

Conference briefings

An ethnic awareness training day*

A. R. NICOL, Professor of Child Psychiatry; Chairman of the Child Psychiatry Section

The meeting, attended by 40 people, was first addressed by the keynote speaker Mr Manzoor Moghal, who is ex-chair and currently vice-chair, Leicestershire County Council Race Relations Committee. Mr Moghal gave a general overview of issues in race relations in Britain today. He pointed out that there had been many ethnic minorities in Britain over the centuries, but the term had now generally come to be associated with two major ethnic minorities, those of Afro-Caribbean origin and people from the Indian sub-continent. He spoke of the current problems faced by ethnic minority groups. These included the resurgence of racism and facism in Europe and the difficulties that this represented for ethnic minorities in Britain and Europe as we move towards a single European market. He outlined some of the many ways in which people from ethnic minority groups are disadvantaged, including in education, the housing market and employment. He also spoke about the highly discriminatory immigration legislation leading now to the Asylum Bill.

Mr Moghal spoke also of the developments in race relations to Leicester over which he had presided. A number of progressive policies had been pursued. This included major initiatives in police training, and in the reporting of racist incidents. There are also highly developed English language training schemes both for children and adults. Leicester has celebrated the Hindu Festival of Light (Dwvalli) with beautiful street lights for many years.

The meeting then broke up into two parallel workshops which each addressed the following areas.

Children from ethnic minorities and child and family psychiatrist services

Dr Vyas and Dr Nikapota ran this workshop, with an introduction by Dr Nikapota. Minority child/family was described as a group who share some characteristics from three overlapping circles: race –

*A meeting held on 2 December 1991, organised by the Child Psychiatry Section to address those ethnic and cultural issues in British society relevant to child and adolescent psychiatry.

genetically determined appearance; ethnicity; and culture.

She also highlighted how the child and family can present to the psychiatric service and suggested ways of understanding problems in terms of established family therapy principles. Dr Vyas distributed vignettes of some cases.

Role playing was undertaken by some workshop members and the first assessment interview of an Asian family by a therapist was enacted. Discussion followed, sharing the experience of the actors with comments by the observers. A number of issues were discussed, e.g. language difficulties of some family members where one member of the family acted as interpreter and whether an “identified” child should be separated for interview as wished by mother. Many practical issues were identified as common to all families irrespective of the ethnicity of the family.

Ethnic minorities in care, fostering and adoption

The workshop leaders were Professor Zeitlin and Dr Hodes. The workshop broke up into three small groups for discussion of a number of focused problems surrounding the identity formation and placement difficulties with children from ethnic minorities.

There was a strong emphasis on the fact that in practical clinical situations there was never an ideal solution to problems. The issue was how did the problems of colour, religion and ethnicity fit into the usual spectrum of priorities that were needed in placement. Professor Zeitlin presented some of the material from his recent review (to be published shortly) which gives practical guidance on these complex issues.

Careers and opportunities for doctors

This workshop was taken by Dr Bhate and Dr Fernando. It was recognised that doctors from ethnic minorities in general suffered disadvantages in their progression in psychiatry. Some of these were because they came from abroad, from countries

where training in the medical schools was not recognised. It was disturbing to learn, however, that there was evidence of disadvantage for British doctors who happened to have a dark skin when it came to career progression in medicine. We looked at a number of ways in which these problems could be solved. These could include shortlisting procedures where no names were provided, advice for doctors from ethnic minorities, and a broader approach to interviewing for senior posts. It was recognised that the role of the College representative was extremely important on

appointments committees as he or she was outside the local hierarchy.

In conclusion, it was thought that the day had been extremely valuable. Training in various aspects of ethnic issues should be much more widely available in senior registrar training in child psychiatry, and also in continuing education at consultant level.

The small, free-standing nature of the meeting in which colleagues spent the day together, including an excellent lunch, encouraged openness of discussion around difficult issues.

A vision of community mental health services*

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This one-day conference was organised by The Royal College of Psychiatrists in collaboration with The Centre for Mental Health Services Development, and featured two seminal advocates of acute home psychiatric treatments, Professor Leonard Stein and Dr John Hoult. Speakers were more concerned with realities than visions, but to hear how others set about their work in this innovative field may perhaps inspire visions of one's own.

Professor Stein spoke about the 'disaster' of de-institutionalisation in the US with frequent re-admission and episode-orientated care. He then contrasted that with the service with which he has been involved for over 15 years in Madison, Wisconsin, which has been oriented towards continuing care in the community for the seriously mentally ill to provide a seamless service outside the mental hospital. This service includes crisis resolution services for acute illness, mobile community treatment teams for the long-term mentally ill, out-patient clinics and rehabilitation facilities. Principles employed include an assertive approach to limit drop-out rate, 24 hour availability, a 'gatekeeper' role of community services in relation to hospital admission, domiciliary visits if necessary and the use of respite houses or even hotel rooms! The resulting decrease in hospital bed usage has led to a situation where 85% of resources are now being channelled into community services.

Dr Hoult spoke about his work in Sydney where the Madison approach has been used extensively as part of a routine service. These services have been evaluated (thus countering the criticism that it is only

high-morale experimental teams which are studied) and appear to be superior to in-patient care in terms of cost, clinical outcome and patient satisfaction. He spoke of the importance of defining the patient group in the planning of any service right from the outset.

Two speakers from this country described their approaches to the setting up of integrated community-based services. Dr Tom Burns' description of the Dingleton approach in Wimbleton, a service built out of existing resources, which had more modest success in terms of clinical outcome but which exerted a positive effect on inter-disciplinary teamwork and the variety of treatment types offered. Dr Jan Scott from Newcastle described the first three years of a service where the average bed usage for a population of 56,000 was just four.

Further international perspectives were provided by Dr Jan Pfeiffer who described the establishment of community services in Prague and Dr Pino Pini from Florence who spoke about the comprehensive network of services that have grown up in the wake of the Law 180 reform which virtually abolished institutional care at a stroke.

The discussion groups, facilitated by the speakers, were particularly illuminating and revealed a certain groundswell of scepticism that overseas models were appropriate to the UK with its existing infrastructure of day hospitals and GPs. Concern was expressed over whether radical community approaches could be seen as 'anti-hospital' although all speakers did acknowledge the need for hospitalisation in some cases. Other issues included whether home treatment was suitable for deprived inner-city areas and the influence of the purchaser-provider model on community approaches.

*Conference held at The Royal College of General Practitioners, London SW7.