

*Book reviews*

**Integrated Mental Health Care: A Comprehensive Community-Based Approach.** By Ian R. Falloon & Grainne Fadden. Cambridge: Cambridge University Press. 1993. Pp. 335. £45.00 (hb).

The authors of this book have established reputations in the field of psychosocial and community approaches to mental illness. The present text builds on their previous work and attempts to demonstrate how the philosophy of community psychiatry and psychobiosocial models of disorder inform clinical practice. Descriptions of service models gradually give way to practical advice on clinical management while the final pages offer data from the assessment of the Buckingham service. Junior doctors and community based staff will find the descriptions of clinical interventions such as working with the families of mentally ill people and the case examples useful guidelines to good practice. Professionals taking on some degree of operational responsibility will also find the sections on models of service, assessment schedules for individual clients and service evaluation procedures to be sensible introductions to these topics. The only group who may express some reservations are those with a more circumscribed research interest. Although over 30 pages are dedicated to the service evaluation, there are some interesting aspects (such as annual referral patterns, case mix and costing) that leave the reader wanting to know more. It could be argued that a textbook cannot answer all such questions, but in retrospect it may have been better either to publish the research data entirely separately or to expand this section of the book to give a more detailed analysis.

The price of the hardback copy of this book will mean that many juniors will be seeking the library copy rather than purchasing it for themselves. It certainly complements more theoretical texts on models of service as it provides an overview of clinical and operational issues. Its strengths are that it is written in a coherent way by people who obviously have 'hands on' experience of the development and practice of community psychiatry, and has chapters on therapy which offer management strategies that are equally applicable in community and other treatment settings. If I were to look for weakness, perhaps too little space was devoted to some of the issues that cause concern to those developing community services. More space could have been given to the following: specifying exactly why the model for Buckingham (which targeted primary care) was chosen from the alternative community models available; more consideration of the community management of the patient who is a danger to others; more thoughts on the low rate of referral of psychotic patients; and more detail on the role of hospitalis-

ation in community-based services. Such criticisms must, however, be seen in the context that the authors have attempted to do what few people could achieve. Given the spectrum of issues covered, the book cannot be expected to deal with all these topics in an in-depth manner and ultimately it evolves into an introductory text. However, it is likely to have some appeal to most mental health professionals.

JAN SCOTT

*Senior Lecturer  
University Department of Psychiatry  
Royal Victoria Infirmary  
Newcastle Upon Tyne NE1 4LP*

**Prison Statistics England and Wales 1991.** (Cm. 2157) Home Office. 1993. Pp. 130. £16.50. HMSO.

*Prison Statistics for England and Wales 1991* consist of a compendium of dry, tabulated statistics, which are underpinned by a great deal of misery and suffering. The tabulations are clarified by graphs and clear verbal summaries.

The mentally ill are not categorised.

The average sentence population in 1991 was 35,400, similar to the average for 1990 (35,500). Seasonally adjusted the sentenced population rose steadily during 1991 from 34,800 at the end of December 1990 to 36,000 at the end of December 1991.

The reclassification of some offences as summarised by the Criminal Justice Act 1988 at estimated to have reduced the prison population by around 700 between 1988 and 1989. For young offenders it is likely that the changes in sentencing introduced on the 1 October by the Criminal Justice Act 1988 and the government measures to divert offenders from custody, including the expansion of voluntary sector supervision schemes, had a continuing effect.

In 1991 an average of 1,090 prisoners were held in police cells, considerably more than in 1989 and 1990, 110 and 660 respectively, but similar in the number in 1988 (1,080). The average population in custody seems to have been following a steadily increasing trend since 1980, with wider fluctuations in reception into prison service establishments. The numbers rose as the prison population increased in general.

The composition of the sentenced adult male population has changed remarkably. In 1984 those serving sentences for violent offences (violence against a person, rape, other sexual offences and robbery) accounted for 33% of the total. This had grown to 45% by 1990 but had edged down to 43% in 1991. Over the ten years from 1981 to 1991, offenders sentenced with violence against a person, sexual offences and robbery increased from 31% of the population under an immediate custodial sentence to 48%.

There has been an upward climb in adult receptions under immediate sentence for violent offences with a plateau around 1986 and a recent decline starting in 1989. On 13 June 1991 there were nearly 2,900 persons serving a life sentence. This was an increase of 100 (4%) compared with the year earlier and 73% above the figure of 13 June 1981.

The number of those serving sentences for property offences (burglary, theft and handling, fraud and forgery) peaked in the early 1980s and has been falling steeply in all age groups since then, particularly steeply for those aged between 17 and 20.

Drug offenders formed 3% of the total in 1981, 6% in 1984, and 9% to 10% during 1986–91. Around 40% were sentenced for offences involving cannabis and 30% for offences involving heroin. Between mid 1987 and mid 1991 a fall of about 600 in the population of drug offenders was mainly among those sentenced for unlawful supply and possession with intent supply unlawfully. The previous increase between mid 1984 and mid 1987 had occurred in these two offences and in unlawful import or export.

About 650 men (15.5%) and about 450 women (29%) in prison service establishments were known to be of ethnic minority origin. For men, the proportion was similar to that in 1990, having grown from 12.5% in 1986. For women, the proportion was 1% higher than in 1990 (28%), having previously increased from 17% in 1985.

The compartmentalisation of the statistics does nothing to illuminate the psychiatric issues. We are, regrettably, only too well aware of the high proportion of people with psychiatric disturbance in prison. The failure to identify this group in any form robs the report of an appropriate focus. This is particularly regrettable with the recent interest aroused by the publication of the Reed Committee Report.

MALCOLM P. I. WELLER

*Consultant Psychiatrist and  
Honorary Senior Lecturer  
St Ann's Hospital  
London N15 3TH*

#### **Documents and leaflets**

*The Patients Charter News*, a broadsheet published for the NHS Management Executive sets out to

describe initiatives from round the UK purporting to make the NHS more user friendly. It lists 'Charter Fellowships' awarded for practical improvements, many in mental handicap. Although lightweight and uncritical it serves as a forum for exchange of ideas.

With so many changes in health service management, it is difficult keeping abreast with developments in our own field, let alone in other health agencies. Few are likely to find time to discover how the Patient's Charter works or what information patients really want from us.

*Pendulum* is published quarterly by the Manic Depression Fellowship. The issue reviewed was balanced and informative covering many topics relevant to manic depressive illness. It sets out to educate patients, families and the public about a range of issues eg. drug treatments recent research, state benefits. Some interesting articles give patients' own reviews of symptoms and treatments. A book review section covered, in this issue, Paykel's *Handbook of Affective Disorders* and Spike Milligan and Anthony Clare's *Depression and How to Survive It!* *Pendulum* is worth reading and I shall recommend it to patients and their families.

*The Royal College of General Practitioners 'Statement on Homelessness and General Practice'*—this short document raises important issues. It states that all people must have equity of access to primary care services, and GPs must provide this. Psychiatrists working with the homeless will agree that homelessness is a major contribution to physical and mental ill health, and that work with such groups should be supported. It is a pity, therefore, that the present GP contract acts as a positive disincentive emphasising high health promotion targets difficult to achieve in these populations. As a way forward GPs are urged to target homeless groups, integrating their special needs into health promotion. How such difficult outreach work will be achieved without central incentives is not clear—perhaps reports of high levels of tuberculosis rapidly spreading through the homeless will ring alarm bells at the DOH!

M. TANNAHILL

*Consultant Psychiatrist  
North Wales Hospital  
Denbigh, Clwyd  
LL16 5SS*

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Malcolm P. I. Weller

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