

funding systems and for changes in training programmes so that more people are equipped to perform well in the community. **But there are flaws and these must be recognised:**

Arguments for more radical changes such as the creation for the elderly of "a single budget in an area . . . by contributions from the NHS and local authorities . . . determined . . . by a formula agreed centrally . . . (and) under the control of a single manager" are not persuasive. They seem to be based in current fashions: to make radical changes every few years, an overenthusiastic belief that 'management' has magical powers beyond those of the caring and curing professions and the hardly concealed wish to include all provisions within cash limited budgets.

Let's try some fine tuning based on the sound observations and more sensible suggestions in this report and leave radical change for further consideration if these aren't helping, given a realistic time trial—of the order of a further ten years.

Let's leave Supplementary Benefits Board and Lodgings payments free from cash limits as a safety valve in a system where the pressure falls heaviest on those least able to stand up for themselves.

D. J. JOLLEY

Consultant Psychogeriatrician

*Withington Hospital
West Didsbury, Manchester*

Audio-Visual Aids to Teaching

Videotape Reviews

Back to the Community (UK, 1986, 29 mins)

A mixed audience of health professionals at a recent Mental Health Film Council screening welcomed this video which shows a variety of community-based initiatives. Most participants thought it would be useful in several contexts, for fellow professionals and for the general public. Those working with individuals who are ill, have a handicap or are old could be helped by the video, it was believed, to clarify their own attitudes to institutions: local residents might be introduced to the idea of care in their own community.

The video has a direct, optimistic approach: it looks at several projects where ex-inhabitants of large institutions appear to be living richer, more positive lives because of the move in to the community. There is recognition of the problems. The video acknowledges that the concerns of those who will become neighbours of such schemes have to be considered along with those of the individuals in need of care. It even admits that, although such care may be cheaper in some instances, it is likely "that the whole exercise is going to be more expensive".

The production of the video is competent, business-like and unpretentious. It uses the technique of intercutting shots which show the different projects with statements by some of the professionals responsible for developing the facilities and by some of those who work in the community. The commentary is authoritative and clear. It might be argued, indeed, that the general effect of the video is to err on the side of confidence and clarity. The problems are honestly raised but the difficult ones are not explored through all their pain and much of the contentious discussion will inevitably come after the television set is switched off.

The format is a familiar conventional one of mixed film and interview but it may give an unintentional balance of

importance and value to professionals. We *see* the radically changed circumstances of several people, old, ill and handicapped but we *hear* too little, directly, of what they feel about the changes. They are not substantially allowed to speak for themselves. More significance is given by the style of presentation to those who are involved in the projects because of their work. As is usual in this kind of video, each professional is signalled by a caption with name and job description; individuals whose lives are being described are named in the commentary only. This is one of several techniques which recreate the 'them' and 'us' divide which may not be helpful.

Many groups and individuals will find this video a useful starting point. It may be that some who are firmly committed to the concepts would have preferred a more forceful presentation to stir the emotions and evoke the doubts. Without question, though, anyone who cares about the issues and wants more knowledge and understanding, will find the video a helpful tool.

Production: Holmes Associates for the Department of Health and Social Security.

Distribution: CFL Vision, Chalfont Grove, Gerrards Cross, Bucks SL9 8TN. (Telephone 02407 4433). Available on free loan or for sale on VHS.

ELIZABETH GARRETT

Director

Mental Health Film Council

Seeing Eye to Eye (UK, 1985, 24 mins)

This tape deals with the transition from pre-clinical to clinical medicine as seen through the eyes of two medical students. They embark on their clinical training at Sutton Hospital where an apparently inhumane and thoughtless surgeon talks literally over the head of a recently admitted