

### Comment

The Liverpool package is popular among final year students and we hope before long to evaluate objectively whether it can persistently improve doctors ability to pick up patients' cues and to deal intelligently with patients' emotions.

The Conversational Model and the Grammar of Psychotherapy were developed with psychiatric trainees in mind and, although they are forerunners of this Liverpool course, the final form of our package for medical students has yet to crystallise. Our aim is to create a consistent approach through all levels of training, so that undergraduate interview skills reflect our postgraduate psychotherapy approach (Luborsky, 1984). The introduction for student doctors and beginner postgraduate trainees should be basic, relatively theory-free and concentrate on rapport. Later, as required, it can be supplemented by specific skills training for family, behavioural, and psychodynamic therapy.

We hope to extend undergraduate teaching in interviewing skills considerably, with teaching components accompanying each relevant stage of clinical

training, so that student doctors can be enabled to cope with the sometimes overwhelming emotions generated by clinical work.

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## People and places

### Scottish Action on Dementia: a new response to an old problem

A. B. CHRISTIE, Consultant Psychiatrist, Crichton Royal Hospital, Dumfries DG1 4TG

Scottish Action on Dementia had its origins in informal meetings of individuals drawn from a variety of health care professions with a shared concern about the inadequacies of provision for dementia sufferers in Scotland in the mid 1980s. At the heart of these concerns lay the absence of any effective response to two major documents – the Timbury Report and SHAPE (Scottish Hospital Authorities Plans for the Eighties). Both accorded the highest priority to care of the elderly, particularly those suffering from mental illness, and had been accepted by all the principal parties concerned as the blueprint for health care policies in Scotland in the 1980s. The sober realities

of 1985 prompted the founding members of Scottish Action on Dementia (SAD) to set themselves up as a multidisciplinary forum with three principal functions – to promote public education and awareness of dementia and its implications for sufferers, families and society at large; to act as an independent pressure group; and to monitor activities in the field of dementia care with a view to promoting and maintaining high standards. Five years later these objectives remain unchanged.

Membership of the organisation has risen to some 300 individual members made up of both health care professionals and concerned citizens. The president

is Lord Taylor of Gryfe and the chairman Mr J. A. M. Mitchell. Both possess wide and varied experience in other fields which is invaluable to a body of this sort. A number of organisations broadly representative of Scottish life are associated, ranging from the church, the Scottish Convention of Women and a number of voluntary bodies. Among the professional bodies represented are the Association of Directors of Social Work, the Royal College of Physicians of Edinburgh, the Royal College of Physicians & Surgeons of Glasgow, and the Scottish Division of the Royal College of Psychiatrists which happily provides the vice chairman, Dr Alan Jacques. The organisation has a full-time director in Jan Killeen who has been actively engaged in its activities since the outset.

While it would be absurd to claim that the situation in Scotland has been transformed in the last five years, important developments have taken place. The Dementia Services Development Centre at Stirling University has been established and SAD played no small part in bringing this about. The Alzheimer's Disease Society Scotland has become autonomous and SAD has close working relationships with both these bodies – in the case of the latter both literally and metaphorically since they share the same address in Edinburgh. In practice we now have in Scotland a possibly unique situation in which three organisations complement each other in the field of dementia. The Development Centre lays emphasis on an advisory role coupled with the evaluation of services while the Alzheimer's Society focuses on direct support for carers, and SAD lays emphasis on making full use of its multidisciplinary membership to undertake policy analyses and offer briefings to MPs and others who value such a service.

SAD operates on the traditional model of a council, an executive committee and a number of sub-committees whose brief is to cover a variety of topics. These include a policy and services sub-committee with working groups to look into such matters as continuing care units and financial prob-

lems for carers. Other sub-committees include one focusing on rights and legal protection which has recently produced a pamphlet on this subject and another with the acronym GLAD (Getting Local Action on Dementia) which more or less sums up what Scottish Action on Dementia is all about. In addition to publishing booklets and pamphlets on aspects of dementia, SAD has run conferences, seminars and workshops designed to emphasise its multidisciplinary nature and to appeal to voluntary organisations and non-professionals to widen its base.

SAD has in the past enjoyed limited government financial support but it is essentially an independent organisation which must look to its members and Scottish society at large for finance. So far its achievements on a limited budget have been considerable; however, plans to expand and develop its activities are contingent on improving its financial base. Membership is still limited and will have to expand if the organisation is to be effective in all parts of the country.

For the future, SAD sees a continuing need to promote public interest in dementia and to exert pressure in the corridors of power on behalf of dementia sufferers. Its commitment to monitoring services will be severely tested with the introduction of the Community Care Act in 1993. One hopeful sign for the future is that SAD will, in conjunction with the Scottish Home and Health Department, participate in a pilot study on medical audit directed towards dementia sufferers. Hopefully this will produce an information base capable of wider application when the Act becomes fully effective.

SAD has come a long way in five years. It does not reflect the fashionable stereotype of the Scot sullenly waiting for big brother in the form of central or local government to make the decisions. It is independent and enjoys the role of the critic with something constructive to say. It is, therefore, well placed to exert a positive influence in developments in the field of dementia during the nineties.