

NUCLEAR WAR

Sir,

"If you can't beat 'em, join 'em." I would like both Dr Spencer and Dr Stevenson (*July Journal*) to carefully consider this old adage.

I agree wholeheartedly with the concept of abolition of nuclear weapons but I feel that our plea is about as feasible as the abolition of sex.

There *can* be an effective medical response to nuclear attack and it would be very wrong to lower morale by such a negative viewpoint as expressed by these doctors. Accepting the concept of 30 per

cent population survival (maybe a load of 'Pugwash'?), what is to happen to this happy (unhappy?) band of survivors? Surely they will deserve medical cover and support. This support, to be effective, must be preplanned, to save confusion, and will require a discipline and training which can be practised only prior to the event; this is the purpose of civil defence planning.

I would like to see every doctor give serious thought and constructive criticism to the problems of our survival. It is of no value to bury one's head in the sand—war, either conventional or nuclear, could happen.

Why not contact your local St John

Brigade or British Red Cross units and see what they are doing via their training programmes and Joint Emergency Executive Committees?

All your patients should be encouraged to take a course in simple first aid and hygiene. Civil defence is no charade and should be supported by us all.

RONALD H. JONES
*County Commissioner,
St John Ambulance,
Merseyside County*

34 Hoylake Road
Bidston
Merseyside L41 7OX.

BOOK REVIEWS

MENTAL ILLNESS IN THE COMMUNITY: THE PATHWAY TO PSYCHIATRIC CARE

*David Goldberg and
Peter Huxley*

*Tavistock Publications Ltd
London (1980)*

*191 pages. £8.50 (hardback),
£4.25 (paperback)*

The subtitle to this book is "The Pathway to Psychiatric Care", which is a good description of the model used by the authors to draw together a great deal of information and research about mental illness. The approach is epidemiological and aims to describe the selection processes which operate on the psychologically disturbed to determine the type of care, if any, which they receive. In addition, the kinds of psychiatric disorders commonly encountered at each level are described, with a summary of what is known about the social factors involved. Finally there is a review of interview techniques appropriate to primary care, and a discussion of the role of other professional groups in the management of mental illness in the community.

Five levels of care are identified: the first level in the community, the next two in primary care and the last two levels involving specialist psychiatric services. Between each level the mentally ill have to pass through filters which determine whether or not they reach the next level of care. The first filter is the decision to consult a primary care physician. Understanding this decision involves a study of illness behaviour in the community, which has been an area of interest

for medical sociologists. The second filter concerns the behaviour of doctors, and the accuracy with which they recognize psychiatric disorders amongst patients who consult them. Level three refers to psychiatric disorder as it is perceived by primary care physicians; the third filter is the extent to which they refer patients to psychiatrists. The fourth and last filter is that between the outpatient and inpatient levels of psychiatric care and is largely determined by hospital specialists. At each level and filter there is an extensive review of research findings and the factors involved, such as the social correlates of psychiatric morbidity, illness behaviour and the outcome of treatment.

The definition of mental illness is a difficulty. The arrival of standardized psychiatric interviews and screening questionnaires has provided some comparative yardsticks, such as Professor Goldberg's General Health Questionnaire (GHQ), but the problems of definition still remain. This difficulty is particularly acute at the community level, as illustrated by an estimate for the annual prevalence rate in the community of 250 per thousand with psychiatric disorder, 230 of whom reach the second level of primary care. This comparison is based on the use of a GHQ in a small sample of patients in the community and a much larger number of attenders to general practitioners, with the implication that most patients with psychiatric disorders consult their doctors. This conclusion does not fit in with the findings of other community surveys, which report a considerable iceberg of psychiatric morbidity, and the authors acknowledge this discrepancy. It all depends on what is meant by mild psy-

chiatric disorders, which may not seem important from the point of view of hospital-based psychiatry but which may profoundly affect the health of individuals in the community. Indeed, general practitioners may be only intermittently involved with those common emotional disturbances whose definition and natural history are poorly understood.

The chapter on interview techniques in primary care is a short but useful summary of what should be one of general practice's most powerful therapeutic weapons. There is compensation for the brevity of this section in the final chapter, a section of which is devoted to implications for training. Teaching interviewing and counselling skills is particularly important for family doctors, as illustrated by the work of Dr Peter Maguire in Manchester and Dr Art Lesser of McMaster University.

The penultimate chapter looks at the role of other professions such as social work, community psychology and psychiatric nursing. The authors are critical of the role of social work in relation to the mentally ill, and consider that in most local authorities it has become stagnant, with a lack of co-ordination and evaluation, and that there is a need for more social work intervention to be available in a health setting. Psychologists, on the other hand, have developed more rigorous techniques and are extending into the community, but as yet there are few investigations into the effectiveness of their treatments in the context of primary care. The development of community psychiatric nursing has been sporadic, and has caused demarcation disputes with social workers. The authors conclude that, at a primary