

Health Act 1983 and on the strong correlation between social deprivation and psychiatric admissions. The latter has enormous implications for bed use and service planning and perhaps even greater implications for community care.

The future is daunting; I left this report feeling there should be more of us, and that for there to be a decent future for psychiatry, the training and support of trainees is of paramount importance – for those of us lucky enough to have trainees.

CLAIRE LAWTON

*Consultant Psychiatrist  
The Royal London Hospital (St Clement's)  
London E3 4LL*

**Psychosocial Interventions in Primary Health Care Settings in Europe** Copenhagen: WHO. 1991 Pp. 22.

This is a report on a WHO European consultation about psychosocial interventions to promote health, prevent disease and care for people suffering from disease and disability. It is largely a description of 11 experimental initiatives which have succeeded or promise to succeed.

Members of the consultation, who came together from nine countries to a meeting in Bulgaria in 1989, aimed to identify common features of successful programmes, to suggest ways of strengthening the development of further programmes and to list conditions and principles which need to be observed when planning interventions.

Psychosocial interventions were defined as “a pattern of communication and/or a contextual modification, providing positive changes in the current emotional and social factors related to the individual's health and illness”. (“Contextual” should be understood to refer to organisational structures, normative base, and professional ideology; these determine the responses to any innovation.)

Here is one example – a behavioural intervention for children with school maladaptation, in Bulgaria, based on US and UK models: a psychologist trained in behavioural modification trained a group of four educational psychologists, each of whom then worked with a group of three primary teachers in their own school. These in turn successfully learnt the principles involved and developed a specific behavioural programme for one or two children in their classes. All the programmes were successful in achieving change.

Problems of discipline were easier to manage, but positive effects were also shown on scholastic activities. The experience also affected the communication styles of the teachers.

A particularly interesting detail in this experiment, with implications for adult education in any field and under any political system, was that the meetings between teachers and psychologists were more

successful when they were able to see each other as equal colleagues in discussion. Being taught by a person seeing himself or being seen as of higher professional status, posing as instructor, aroused resistance.

Did the consultation achieve its aims? Yes, as one of a sequence of meetings. Conditions for success are proposed in the conclusion. Examples are: “Psychosocial interventions require a multi-disciplinary, multi-level and multi-focal approach . . .” “Intervention techniques should be tailored to the client's specific problems and needs . . .”. “At the level of primary care, training of the family doctor, primary health care team and public health doctors is of key importance. Training must be focused on how to carry out interventions and not simply be a statement of tasks”.

Among 11 recommendations, here is one example: “Follow-up from this meeting should include further meetings on stress management techniques, psychosocial interventions suitable for the school system and for fostering the psychological competence and coping skills of adolescents and a meeting that would bring together mental health professionals with family doctors, representatives of informal groups and other interested parties.”

A report with substance, most of it worth the effort to read.

JOHN HORDER

*Visiting Professor  
(Clinical Epidemiology and General Practice)  
Royal Free Hospital, London NW3*

**Out of Harm's Way** By Philip Bean, William Bingley, Ian Bynoe, Alison Faulkner, Elaine Rassaby and Anne Rogers. London: MIND Publications. 1991. Pp. 199. £13.50.

In 1987 Anne Rogers and Alison Faulkner published the results of a study looking at the assessment and outcome of people referred by the police under section 136 of the Mental Health Act 1983 (England and Wales) to three different places of safety. The work was published by MIND in *A Place of Safety* and it clearly showed that outcome was largely determined by where and by whom the patient was assessed.

*Out of Harm's Way* forms the second and third stages of a three stage investigation by MIND into the use of section 136. Working within a defined area of London the researchers followed through the whole section 136 procedure from the time the police entered the encounter with the person, through the processing of the encounter at the police station, to the referral to a psychiatric hospital.

Information was collected from police records, interviews with the arresting officers and the interviewing psychiatrists, and from a variety of questionnaires. A huge amount of information