

Research in health education

A CONFERENCE organized by the Scottish Health Education Unit, the Health Education Council for England, Wales, and Northern Ireland and the University of Dundee Department of Community and Occupational Medicine was held at Ninewells Medical School from 29 August to 1 September 1978. Its purpose was to stimulate further interest in the subject by providing a forum in which to present and discuss research studies, and also to examine current issues and trends in health education research.

The Conference was composed of six sessions which were ably chaired by Professor A. Mair, Department of Community and Occupational Medicine, University of Dundee, Mr R. S. Johnston, HMCI, Scottish Education Department, Dr D. Player, Director of the Scottish Health Education Unit, Dr A. Yarrow, Principal Senior Medical Officer, DHSS, Dr M. Whitfield, Chairman of the Health Education Council Research Committee, and Professor Sir John Brotherston of the Department of Community Medicine at the University of Edinburgh. In all, 18 papers were presented and these covered a variety of topics concerned with health education research.

The theme of the first two papers of the Conference was health education in the context of general practice. Ms S. Lucas, of the Institute of Social Studies in Medical Care, outlined her research, carried out with Dr Ann Cartwright, into the extent to which general practitioners attempt health education in their consultations. This work indicated that general practice consultations do contain a certain amount of health education but this is mainly concerned with the management of existing disease. There were relatively few attempts to prevent future illness. Mr K. Tones and Ms L. Davidson, of Leeds Polytechnic, spoke about health education and heart disease in general practice. They described their study whose purpose is to identify those middle-aged men who are considered to be at particularly high risk of developing heart disease and to assess a number of methods of health education designed to try and reduce risk factors.

Two other papers presented on the first day were concerned with family planning and sex education. Mr T. McGlew, Lecturer in Sociology at the University of Edinburgh, described the implications for health education of the work in which he is currently involved. This is concerned with a population of contraceptive risk-takers, married women who have achieved com-

pleted family size and seek termination of an unwanted pregnancy. Dr C. B. S. Schofield, of Newcastle General Hospital, talked about his research into patients' knowledge about sexually transmitted diseases. This highlighted the fact that education and guidance on sexual development at home and school is quite inadequate and that on sexually transmitted disease, to his knowledge, is non-existent.

Three papers presented at the Conference concerned health education in schools. Mr R. Hoste, from the University of Stirling, described the initial stages of work on a project based in Stirling which is helping to develop health education materials to be used in the training of schoolteachers. Mr J. Wilkie, of Moray House College of Education, spoke about the development phase of the Schools Council Health Project, 13-18, in which he is involved. Thirdly, Mr B. Wilcox, of the City of Sheffield Education Department, described the evaluation of a modified version of an American Health Project for 10-year-olds being undertaken in schools in Sheffield.

The health education needs of particular population groups were considered in two papers. Ms Hilary Graham, of the Sociology Department at the University of York, spoke about identifying the needs of young mothers. She had carried out a study of women's experiences of pregnancy, childbirth, and the first six months after birth, which focussed particularly on those aspects of motherhood where health education had a key role to play. In contrast, Mr W. Bytheway, from the University of Swansea, discussed health education for people aged between 50 and 70.

Three papers were presented by speakers from European countries. Dr Matti Rimpela of the Office of Health Education, National Board of Education, Finland, talked about smoking and young people in Finland, and the effects of the Finnish Tobacco Act. Dr Gunther Welsch, of the Central Office of Health Education in Cologne, described knowledge, attitudes, and behaviour concerning health education in the Federal Republic of Germany. Dr K. Vuylsteek, Department of Community Medicine, University of Ghent, Belgium, talked about his work in assessing the effects on a rural population of a television programme on smoking and health.

The theme of the relationship between mass media and health education also provided the basis for three other presentations. Ms M. Drackard, of Communications Research Ltd, discussed some social aspects of communication research. Dr R. Henderson,

of the University of Strathclyde, outlined the work of the Strathclyde Area Survey Team in assessing the impact of the Scottish Health Education Unit's campaign directed at persuading expectant mothers to stop smoking during pregnancy. Finally, Mr R. McCron, from the Centre for Mass Communication Research at the University of Leicester, highlighted some of the problems and advantages in using the mass media in health education.

Information services and resources for health education research provided the subject for two papers. Professor R. Harden and Ms V. Barker, of the Centre for Medical Education at the University of Dundee, described the setting up and operation of the Health Education Materials Information Services (HEMIS). Ms J. Bell, Research Assistant in the Department of Community and Occupational Medicine, University of Dundee, talked about her work in producing an annotated bibliography of health education research. She outlined the reasons for compiling this bibliography and the approach she had taken in doing so.

Two speakers described research related to dependence on cigarettes, drugs, and alcohol. Dr T. Lehrer, Director of Health Education in Jerusalem, described his work on sick role, self-labelling, and smoking withdrawal clinics. Mr N. Dorn of the Institute for the Study of Drug Dependence, outlined three approaches to social research and their possible contribution to the understanding of alcohol abuse among teenagers. Mr R.

Croucher, from the Medical Psychology Unit at the University of Cambridge, presented a paper based on work being done as part of the Cambridge Dental Health Study. He dealt in particular with action research in preventive dental behaviour and studies in motivation.

The final session of the Conference was concerned with "The Way Ahead—Health Education Research in the UK". In this session four commentators attempted to draw together some of the trends developed during the week and put forward their own views from their various backgrounds and levels of experience. The four speakers were: Professor G. Jahoda, Psychology Department at the University of Strathclyde, Dr L. Baric, Reader, Department of Community Medicine at the University of Manchester, Dr D. Richards, of the Social Studies Department of Trent Polytechnic, and Dr D. R. Billington, of the Department of Community Medicine at Dundee.

The Conference attracted approximately 140 people, mostly from academic and health education backgrounds. Participants came, not just from Great Britain, but also from Europe, Israel, New Zealand, and Eire. It is felt that the Conference went a good way towards identifying some of the important issues for health education research and offered researchers the opportunity to co-ordinate their activities in a more planned and effective manner.

JUDITH BELL

International Balint Conference

THE fourth biennial conference was held in London on 7 to 10 September and about 300 doctors attended from Europe and elsewhere. There are new and active groups for general practitioners in Australia, New Zealand, America, and even in Argentina.

The theme of the conference was "Aims, Achievement, and Assessment of Balint Training." On the question "What skills should Balint training aim to produce in the doctor?" I was pleased to hear a French doctor say: "Patients use medical terminology and symptoms to convey the whole range of human distress to the doctor. We can learn to read this more correctly and help by listening and reflecting to the patient the problems he presents. Critics of this view must know what they are missing before they deny its value."

Achievements and assessment of Balint training were difficult to define. We were reminded that there is no clear standard of good doctoring. Papers on these subjects ranged from anecdotal case histories to assessment by group leaders of changes in doctors

attending their group. The latter was fairly described as the cook approving his own pudding! However, there were also attempts at fact-finding; for example, an attempt was made to discover in group attenders a correlation between improvements in handling emotional problems and improvements in more traditional work. The skill required to pick up a history of angina is the same skill that hears what it means to the patient. There were many reminders that medicine is all one and that none of us can afford to forget physical, emotional, or social factors.

There were group demonstrations by British, Dutch, German, and Swiss groups, followed by general discussion. The Dutch group relied on role play, which is entirely different from the traditional Balint model, where the group try to sense the actual tensions in the consulting room through the doctor's case report. A large conference was not the best place to look calmly at these differences.

A British group for trainees was demonstrated, and