' and 'a good working environment', which they suggest is no different from that of 'normal' people—a job which provides a sense of achievement, offers variety, and where the quality of work is emphasized as much as the quantity. More support should be given at work especially by DROs and social workers.

The major drawback to the study is that it took place in the pre-Thatcher era. There was an unemployment rate of *less than five per cent* among the general population in the areas where the patients were living! In Scotland, Northern Ireland and many areas of England, the unemployment rate has never been as low as five per cent for 20 years or more. Our schizophrenic patients have been at the back of the queue for jobs and have not had the opportunity to experience 'problems at work'. Deciding what the 'right job' should be is a luxury many of our patients and their professional helpers cannot afford.

Rehabilitation for many of our schizophrenic patients in the foreseeable future must veer away from the goal of paid employment in the open market and move towards other activities which patients find satisfying and rewarding—but what these might be for schizophrenics brought up in the 'work ethic' is hard to envisage.

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