

## Reviews

**Social Work Practice in Mental Health** by Peter Huxley. Aldershot: Gower Publishing. 1985. Pp 106. £3.95.

Though it is written by a social worker for other social workers, psychiatrists may read this book without finding their clinical or moral principles unduly criticised. It is true that acceptance of the role of biochemical and genetic factors in mental illness is a little grudging—'there is a degree of support'—and he evidently fears that even this concession may offend some of his readers. Stating firmly that 'social, psychological and biochemical factors interact with one another', he adds: 'This is not a comfortable conclusion', though it is surely one with which most psychiatrists have lived comfortably enough.

Recognising that the relationship between social workers and other mental health professionals is often rather strained, he accepts that at least some of the fault lies with social workers and their 'ideological antipathy' to the medical approach and to physical treatments. However, he makes the important point that while many social workers view the multidisciplinary team as a 'collegial' structure which 'involves the participation of several individuals in decision making *as of right*' (italics in original), psychiatrists may tend to see it as a 'bureaucratic' structure in which 'the right to act is held through the sanction of all those above the individual in the hierarchy.' And he reports without comment the view of one writer that a degree of conflict should be viewed as 'essential', especially when the social worker is acting as the patient's advocate, and that this may be more important than maintaining good relationships with other members of the team.

As well as these general and very important inter-professional observations, the book gives sound practical advice on interviewing techniques, especially in the context of compulsory admissions, and is evidently written from considerable personal experience. In discussing whether a social worker who is part of a hospital-based team can legitimately act as the approved social worker in such cases, he criticises Gostin's view that the ASW should always come from the area social services even if the hospital-based worker knows the patient better. There is a balanced discussion of some of the organisational and political issues in the provision of social services. As might be expected, in considering the divergent—or rather trivertent—views of the Barclay Committee, he is a 'professionaliser' rather than a 'patcherite'. And few people will disagree with his observation that 'non-statutory support networks [are] often a euphemism for the unpaid care provided by female family members'.

As well as a good index and bibliography, a list of useful addresses and a summary of the more important sections of the 1983 Mental Health Act, several case histories illustrate the use of social work techniques in the management of various types of patient and problem. These are

generally sound and refreshingly unhostile to behavioural methods, though I would question his suggested handling of morbid grief. But there is much more to praise than to criticise. Huxley's book really should be regarded as essential for any hospital library, and librarians should not be surprised if they see the medical and nursing staff sneaking a look at it occasionally.

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**A Child in Trust: The Report of the Panel of Inquiry into the Circumstances Surrounding the Death of Jasmine Beckford.** Brent Borough Council. 1986. £11.

The main interest of this report is its painstaking analysis of what went so badly wrong in the management of the case of this little girl who was killed by her stepfather while in the care of the local authority. The dilemmas at each stage of case management will be all too familiar to anyone with clinical experience of this difficult field. It is the very commonness of the case which makes this report of such importance. The media coverage focused much attention on the failures of social workers and health visitors, so that as I opened the book I was particularly interested to find out where the doctors were—in particular, the three groups with whom I identify: child psychiatrists, general psychiatrists, and paediatricians.

As far as psychiatry is concerned, the answer is simple: psychiatric referral was recommended but never took place. What could a psychiatric referral have achieved? It was Mr Beckford who was to have been referred, but as it was to a reputable child psychiatry unit we can safely assume that the children's development, the child care and the parenting capacities of the parents would have been assessed as well as the mental state of Mr Beckford (he almost certainly did not suffer from any sort of formal mental illness). The comprehensive assessment would then have been available for the other staff involved in the case. The child psychiatry unit could also perhaps have offered support for the beleaguered social workers and could have helped in keeping the focus on the child. The special therapeutic skills of the department could perhaps have been used in monitoring the child's mental state if (as happened) a trial of rehabilitation were attempted.

It is possible that careful assessment may have suggested that some form of therapeutic intervention, such as focused casework or anger management, could have been part of a trial rehabilitation package. Non-cooperation or lack of progress in treatment, together with other clearly specified indicators such as the children's physical, emotional and social development, could then have been used as absolute criteria on whether the trial should be