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Correspondence

PSYCHIATRIC SOCIAL WORKERS IN THE NATIONAL HEALTH SERVICE

DEAR SIR,

At present the psychiatric hospital services in the Midlands, and probably throughout England, Wales and Scotland, are seriously handicapped by a severe shortage of psychiatric social workers. It is known that many hospital groups have no trained P.S.W.s and that many others have one or two only. An analysis of posts advertised in *Case Conference* from January 1967 to August 1968 shows that 137 separate advertisements appeared in respect of 72 posts for hospital psychiatric social workers; this means that 65 of the advertisements were repeats, and indeed many posts are advertised repeatedly without success. In addition it is probable that many hospitals do not advertise for staff as frequently as they might, since experience has shown that the advertisements draw no response. In following through some of the advertisements it was noted that several hospitals and clinics lowered their original objectives: they had initially asked for fully qualified P.S.W.s but later modified their advertisements to ask for social workers with or without qualifications.

A survey has shown that there are only 8 full-time and 3 part-time P.S.W.s employed in the Birmingham Regional Hospital Board's area. Of these 11, 4 are employed in the United Birmingham Hospitals, leaving 7 to cover the 12,593 adult psychiatric beds (*excluding* mental subnormality beds) and 36 children's beds in regional board hospitals. The majority of the psychiatric hospitals thus have no P.S.W. at all, and indeed 3 of the 7 are in one hospital (Powick).

While all psychiatric hospital groups must suffer if they do not have an adequate staff of psychiatric social workers, the position is particularly serious in the child psychiatric field. The P.S.W. plays an essential role in child psychiatric work, since the treatment of emotionally disturbed children is in most cases relatively ineffective or even quite useless if casework is not simultaneously carried out with the families. While help can sometimes be given to the families by members of the psychiatric staff, the present shortage of doctors and the difficulty in obtaining medical staff means that this is seldom a practical alternative. At present substantial resources are being allocated to the expansion of child psychiatric services, and it seems unfortunate that these resources should not be used to the full because of a shortage of trained P.S.W.s. Moreover the situation is tending to get worse rather than better, largely because of the substantially better salaries which the mental health departments of local authorities are able to pay trained case-workers.

No easy solution to the overall shortage presents itself. There is a need, well recognized in many official memoranda, for more training places, and indeed the facilities for training P.S.W.s have increased significantly during recent years. Unfortunately the increase in the total number of trained P.S.W.s has not been reflected in any significant increase in the number employed in the hospital services. For example, at the end of 1967, 230 P.S.W.s were employed in the hospital services full-time or part-time. This was an increase of 5 over the 1966 figure, but it included 10 newly-qualified members working in hospitals in Northern Ireland (where a policy of secondment is in operation), and 8 guests from the U.S.A. and Canada who were not included in the 1966 figure.

An even more striking picture is obtained by reviewing the 10 year period up to the end of 1967. In spite of an increase of 418 in the number of working members of the Association of Psychiatric Social Workers, the number employed in the hospital services had increased by only 19 over the period.

While salary advantages are undoubtedly one reason for the greater popularity of posts in local authority work, it is certainly also very significant that local authorities are empowered to second social workers for training. Moreover some of them (perhaps in particular the London Borough of Newham) have made great use of this facility. Unfortunately in the National Health Service it appears to be only the Northern Ireland hospitals which are able to second social workers for professional training, though *they* make free use of this facility.

At present the hospital services employ a number of social workers who do not have professional training as psychiatric social workers, but who would be willing, and indeed keen, to be seconded for professional training as are many local authority personnel. Information is available about cases in which hospital management committees have wished to arrange this, but have been unable to do so as a result of national policy. This has been unfortunate, because the people who would have been

seconded have been mature and experienced social workers wishing to continue their career in the hospital service.

The present difficulties may arise partly because in theory local authority or Department of Health and Social Security grants are available to many of the social workers who would be suitable for secondment. In practice, however, these tend to be people who have worked for a number of years in the hospital service, and taking a course on such a grant would involve a very substantial drop in salary. It seems unreasonable to expect them to accept this, and if they did they might well feel tempted subsequently to work in a local authority post in order to recoup the financial loss they suffered during training. A secondment for training would of course normally be allowed only on the understanding that the person seconded returned to work for the seconding authority for at least a further two years.

To summarize:

1. There is a serious shortage of P.S.W.s in the psychiatric hospital service. This is particularly crippling to the child psychiatry services.

2. There are several factors which make local authority service more attractive than work in hospitals to many trained social workers. These are causing an imbalance in the distribution of the gradually increasing number of trained P.S.W.s, the number employed in hospital being almost static.

3. There is a strong case for empowering hospital management committees to second social workers on their normal salary for training as P.S.W.s

4. Such secondment would do no more than put psychiatric units in England and Wales on the same footing as local authorities and as Northern Ireland hospitals. It appears to be one measure which could be adopted readily and would quickly have an effect on hospital P.S.W. staffing.

W. H. Trethowan.

Professor of Psychiatry,
University of Birmingham,
Queen Elizabeth Hospital,
Birmingham, 15

J. A. Harrington.

Medical Director,
Uffculme Clinic,
Queensbridge Road,
Birmingham, 13

P. Barker.

Consultant-in-Charge,
Charles Burns Clinic,
Queensbridge Road,
Birmingham, 13

A HANDBOOK OF MEDICAL HYPNOSIS

Dear Sir,

May we be permitted to make a few comments on Dr. Griffith Edwards' recent review of the 3rd edition of our *Handbook of Medical Hypnosis* (*Journal*, February 1969, p. 248).

We feel that to some extent he may, perhaps unwittingly, have partly 'hit the nail on the head' when he writes about 'an almost complete abandonment of critical appraisal' and 'an unbounded enthusiasm' in his assessment of the merits of certain works on hypnotherapy. If a pragmatic test be applied to any treatment by suggestion, surely the best results largely depend upon:

(1) Enthusiasm—particularly on the part of the suggestor (or hypnotist).

(2) A not too critical frame of mind in both hypnotist and subject.

These are facts of human nature, and can be shown to be so not only in the personal relationship between individuals but also on a much wider scale, as, for instance, the effect of Napoleon on his armies, on the whole of France, and even on Europe. If mental attitudes are to influence behaviour or bodily function, then these two factors have to be taken into consideration. That hypnotherapy is concerned with healing, and not with politics or military strategy, does not detract from this fundamental premise.

In some ways, as we indicated in our book, the modern scientific training which medical students undergo may leave little room for attention to the 'laws' governing the operation of successful suggestion. Indeed the critical attitude of mind engendered may even nullify them so that they become ineffective. Perhaps this was the reason why Freud, after a few initial successes, abandoned hypnosis in favour of psychoanalysis based on the interpretation of dreams and free association. In treatment by suggestion the physician cannot afford to have his mind full of doubts and uncertainties—otherwise his patient is likely to keep his symptoms; he may even have them confirmed.

In our own *Handbook* we did stress that it was an introduction to the subject. The primary object was to show what can be achieved by hypnotic techniques in medicine, and practical ways of bringing it about, although we tried to be as fair and objective as possible.

Having ourselves witnessed the results over many years of the practice of suggestion and hypnosis, we are still able to retain some of that enthusiasm which Dr. Edwards rightly points out was a feature of Victorian practitioners. It may be that, after all,