

implementation of supervision registers. Currently most professionals are either indifferent to or hostile towards the proposals. It remains to be seen whether guidelines for inclusion on the register and a vision of what inclusion might mean in terms of practical services to highly disabled or disturbed patients can be agreed between the Department of Health and mental health professionals. In the absence of such agreement the onus is on local purchasers and providers to develop practically applicable policies and procedures that will ensure that appropriate patients are targeted and that key workers receive adequate experience, training and support to carry out what may be a very difficult and unrewarding role.

It is possible to argue that supervision registers will turn out to be a bold policy initiative which will be of practical benefit to patients and offer essential reassurance to a public opinion that has become nervous of community care. It is equally possible to assert that the register is a mistaken policy that yet again proposes a

bureaucratic solution to what is essentially a problem of inadequate resources. Time will tell.

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