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disability posts are fully recruited to in Wales, but vacancy rates are running at 15% elsewhere.

Recruiting into old age psychiatry is getting better in England and Scotland. In psychotherapy the very low vacancy rate is likely to be a reflection of the lack of growth of new posts. General adult psychiatry remains problematic. Vacancy figures overall are down, for example, to 12% in England. However, sub-specialities of liaison, rehabilitation and substance misuse, which for the purposes of the NHS Executive's Specialist Workforce Advisory Group negotiations are considered part of general adult, all have higher vacancy rates. As numerically this is the largest group of consultants, recruiting to these empty posts without a substantial increase in senior house officer and specialist registrar posts is going to be

very difficult and a challenge for the next few years. The continuing increase in staff grade numbers this year may be one way trusts are seeking to make up the shortfall, as the supply of appropriately qualified locums is insufficient to meet service needs.

## Honorary Fellowships

Nominations to the College's Honorary Fellowship will be discussed at the October meeting of the Court of Electors.

The regulations of the College state under Bye-Law Section VI that:

"Subject to the Regulations the College may elect as an Honorary Fellow any person, whether or not he is a member of the medical profession, who either is eminent in psychiatry or in allied or

connected sciences or disciplines or has rendered distinguished service to humanity in relation to the study, prevention or treatment of mental illness or to subjects allied thereto or connected herewith or has rendered notable service to the College or to the Association."

Nomination forms are available from Ms Beverley Fiddimore, Department of Postgraduate Educational Services, to whom nominations for the Honorary Fellowship should be sent by 30 June 2001. Such nominations must contain recommendations by no less than six Members of the College, and include full supporting documentation.

**Dr Anne Dean** Head of Postgraduate Educational Services, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG

## reviews

### Hospital Hostels. An Evaluation of Four Psychiatric Care Facilities

By A. Emerson. London: The Stationery Office. 1998. 172 pp. £29.50 (pb). ISBN 0-11-322118-3

There have been relatively few studies of hospital hostels (HMSO, 1991) and the present publication, by a nurse, is therefore welcome. Emerson's study reports on the progress of 65 residents of four contrasting hospital hostels, using a quasi-experimental design, i.e. using each patient as his/her own control. Fifty of the subjects were studied on four occasions over 12 months, the assumption being that any changes were owing to the effects of living in the hostel. The study's aims were to identify the causes of any improvements observed over time, to compare outcomes in terms of discharges and transfers and to obtain the views of staff, carers and residents about the hostels.

The four hostels differed in their internal environment, their admission policies, the stated degree of dependency of the patients and the degree of restrictiveness of the nursing policies adopted. Two mainly had residents engaged in gainful occupations outside the hostel, one encouraged voluntary light work around the house rewarded with 'incentive payments', while the fourth arranged few activities and residents were left with lots of time on their hands. In two hostels residents cooked their own food under the supervision of the staff, another had food cooked in a nearby hospital and served by a catering assistant and one had meals cooked by the staff.

Few details are given of the clinical status of the patients, and although about 70% had hospital diagnoses of schizophrenia, one cannot tell the length of their illnesses or their hospital age. The Present State Examination is mentioned in the 'Methods' chapter [p. 25] as an instrument for obtaining "the client's own judgements on their outcome", but it is not mentioned again, and one cannot tell whether or not it was administered. Since one of the hostels allowed admissions from the community, one was for new long-stay and two were predominantly for old long-stay, it is probably safe to assume that the patients were not comparable. Thus, it is not clear whether they would all have been suitable for the same kind of nursing care. However, they are probably a much less disabled group of patients than those cared for in Douglas House (Hyde *et al*, 1987), and we were able to allow our patients a greater degree of autonomy than the most restrictive hostel described here.

Emerson's conclusions are that improvement in the residents – as measured by the Social Behaviour Schedule and the Social Role Performance Scale – was greatest in the hostel with the least restrictive policies. This hostel was designated a 'rehabilitation hostel', but it was one where most patients were engaged in outside gainful activities, where each resident cooked a substantial meal every week and where staff carried out domestic work themselves if the residents did not volunteer for it. If these patients were less severely ill than those in the other hostels their progressive improvement would be easier to understand. While I have no problems with his conclusion, it is not clear to me that it follows from the results. It is a great pity

that the hostel studied in the pilot study was not included in the follow-up, since in my view only that hostel had really desirable policies.

This is a difficult book to read, as facts are presented in a rather diffuse way, but the conclusions are really very modest. My main impression was disappointment that the hostels studied had many features of mini-institutions and that nursing still has a way to go in adjusting its practices to the new system. The statistical treatment of the results leaves something to be desired, but the author's heart is in the right place.

HMSO (1991) *Residential Needs for Severely Disabled Psychiatric Patients: The Case for Hospital Hostels*. London: HMSO.

HYDE, C., BRIDGES, K., GOLDBERG, D., *et al* (1987) The evaluation of a hostel ward: a controlled study using modified cost-benefit analysis. *British Journal of Psychiatry*, **151**, 805–812.

**David Goldberg** Professor Emeritus, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF

### The King of Fools (Tokfursten)

Opera by Carl Unander-Scharin. Cast led by Mats Persson (baritone) and Anna Larsson (contralto). Conductor Michael Bartosch. Double CD. Caprice CAP 22046

This chamber opera has unusual relevance for psychiatrists. It distils Elgard Johnsson's account of his own experience of hospitalisation with seemingly incurable



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schizophrenia during the 1960s. He was eventually helped to recover, and subsequently became a psychotherapist himself. His young therapist, Barbro Sandin, became an internationally famous researcher into psychotherapeutic aspects of the treatment of schizophrenia. She developed the Säter Model at the Säter Mental Hospital; was awarded an International Prize of Honour by ISPS (the International Symposium for Psychotherapy of Schizophrenia) in London, 1997, and in 1998 she instituted in Ludvika a Nursing Home Foundation for young people suffering from schizophrenia.

Carl Unander-Scharin is a largely self-taught Swedish composer, a professional singer who has been composing for some 20 years – on his showing, one whose name should become known outside his own country. *The King of Fools* (1995–1996) is his first stage opera, composed for the voices of the singers in its successful premiere and this 1998 recording.

The small instrumental ensemble has a quartet of solo strings, six winds and

percussion, with recorder, synthesizer and 'radio-organist', all used with economy, precision and inventiveness throughout. The singers double in different roles, sometimes as both patients and hospital staff. The psychotic protagonist is accompanied by high strings in his interaction with the outer world, with the synthesizer for his hallucinations. In the first act he loses his grip on reality and descends into total detachment. In the second act human contact from an empathic social worker leads to therapeutic help and a tenuous recovery.

This is a multi-layered and subtle work. Its brilliantly conceived libretto sharply characterises the world of mental patients in Sweden at the time, with an emphasis on mechanistic physical treatments with drugs and electroconvulsive therapy, ignoring the content and pain of the patients' inner worlds. Elgard Johnsson, writing in 1985, acknowledges changes in standard treatment methods by that time.

Pathos and poetic imagery coexist with cruel caricature. The ward doctor, Napoleon, operates according to the

'medical model' Bible of the medical director, God the Father, and the social worker trainee, who wants to try something different, is God the Mother. There is a drug aria, a neuroleptic chorus, an aria about 'psychotic states of mind caused by biochemical changes in the brain...', occupational therapy 'all evil will be cured by hard work...' and much else that will be familiar to all who have worked in the not-so-old mental hospitals.

The performances and recording are exemplary and the instrumental music, both original and accessible, never overwhelms the singers – music theatre, perhaps, without the elaboration and complexity of most contemporary operas. The lavishly illustrated 100 page booklet has a useful English summary of the Swedish text.

This is an unusual serious theatre work, marvellously realised for CD, absorbing throughout and moving too – once heard, never forgotten. It merits UK production and the attention of psychiatrists.

**P. Grahame Woolf**

## miscellany

### Institute of Psychotherapy and Disability call for members

The newly-formed and provisionally-named Institute of Psychotherapy and Disability (IPD) is now inviting applications for membership from psychiatrists and other mental health professionals working in learning disability. Further information, criteria for membership and application forms are available from Nicola Chadd, IPD Membership Secretary, Specialist Psychotherapy Service, Woodlands Road Clinic, Middlesbrough TS1 3BL (e-mail: nicola@chadds.freeseerve.co.uk).

### The year 2000 laureate of the Geneva Prize for Human Rights in Psychiatry

The Geneva Prize for Human Rights in Psychiatry was created in 1998 in Geneva

to award individuals or organisations having distinguished themselves through their work in the defence of fairness, humanistic values and human rights in the field of psychiatric care. The first award was given in September 2000 to an association named Geneva Initiative on Psychiatry. Dr Jim Birley (Chairman 1995–2000) accepted the prize. The prizewinner was selected from among a number of candidates from developing and developed countries by an international jury presided over by M. Robert Badinter, former French Minister of Justice. For more information on the prize please contact Fondation Prix de Genève pour les Droits de l'Homme en Psychiatrie, C/O Me Pierre Martin-Achard, Rue du Rhône 100, 1211 Genève 3, Switzerland; tel: +41 76 587 3631; e-mail: contact@geneva-prize.ch; http://www.geneva-prize.ch.

### Doctor's Support Network

The Doctor's Support Network (DSN) is a

warm, friendly self-help group for doctors with mental health problems. The group started about 4 years ago with one doctor's awareness of the isolation that can be felt when a doctor is ill, especially with mental health problems. The group believes that contact with and support from other doctors can help recovery and that appropriate support offered before a crisis develops helps defuse the situation.

The group is not group therapy, nor does it have other therapeutic aims, rather it seeks to reduce the isolation and stigma of mental health problems. There are London and Scottish branches of the DSN. The London branch meets once a month and there is a monthly newsletter sent to all members.

The group is hoping to start having occasional meetings in the Bristol area. Those interested should contact the DSN; tel: 07071 223 372; e-mail: janetp@uk.packardbell.org (Dr Janet Prentice).

## forthcoming events

Mole Conferences are the organisers of a series of four different afternoon seminars being held in London on aspects of cognitive-behavioural therapy: **An Introduction to Using Cognitive-Behavioural Imagery in Trauma Counselling** will take place on

28 March 2001 and **An Introduction to Case Conceptualisation from a Cognitive-Behavioural Perspective in Trauma Counselling** will take place on 16 May 2001; these will be followed by **An Introduction to a Cognitive-Behavioural Framework for Dealing**

**with Anxiety and Panic Attacks in Trauma Counselling** on 11 June 2001 and **An Introduction to a Cognitive-Behavioural Framework for Dealing with Flashbacks and Intrusive Thoughts and Images** on 28 June 2001. Mole Conferences would also like to