Conference Reports

Community Mental Health Centres Conference

A. P. BOARDMAN, Lecturer in Psychiatry, E. SAYCE, Research Worker, and T. K. J. CRAIG, Senior Lecturer in Psychiatry and Director, National Unit for Psychiatric Research and Development, Lewisham Hospital, London SE13

The National Unit for Psychiatric Research and Development held its first annual conference in collaboration with Good Practices in Mental Health at the Royal Agricultural College, Cirencester on 6 and 7 July 1987. A major purpose for holding the conference was to provide an opportunity to assess the accelerating development of non-hospital based mental health services, some of which have been called “Community Mental Health Centres” (CMHCs). The response to the conference was overwhelming and it was attended by 150 practitioners, managers and planners from NHS, Social Service and voluntary sector organisations in the UK.

The late advent of summer meant that the conference was held in brilliant sunshine and, whilst this meant insufferable lecture theatres, it did allow the delegates to enjoy the splendid surroundings of the college.

Dr Tom Craig opened the conference and pointed out the general lack of information on existing centres in the UK and the important need to co-ordinate information on existing and planned centres, especially in view of the rapid developments in community health services in the UK. The first plenary session aimed to put the CMHCs into perspective. Dr Peter Kennedy, a psychiatrist and unit general manager from York, examined the functions of CMHCs in the context of NHS planning. His talk was illustrated by his own experience of the development of services in York. Particularly emphasised was the importance of foreknowledge about the patient population and the need to separate clearly the issues of clinical responsibility and management. His illustration of the clinical team’s unique and shared expertise, by analogy to the flower arrangement of a dahlia, provided a horticultural edge to the session. However, his talk raised the first glaring problem, that of nomenclature, an issue developed by Liz Sayce in her overview of British CMHCs. She reported a rapid increase in the number of CMHCs and existing centres in the UK. The DHSS does not wish to prescribe particular models, preferring to specify broad characteristics of a mental health service. She gave several examples of CMHCs and concluded that they were neither a luxury nor a necessity: they provided one means of running community based services and their planning and usage required evaluation. Shula Ramon upheld a more definite stance, firmly concluding that CMHCs were a necessity and should be the core and backbone of a new psychiatric system. She laid particular emphasis on the need for the service to provide greater autonomy for its users, less coercive means of social control and an emphasis on a preventative as well as a reactive role.

The second plenary session posed the question “CMHCs—a luxury or a necessity?” and invited two speakers, Dr John Shanks from the Department of Health and Social Security and Dr Shulamit Ramon from the London School of Economics, to put their differing views to the audience. John Shanks briefly sketched the DHSS line on CMHCs by pointing to the absence of any mention of them in Better Services for the Mentally Ill and the single sentence in the 1985 Social Services Committee report. The DHSS does not wish to prescribe particular models, preferring to specify broad characteristics of a mental health service. He gave several examples of CMHCs and concluded that they were neither a luxury nor a necessity: they provided one means of running community based services and their planning and usage required evaluation. Shula Ramon upheld a more definite stance, firmly concluding that CMHCs were a necessity and should be the core and backbone of a new psychiatric system. She laid particular emphasis on the need for the service to provide greater autonomy for its users, less coercive means of social control and an emphasis on a preventative as well as a reactive role.

The plenary session on day two focused on evaluation and monitoring. Dr Jed Boardman looked at some of the approaches and problems of service evaluation and illustrated them with his own experience of the evaluation of a CMHC in South East London. Two examples of CMHCs in operation were outlined by Sue Grey and Dr Lenny Fagin. Sue Grey gave an account of Gable House in Streatham and Lenny Fagin of 608 in Leytonstone. Their experience in the setting up and running of these centres provided the conference with invaluable insights into CMHC practice and both speakers were able to illustrate
their accounts by findings based on the monitoring of the
centres using micro-based computer facilities.

During both days workshops were organised around five
themes: planning and targeting, management, teamwork,
monitoring and working with the community. These pro-
vided an opportunity to explore areas not covered in the
plenary sessions and to discuss important issues in more
deepth. Despite the fine weather and their timing after lunch
these were enthusiastically attended and the issues hotly
pursued. For planning, issues high on the agenda were the
need to involve all interest groups in the planning pro-
cedure, to ensure that service objectives were achieved and
that services were accessible to all groups living in the area.

The management workshops were particularly con-
cerned with ways of resolving the ambiguities caused by
separate line management structures and by role blurring
within teams. In addition the need for both users and service
workers to affect management decisions was seen as an
important issue. The team provided the focus for two work-
shops which tackled the roles and perspectives of team
members and the stereotypes of different disciplines. The
participants' computer skills were put to the test in the
monitoring workshops when examples of software pack-
ages for data collection were demonstrated. The issue of
involving the local community and users in the planning
and running of services, often seen as a difficulty for pro-
fessionals, was tackled in the workshops on working with
the community. The convenors, with experience in con-
sumer involvement, outlined already existing schemes and
implications for staff and consumers.

By the end of the conference a number of themes had
emerged, which Tom Craig attempted to summarise. Two
opposing views of CMHCs could be discerned: one an out-
growth of traditional services into the community, with
accessibility for the base population; and the other as a new
kind of service emphasising user and community control
with weakened links with the remainder of the psychiatric
services. Given current service and political constraints
a compromise between these views seemed to be more
credible, with perhaps the CMHCs providing a focus for
links with the community and between primary care, psy-
chiatric, social and voluntary services. Locally based teams
are in a position to initiate innovative schemes of preven-
tion and education which need not endanger the funding of
care for the chronic and severely mentally ill. They can also
involve community members and users of services in
decision making in a way that was not possible in
traditional hospital based settings.

There is, however, a possible penalty to be paid for such a
rapid growth of diverse centres. A lack of co-ordination
creates a danger of loss of overall perspective and blurring
of aims as occurred in the USA. These risks are minimised
when services have precise goals and are effectively moni-
tored. The introduction of low cost micro-computer sys-
tems and thoughtful methods of evaluation can cut out the
time lag common in research and provide rapid feedback
to teams and planners, enabling them to maintain a clear
direction.

The conference provided more questions than answers, a
situation fitting for such a rapidly changing area as the
development of psychiatric services in the UK. The dele-
gates left requesting more conferences and workshops on
the areas covered, requests that can hopefully be met in the
future.

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International Physicians for the Prevention of Nuclear War
VI1th World Congress, Moscow, May|June 1987
"A New Manner of Thinking"

THARU NAIDOO, Consultant Child and Adolescent Psychiatrist, Tetherdown Child Guidance Clinic,
London N10

The Congress provided four packed and absorbing days. Most delegates stayed at the Rossiya Hotel, which has 6000
rooms and 28 restaurants where we were well fed. An
efficient bus service ran between hotel and the modern
Soviet Centre complex, complete with shopping arcades,
fountains and glass-fronted lifts, where the Congress was
held. After initial hiccups, the Congress was well organised
and an excellent social programme laid on which included
the Bolshoi, Moscow Circus and a televised concert.

International Physicians for the Prevention of Nuclear
War (IPPNW) founded in 1980 by two cardiologists — an
American, Dr Lown, and a Soviet, Dr Chazov — has grown
rapidly; nearly 3000 delegates from 55 countries attended
this Congress compared with about 50 at its first. IPPNW's
principles derive from a knowledge of the consequences
of thermo-nuclear explosions which it has done much to
publicise. Since there is no cure for nuclear war, which
unlike conventional war would destroy civilisation and