



columns

terms of wider health promotion and community development, as well as broader perspectives on the conditions they address. It is telling that the concept of burnout is attributed to Freudenberg and addressed in a purely professional mental health context when the idea has been in common currency in the management literature and even general parlance for decades.

The fundamental problem is that the document starts by stating that the intention is to address a broad audience, but then jumps straight into a narrow and controversial definition of primary prevention. There is little acknowledgment of the ethical or social issues that surround the conditions discussed, or of the vastly different understandings of them that exist within and across different cultures. There is no recognition that much of the discussion is value laden and the terminology and assumptions may be inappropriate for the target audience. The concept of evidence as used in the publication is again very narrow and inappropriate to the subject and audience. To use randomised controlled trials as the gold standard for research in measuring effectiveness in burnout seems to be particularly inappropriate – although it may be much more suitable for the prevention of epilepsy.

The approach adopted means that certain interventions – iodization and reduction of alcohol intake in pregnancy in relation to mental retardation, for example – receive too much attention as opposed to wider interventions relating to public policy, education, community development and employment practices. In short, while this publication has some value in bringing together aspects of current knowledge, it fails in its objective of setting out some broad and deliverable prevention measures for mental disorders that could engage a wider audience of

policy makers and practitioners. Such a text is still awaited.

Andrew McCulloch Head of Policy, The Sainsbury Centre for Mental Health, 134–138 Borough High Street, London SE1 1LB

Locality Services in Mental Health. Developing Home Treatment and Assertive Outreach

Edited by H. Wood & S. Carr.
London: The Sainsbury Centre for Mental Health. 1998. £15.00. ISBN: 1-870480-40-6.

This manual describes the reconfiguration of North Birmingham Mental Health Trust Locality Services. It gives an account of how services were “set up, run and sustained”, with the intention of helping others “replicate the successes and avoid the pitfalls”. It has an innovative layout, being presented as a pack of five removable booklets, each with a different emphasis.

The manual gives a good description of how the original locality services were evaluated, including desired areas for change. It gives a clear account of the proposed locality system. Community mental health teams are abandoned in favour of primary care mental health teams, with the addition of a home-based treatment team and assertive outreach team. The emphasis of the services described is on offering safe alternatives to hospital admission.

The booklets give clear accounts of how the teams were set up, from defining the services, operational policies and target populations, to recruitment, team skill mix and size, training and induction

and daily functioning. There are also sections on ‘a day in the life of’, giving staff, user and carer perspectives. Advice on managing the process of change and the resistance to it is included, with offered project management strategies and worksheets to guide through the process of service development. Concise summaries of the evidence base for assertive outreach and home treatment and the model ingredients offer practitioners a ready reference. Funding for the development of the described home-based services was released by the delay of a replacement in-patient unit, with a resultant reduction in bed numbers. The authors acknowledge that additional funding provided by the Sainsbury Centre for Mental Health ‘pump primed’ the pilot scheme. Great effort was made to ensure the pilot project succeeded, owing to local scepticism that a reduction in bed usage could be achieved and sustained. A Sainsbury Centre for Mental Health evaluation of the home treatment team suggests that there was a 40% reduction in occupied bed days in 3 years. How much this was a result of the enthusiasm, hard work and gate-keeping to the in-patient unit of the home treatment team, rather than the intervention itself, is unclear.

In summary, this manual is comprehensive and well set out and has a lot to offer those developing local mental health services. It shows North Birmingham Mental Health Services in a glowing light. However, such optimism and enthusiasm may generate antibodies in some people whom, without such resources and clear guidance from the Sainsbury Centre, may find replication of these services unrealistic.

Dr Louise Guest Lecturer in Community Psychiatry, St George’s Hospital School, Cranmer Terrace, London SW17 0RE

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Medical Managers in Psychiatry

A medical managers in psychiatry group for the northern and Yorkshire region has been recently formed. The group includes medical and clinical directors in mental health services across the whole area and the group’s intention is to provide opportunities for exchange of information and learning, to act as a reference group and also to act as a ‘lobby’ by engaging in discussion with key figures nationally and regionally. The group would be keen to hear from anyone who has set up a similar

regional group. Those interested can contact Dr Hugh Griffiths, Medical Director, Northumberland Mental Health Trust at St George’s Hospital, Morpeth, Northumberland, NE61 2NU; e-mail: hugh.griffiths@nmht.nhs.uk.

NAPPS

Narcolepsy Action for Positive & Practical Solutions (NAPPS) is a new support group based in the UK. Initially set up by a narcolepsy sufferer from Yorkshire, NAPPS provides support, advice and information for those with narcolepsy and other groups

and individuals wishing to learn more about the condition. NAPPS hopes to offer those with narcolepsy the opportunity to form contacts and links with other sufferers through the use of the internet. The organisation aims to raise awareness about the condition by producing publications and through local and national media, education and community involvement. This support group is keen to collaborate with other organisations and service providers both nationally and internationally. NAPPS can be contacted by e-mail: napps@cwcom.net or via their website <http://www.napps.cwc.net>.