A word for Ingleby

DEAR SIR

I was very interested to read your recent review of the book edited by David Ingleby, *Critical Psychiatry; The Politics of Mental Health* (*Bulletin*, August, p. 149). Like yourself, I was most impressed with Ingleby's contribution relative to the other authors, but in contrast to yourself, I understood what he had to say in a slightly different way which I think needs elaborating so that this important contribution is not lost after an exceedingly critical review.

Some of the current concepts used in family therapy help highlight some of the points that Ingleby was making. Just as a family therapist puts himself at a metalevel to the communication pattern of the family he is trying to help, so Ingleby has put himself at the metalevel to the therapeutic system he is observing. Consequently, it is quite apposite that he concentrates on the relationship of the therapeutic setting to the rest of society as much as, if not more so, on the relationship of the patient to the therapist and definitely more so than on the patient as an individual. He emphasizes the context, leaving more to one side the previous paradigms of intra-psychic psychiatry.

Unfortunately, just as family therapy concentrates on relationships and the processes going on between people, so does Ingleby's view of psychiatry, and the disadvantage that this brings with it is that it is not possible, and I would add appropriate, to use the normal scientific criteria in order to assess the value of this approach where the individual meanings of the experiences of the participants accentuate the subjective element in the interpretation and lead to what may appear to be a lack of intellectual rigour. The criteria that would seem to be more helpful to judge his work would be whether it was helpful in broadening one's ability to cope with situations in the future where one wished to be of assistance to patients but the larger social context in which one was operating made this more difficult. In other words, this work can help one by placing one's therapy within a social culture to enable one to see the more covert pressures which can affect one's work.

It was my impression on reading this book that some of the other contributors minimized some of the thoughtfulness of what Ingleby had to say by their much more dogmatic assertions of 'the correct' way of perceiving problems experienced by patients. I found some of their contributions exceedingly irritating because of this, but it is my impression that Ingleby avoided that morality of imposing his view as being the correct one, but hoped that it was facilitating.

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Reviews

Care in the Community: A Consultative Document on Moving Resources for Care in England. 1981. DHSS. Free of charge.

The community care debate has long proved more durable than decisive. Now the Secretary of State for Social Services has issued a consultative document whose opening paragraph states with admirable confidence that 'most people who need long-term care can and should be looked after in the community . . . This is what most of them want for themselves and what those responsible for their care believe to be best'.

There is no doubt that this is a most important document, aiming, as it does, at finding ways of transferring certain patients and the resources for their care from the National Health Service to social services departments. The report has in mind particularly the elderly, the mentally ill and the mentally handicapped. It is felt that the last are a group more easily dealt with in these terms. Certainly the problems of the mentally ill are far more complex and there is no guarantee that social services community facilities would necessarily mean a drop in the number of psychiatric patients served by the NHS. The document briefly discusses the nature of the problem for the three groups and gives an idea of the financial and staffing implications of the changes it envisages. A subsequent section explains the present collaboration arrangements between the NHS and social services departments.

A major part of the document is devoted to examining means of achieving the desired end of transferring patients from hospital to the care of social services. Many would require changes in legislation, and none constitutes a comprehensive solution or is without great attendant administrative and practical difficulties. Seven (by no means mutually exclusive) measures are suggested, viz., extension of existing joint finance arrangements; lump sum or annual payment by health authorities to fund places for transferred patients; transfer of hospital buildings to local authority ownership; pooling of funds to provide services for a particular client group; central transfer of funds from the NHS to social services or central or regional retention of NHS funds which would be released to social services for specific projects; concentrating responsibility for a particular client group in the hands of one authority.

As the report admits, many of these measures are not new and some have already been applied in a limited way. On a national level, however, these measures could create more problems than they would solve, without there being any guarantee that they would provide a better service to the people being cared for. A strong implication in the report is that there should be no increase in overall cost and that what is involved is a transfer of resources. Considering the bureau-