

- (b) a community-based specialist LD psychiatric service integrated with a LD service.
- (c) a community-based specialist LD psychiatric service integrated with a mainstream psychiatric service.

The report also briefly (and superficially) addresses the concept of challenging behaviour services, residential and non-residential services.

Particularly valuable in the report is the clear thinking on services for children.

The report emphasises that the patterns of the past for the psychiatry of LD are no longer sustainable: "it is essentially a speciality of community care forming a bridge of knowledge between and across the frontiers of primary and social care and mainstream mental health services" – a memorable phrase. It includes a job description for a consultant of LD which is helpful and should be sent to all clinical directors of mental health services, particularly highlighting that the consultant should be an integral member of the mainstream mental health service and community LD service. One point that seems dated is that the consultant should be appointed to a specific district not to a hospital or a group of hospitals. As trusts are now being configured, this will require further clarification.

The report should be read by all consultants and senior registrars in LD and by everyone who negotiates with purchasers, and offered to purchasers as the first instalment of a blueprint for service contracts. The next instalment ought to be a description of the increasing diversity of contracts and service agreements for delivering psychological services to this population.

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**Mental Health Programme in Poland.** Published by the Institute of Psychiatry and Neurology, Warsaw, 1992

This fascinating brief document provides a succinct summary for the status of Polish psychiatric services, and their aspirations, in the midst of a tumultuous social transformation from a communist to a capitalist orientated political economy. The programme sets out a 'sociomedical analysis' of the political situation, and then structures the planned service developments under the heading of Primary, Secondary, and Tertiary Preventions.

Many other components of the model proposed for development throughout Poland are familiar to the British reader, sectorised, multidisciplinary teams, community orientated services, continuity of care across in, out, day and com-

munity settings, and local alliances of professional, civil, and patient groups. It is striking that the current question consensus of these matters has translated so directly into an unfamiliar social content.

There are also elements of the mental health service programme which introduced a startling perspective to Western practitioners. The authors explicitly link unemployment to mental ill health, and comment that unemployment in Poland rose from 50,000 to 2.5 million between 1990 and 1992. They also deliberately link the political framework with prevalence rates of mental disorder, citing new and higher levels of uncertainty within the increasingly capitalist economy being directly responsible for rising rates of alcohol dependency, drug dependency, and suicide. Strikingly absent from virtually the whole document is any reference to the costs of services. The equitable distribution of services is, however, given a high emphasis, and particularly the creation of smaller in-patient units within one hour's travel time to all citizens. Major service deficits are itemised: very poor living standards in in-patient units, virtually no sheltered housing, extremely limited day care and community team provision, and an inadequate legal framework, and little progress so far in evaluating mental health services, or establishing medical statistics systems. But this programme sets out an impressive framework for action, and may be a useful starting point for a further, more detailed, action plan that specifies priorities, responsibilities and timescales.

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**Working Together for Better Health.** Department of Health. 1993. Pp 63

This handbook is produced by one of the working groups of *The Health of the Nation* which itself sets out 25 targets likely to improve health in England over the next two decades. One of the key themes is that by working together in 'healthy alliances' we can achieve more than by working separately, and no-one would deny this principle.

The handbook sets out, in three short chapters, to provide guidance on how we can best work together. The first chapter explores the concept that to achieve health gain it will be necessary to alter behaviours, change environments and provide high quality local services. The second describes how to set up 'healthy alliances' to achieve these aims, and the third lists the sorts of organisations – health and local authorities, education, industry, trades union and voluntary bodies – likely to be involved in the process. Some examples of current co-operative