More evidence of the effectiveness of social work as an integral part of a multidisciplinary service can be found in Scott's[12] recent work. This refreshing study shows how well psychiatrists, community nurses and social workers can work together when bringing their own differing skills into a multidisciplinary team, the purpose of which is to relieve suffering and to reduce the disturbance to normal life by obviating the need for a psychiatric admission wherever possible. This crisis intervention service has the added attraction of having proved itself to be cost-effective in as much as it saved over £440,000 a year on in-patient care at a cost of only £45,000 a year on overtime and extra mileage claims.

Work carried out in Southampton by Gibbons *et al*,[13] although modest in its conclusions, shows that a task-centred social work service delivered to self-poisoners is effective. While the study demonstrates social work to be no more effective than other methods of intervention, in reducing repetition it does improve the recipient's ability to cope with the social problems underlying the suicide attempt. There was no evidence to show that other methods do this, and again the social work input to this type of problem proved relatively inexpensive.

Creer and Wing[14] say of schizophrenics that 'the social conditions in which patients live can to some extent determine the severity of disablement'. They argue for an integrated service which is geared to the needs of the sufferer of illness and those immediately affected, i.e., the family. A social work service is seen as a vital part of the network and crucial to the families long-term understanding of the situation with which it must ultimately cope.

The evidence the authors put forward concerning whether or not social workers were missed during the strikes in the late '70s is, by their own admission, slender. It is also biased and judgmental, steeped in an attitude of 'making do'. As a society, we could make do without a great many things. We could leave to good will and public spiritedness a great many tasks which are currently legislated for. Unfortunately historical evidence suggests that this laissez-faire attitude to welfare is wanting.

Social work alone, like most other things in isolation will have a very limited effect on the situations in which its use is called for. There is little to gain from setting up in opposition to other professions; but a clearer idea of what we do that others do not will enable social work to take its place confidently in the multidisciplinary services which our clients are likely to demand and need throughout the '80s.

It is necessary to point out that what I have said relates quite specifically to areas of work where doctors and social workers face the same problems. What Brewer and Lait fail to discuss in any depth is the considerable amount of central and local government legislation for which social workers are solely responsible. Doctors are seldom as involved in these areas, and I doubt if many would wish to be.

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Errata

We regret that certain errors occurred in the 'The College's Recommendations' for Mental Health Commissions for England and Wales (*Bulletin*, July, page 132). Under the section 'Functions of the Commissions', paragraph (d) should have read:

(d) Mental Health Commissions should have the duty to visit detained patients in hospital if requested by, or on behalf of, a detained patient or as often as they think appropriate. They should also similarly have a duty to visit patients that are subject to guardianship. On any such visit they should afford an opportunity on request for private interview to any such patient or where the patient is in a hospital to any other patient in that hospital.

Paragraph (h) should have read:

(h) Mental Health Commissions should advise for which treatments and under which circumstances second opinions should be obtained and arrange for such opinions to be provided.