

## Community Mental Health

## by Alan Puckett; Saunders/Bailliere Tindall: Harcourt Brace, 1993; 518 pp; \$39.95.

De-institutionalisation as a concept has been around in mental health circles since at least the 1950s. It is often criticised as a process by which the government of the day justifies reducing services. Closing down asylums, reducing the numbers of hospital beds and moving back to community-based care are viewed as concerned solely with economic rationalism - in other words simply other ways of saving money. While the critics have justification for concern, the policy's successes have received far less publicity than its failures. Thousands of people who would once have been institutionalised for life are now successfully treated in the community.

The failures are all too obvious, and they are related to a lack of funding for community-based services. In the United States, for example, thousands of mentally ill people were taken out of asylums and many ended up on the streets. The 'Shelter' in New York contains over 3000 beds in a huge open dormitory. While it provides very basic accommodation, it is also notorious for assaults, stand over tactics, murders, drug dealing, suicide and the spread of tuberculosis. The Shelter has one psychiatrist. The asylums, for all their shortcomings, at least provided some protection and care, albeit on a paternalistic basis.

Nor can Australia be complacent. The Report of the National Inquiry Into the Human Rights of People with Mental Illness (Burdekin Report) documents neglect, ignorance and discrimination towards the mentally ill. While management policies have changed, abuses continue. Dumping ex-patients on any community without adequate support programs is not the best way to create a tolerant environment. The shooting, early in 1994, by Victorian police of two people who may have been mentally ill sparked much concern about the way police are trained, or not trained, to deal with the mentally ill.

Like it or not, de-institutionalised care

is the model of the present, and of the foreseeable future. It is a much better alternative to locking people up. But community-based care requires a responsible approach to the very complex phenomena known as 'mental illness'. Relevant, adequate and reliable information is an essential prerequisite to the provision of services. Puckett's text is designed to assist in training workers in community mental health in Australia, and it is these people who must deliver the services required to make de-institutionalisation work effectively. It is a useful book for many reasons, especially as there are so few relevant texts in this field which deal with Australia.

In 1992 Pluto Press published Community Health: Policy and Practice in Australia, edited by Baum, Fry and Lennie. That book did not attempt to prescribe what community health should be, but outlined its place in the health system. It presented the views of a number of practitioners, documenting what had largely been an oral culture. As Puckett notes, community-based health practitioners are usually too busy to write books. This book, Community Mental Health, will be a core text for people training those who will be working at the community level with people who have mental illness. But it does have serious shortcomings in its attempts to simplify complex issues - meaning it instead presents information which is misleading.

As a teacher, Puckett understands the need for a relevant text providing information in an accessible way. Unfortunately he has aimed to be so comprehensive that the book has important deficiencies. Any attempt to answer 17 major questions in an area as complex as mental illness is bound to have shortcomings.

The chapter on law is a good example. Puckett is only able to outline the New South Wales legislation and cursorily cover other jurisdictions in Table 15.2. The Table is misleading. For example, it gives the impression that in Victoria the only criterion for involuntary admission is 'own health/safety. Protection of public'. This is clearly inaccurate. The *Mental Health Act* 1986 (Vic.) sets out the criteria for involuntary detention in s.8. Before a person can be admitted and detained as an involuntary patient, five complex sub-sections must be satisfied. These are:

that the person appears to be mentally

ill,

- the person's mental illness requires immediate treatment or care that can be obtained by admission to, and detention in a psychiatric in-patient service,
- risk to the person's own health or safety, or for protection of members of the public,
- the person has refused, or is unable to consent to, the necessary treatment and care for the mental illness, and
- the person cannot receive adequate treatment or care for the mental illness in a manner less restrictive of that person's freedom of decision and action. Puckett begins by noting that most

people with psychiatric conditions spend nearly all their treatment time in some form of community setting - if they are lucky. Otherwise they can come into conflict with the criminal justice system or fall through the safety net onto skid row. He identifies the knowledge required to organise and implement successful care and treatment tor people with mental illness who are living in the community. This is vital, because, without adequate community support, the policy is doomed to failure, resulting in people with mental illness harming others or themselves, or becoming homeless. Community services are supposed to replace hospital-based care so that as beds are closed, more appropriate care is available. The Burdekin Report all too

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vividly documents Australian failures in this regard.

Puckett acknowledges the greater emphasis placed on civil rights since the 1960s, and that, whether in hospital or the community, mentally ill people deserve to be treated with dignity, have their privacy respected and be free from discrimination. The major problem is educating the community. Puckett sees the shift from the traditional medical model as opening the way for other kinds of treatment, psychotherapy, counselling, and socially based interventions. Deinstitutionalisation, he states, is partly a recognition that the medical model alone has failed to explain the complexity of mental illness, or to provide successful rehabilitation and resettlement programs.

The book is divided into 17 chapters, each of which asks a central question. Beginning with the question, 'What is mental illness?', Puckett also explores resource issues, relevant social factors, available treatments, ethical questions, rehabilitation, risk factors, and alternatives to therapeutic drugs and legal issues. The emphasis throughout is practical. Information has been gathered by the author from many years of working in the field in England and in Australia. It is empirical rather than theoretical, and has the potential to assist in making the policy of successful community-based health care actually work. Puckett has trained as a psychiatric social worker at the London School of Economics, worked in the community in and around London, and eventually joined the teaching staff at Charles Sturt University's Riverina Campus.

As a textbook for trainees, with care-

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ful supervision, his work is a most valuable contribution. Bringing all the material together in one place is useful and, for a person used to paying for law books, this is good value at \$39.95. But mental illness is always complex, and usually distressing. The policies dealing with it are controversial. There are no easy answers and a text like this cannot provide all the answers. At its best it is accessible, informative and practical. Its major shortcoming is over-simplification, which has occurred because of the breadth of coverage attempted.

**BETH WILSON** 

Beth Wilson is the President of the Mental Health Review Board, Victoria.

## Australian HIV/AIDS Legal Guide - Second Edition

by J. Godwin, J. Hamblin, D. Patterson and D. Buchanan; Australian Federation of AIDS Organisations; Federation Press, Sydney, 1993; \$45, soft cover.

The first edition of this text, published in 1991, arose from research by the AIDS Council of New South Wales into some of the more crucial legal issues faced by people with HIV and AIDS. This second edition, a product of the HIV/AIDS Legal Education Project established by the Australian Federation of AIDS Organisations (AFAO), builds on the first edition.

The reasons for publishing a second edition are twofold. First, as expected with such a relatively new and politically controversial area, the laws affecting HIV/AIDS have changed significantly since mid-1991 when the first edition was published. The second edition updates the law to 1 March 1993. For changes after 1993, the National HIV/AIDS Legal Link Newsletter (available on subscription from the AFAO Legal Project and mentioned in the book's introductory section) may be a good way of keeping up to date.

The second reason for publishing the second edition is to widen the scope of the book. The second edition addresses several additional legal areas where HIV/AIDS is an issue. The first edition contained 10 chapters dealing with public health (notably, the laws relating to notification, isolation and compulsory testing); transmission offences (both under public health legislation and the criminal

law); privacy and confidentiality; equal opportunity legislation; medical treatment (codes of conduct and complaints against health workers); gay men's sexual activity and the criminal law; injecting drug use; the sex industry; prisoners; and death (euthanasia, suicide and natural death).

The second edition keeps these original chapters in a revised form and adds eight new chapters (chapters 11 to 18 inclusive). These new chapters cover a range of additional legal areas which focus either on the individual lives of people with HIV/AIDS, or on collective public matters such as HIV education programs and regulation of HIV/AIDS therapeutic goods. The chapters focusing on the individual include chapter 11 which explains the law relating to procedures on death, especially funeral arrangements and funeral industry requirements; chapter 12 which discusses immigration (both permanent and temporary entry) concerning applicants with HIV or AIDS; and chapter 15 which deals with compensation claims related to HIV, specifically social security, ex-gratia Commonwealth and State payments, statutory compensation schemes, and common law actions. Chapters 16, 17 and 18 examine respectively the law relating to insurance and superannuation; employment and occupational health and safety; and guardianship, custody and access to children. HIV/AIDS in employment is dealt with generally, and then the law relevant to particular categories of workers such as defence force personnel, health care workers and professional sports people is examined.

The new chapters that have a more collective public focus are chapter 13 which explains censorship and media standards, and chapter 14 which states the law relating to therapeutic goods, namely HIV test kits, therapeutic drugs, condoms and lubricants.

Most of the chapters briefly introduce the main policy issues and outline the main legal aspects in the chapter. The bulk of each chapter then consists of summarised statute and case law for each of the nine jurisdictions in Australia. Some chapters also contain unreported decisions.

The book is written for legal workers and people working in areas which raise HIV/AIDS-related legal issues. Its stated purpose is 'to tell them what the law is' (p.xxvii). This second edition does this in clear and concise language, and should accordingly prove a valuable reference. Not only is its coverage comprehensive, but the material is organised so that it is easily accessible for the reader. The book