

Manchester MIND

NEWSHEET
Issue 6 - July/August.

Editorial . . .

The newsletter is changing gradually as we respond to criticism and get new ideas. We felt last month's issue was too bitty with too little character, so this month we are responding with a longer editorial and more personal articles. All contributions are as welcome as ever.

The last month has been a hectic one for MIND. The main event was the MIND benefit which included a multi-media show put on by people involved in MIND, plus a live band. The evening was enjoyed by all and we managed to break even.

RACISM IN MIND

Perhaps for the first time MIND is starting to take racism seriously. Many of us individually have been aware but the organisation has done little except an unfinished attempt to translate leaflets into Urdu

The latest enthusiasm was triggered off by National MIND's requirement to sign an equal opportunities declaration if we wanted to reaffiliate. This declaration was poorly written and likely to lead to token reactions by most MIND groups but the executive felt that if we were to sign it, the organisation must actually take it on board.

What does this mean? The discussions have hardly begun! Most of the members of MIND and all of the executive are white. We need to understand why this is. Is it because of our image, where we advertise, the interests we have? In every part of the work we do we need to look at how we are meeting the needs of black and ethnic minority people.

Much of MIND's time and effort is spent on criticising health and social services, attempting to get them to see and do things differently. What work has been done so far in seeing how they meet the needs of black and ethnic minority groups? In Central Health District an Afro-Caribbean and Mental Health Study group has been meeting to look at services to this community. As far as I'm aware no similar group for the large Asian community in North Manchester. There is an Ethnic Minority and Mental Health Study Group which functions mainly as a support group and the Regional Health Authority have just produced a dismal report on services for ethnic minorities.

In mental health perhaps more than any other field demands that workers understand the culture and day-to-day life of the people they work with.

A WORKING MIND

One of the major difficulties in MIND (aside from the obvious one..money!) is to do with organisation and participation. Now that our only paid worker is part-time, it seems that no single person has got a grip on all of MIND's activities and office organisation. Some unpaid workers actually do more hours than the paid worker! We must improve communication between the various activities going on, and continually ask ourselves what we are achieving in the long term.

All those actively involved in MIND whether typing, telephone counselling or representing MIND, need also to be involved in thinking about the various issues MIND is facing. What should MIND believe in? Do our activities reflect this belief or are they simply left-overs from an earlier way of working? We all have some perspective to offer.

INFORMATION BANK REVIEW / VOLUNTEERS FORUM

The workers at the information bank are holding a morning meeting to tackle the problems of communication and organisation. Further news in the next issue.

The workers/volunteers forum and support group has begun meeting monthly to enable these discussions to take place.



HEADLINES

SOCIAL SERVICES INSPECTORATE

The inspectorate have been inspecting mental illness services in Manchester over the past few months. They have gone to many of the day centres, area and hospital based social work teams, hostels, voluntary organisations etc. Their report which was to have been ready quite soon will not be ready until late August at the earliest.

This should prove interesting reading. However the most interesting parts, the report backs to each of the inspected services, will remain confidential unless they choose to publicise them. We can only hope.

Manchester MIND has not been inspected as we do not see ourselves as mainly a service provider. We have agreed to write a submission on the organisation and its philosophy vis-a-vis mental illness services.

REPORTS ROUND-UP

(A monthly guide to documents produced about Mental Illness Services in M/c)

Joint Planning and Collaboration (draft)
DHSS Circular JAN 86

This is not a report one reads with fascination. It is a hard slog and barely worth it. It concerns the arrangements for joint planning between local authorities, health service and voluntary organisations (MIND for instance). It lays out the terms of reference of each planning committee and encourages everyone to get on with it together. It even recognises the need of voluntary orgs for funding if they are to participate fully in planning, Bravo. However it is hardly bursting with new ideas.

Verdict: good sentiments, a few ideas, only for those in the know.



HARPURHEY
RESETTLEMENT
TEAM

Trees Street Clinic, Cheetham Hill,
Tel 061 720 7808 Extn 24 or 25

RESETTLEMENT PROJECT - THE AIMS

TO FACILITATE THE INTEGRATION OF 20 TO 25 LONG TERM RESIDENTS IN SPRINGFIELD HOSPITAL INTO THE HARPURHEY AREAS, TO THE EXTENT THAT THEY LIVE IN ORDINARY HOUSING AND ARE ABLE TO LIVE INDEPENDENTLY OF HEALTH CARE PROFESSIONALS AND USE SUPPORT NETWORKS AND STATUTORY AND VOLUNTARY SERVICES WHICH ARE GENERALLY AVAILABLE TO AND USED BY OTHER MEMBERS OF THE COMMUNITY IN WHICH THEY LIVE.

The Resettlement Team is keen to talk to any people or groups in the area about our work. We would also be glad to discuss general issues of mental health if there is a group who have an interest in this topic. If you would like someone to speak on these, then please contact us.

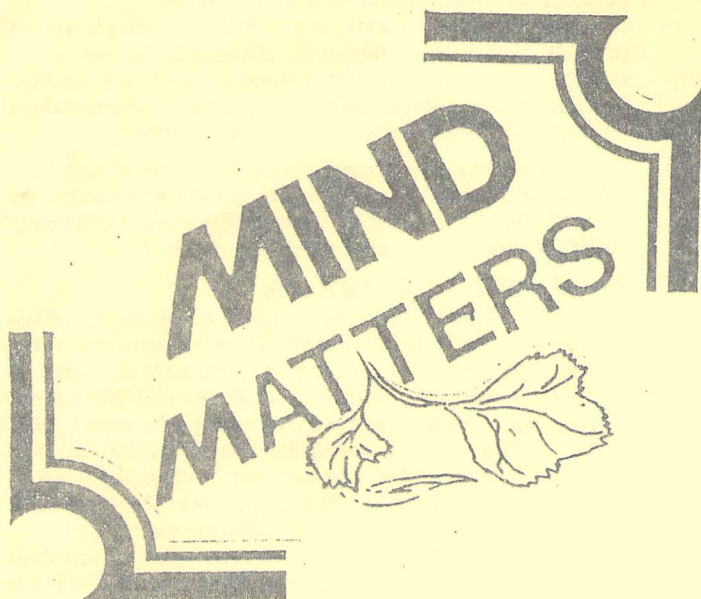
HARPURHEY RESETTLEMENT TEAM

This team is to help 20-25 people living in Springfield Psychiatric Hospital to settle in Harpurhey. Its certainly the best of its kind in Manchester and may well be one of the best in the country.

Recently the team organised 2 half-day workshops at the United Church in Harpurhey. Members of the local community got to know each other and discussed issues relevant to resettlement e.g. problems of transport, how people were to make new friends, employment prospects. The workshops were very successful and many organisations offered their support.

HEADLINES

A SELECTION OF NEWS ITEMS
AND REPORTS ON WHAT IS GOING
ON IN YOUR SERVICES.



WHAT DOES/SHOULD MANCHESTER MIND BELIEVE IN?

MANCHESTER WORKERS/VOLUNTEERS SUPPORT GROUP

The general idea for this group is for anyone who is active within Mind or who is interested in getting involved, to get together monthly to chat about what we're doing and for general support. Also we thought we'd have a speaker, video, or workshop as a focus for each meeting, based on various topics that are interesting or relevant to our activities.

At the meeting on Monday, 21st July (7.30 p.m. at the Health Education Department Hardman Street)

Tony Baldwinson and Paul Baker from the Policy Group were there to talk about and explain a Manchester Mind Policy document called "Principles of Change", which should act as a basis for our thinking about anything we do with Mind.

This document is NOT A FINAL DRAFT, and any thoughts/comments/criticisms/feelings are more than welcome.

If you would like a copy of this document - "manifesto", simply contact us and we will send you a copy.

The next meeting will be fixed shortly. If you are interested, and would like to be kept on the mailing list, please contact the Mind Office (273 5709) and leave your name and address.
(Ignore this if you have already done so)

SUPPORT WORKER

Kooj, the support worker, will be on holiday from 26th July to 17th August, but other people will be on hand.

INFORMATION BANK INFORMATION/ADVICE TELEPHONE SERVICE

Due to lack of volunteers the telephone line will only be open on MONDAY 2-5pm until October when hopefully we will be able to resume our normal service again.

MIND EXECUTIVE

All are welcome to these meetings, at which the current state of Mind activities and new developments are looked at and 'oriented'. Each meeting has a 'business' section and a 'discussion' section, held on the fourth Monday of each month, 7.30 p.m. at the Health Education Dept., Hardman Street, Manchester 3.

NEXT MEETING : July 28th

Asylum

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Issue No. 2 of this alternative Mental Health magazine is now out, price 70p, from the Mind Information Bank :

178 Oxford Road,
MANCHESTER
M13 9QQ

(Enclose S.A.E. if you write in by post)

OR From :

Prof. F.A. Jenner,
Royal Hallamshire Hospital,
SHEFFIELD, S10 2JF

(Cheques payable to Asylum)

PRINCIPLES OF CHANGE "THESE PEOPLE" are us PRINCIPLES OF CHANGE

Extracts from Principles of Change:— a MIND Policy Document

This document has been produced by the policy group of Manchester MIND and is still in draft form. All comments are welcome.

If you would like a copy of the longer document, phone or write to Manchester MIND. Tony Riley and the others at MIND welcome community involvement in their work and would like to hear from you.
Manchester MIND, First Floor, 178 Oxford Rd., Manchester
M13 9QQ. Tel. 061-273 1487.

A Community Approach to Mental Health

This document is a statement of beliefs and is intended to provide arguments to encourage changes in the way our mental health needs are met. It arose out of dissatisfaction with present services and a knowledge that there is potential and willingness in many areas to change and improve.

It is neither possible nor desirable that we should define "the" ideal services, since different cultures and communities have distinct needs. Rather, we describe a process by which desirable and "ideal" services can be reached.

Communities and Mental Health

Mental health problems are social phenomena, not just problems of the individual, which is the current approach. Helping people involves taking into account their social, cultural and economic environment. For mental health services to be responsive to needs in a community they must become a part of it. They need to work within the contradictions and conflicts of interest that exist between families and their members, employers and their employees. These kinds of services would require radically different methods of organisation. Health workers need to be involved with their patients rather than alienated by professionalism and ready made solutions to problems.

How Mental Health Services Can Be Part of the Life of the Community

There can be no blueprints or recipes for the success of this programme. Each community is different in its requirements. However, the following suggestions point to a more sympathetic way of regarding people's health needs.

Friendship and Work

Friendship is a vital part of people's lives and mental health. Services should encourage people to make friends. Present services actually hinder this process by stigmatisation and segregation of people with mental health difficulties. People labelled as "mentally ill" also encounter great difficulties in finding jobs because employers think, unjustifiably, that they will be unreliable. Yet, quite apart from being a source of income, work is one of the main ways we identify ourselves, meet people and make friends. Even voluntary organisations are unwilling to take on the mentally ill.

Home

Where people live is a central part of their identity. Mentally ill people living at home or moving from an institution to a house need more support to deal with situations of stress or threats to their rights. Occasionally, someone who is too violent (assessments which are open to interpretation and discussion) may need to be removed from the community — even against the person's wishes. These occasions would decrease dramatically if sufficient support was available early enough. Manchester MIND believes that hospitals are very rarely suitable places for people to live.

Democracy and Mental Health Services

We believe the way society cares for those who are mentally unwell has to change radically. We all need to be respected and treated as people who have rights, and are not shunned and discriminated against in the ways that mentally unwell people are treated today. People who have mental health problems should enjoy the same rights as anyone else; a decent place to live, a right to work and to have friends. All of us need to acknowledge that "these people" are us. We can all experience mental health problems to some degree and suffer from the way mental illness is regarded. We have a right to be treated as people, not as a collection of symptoms. We have the right to control our treatment, to have access to advocates and to make informed choices. Only in the most extreme cases should these be taken away. Communities have a right of control over their own services which are there to meet particular needs.

We feel that the present mental health services do not satisfactorily meet the needs, nor observe the rights of the people they serve. Our experience tells us that these services can improve and change, given the chance, the encouragement and the will.

Beyond the Group Home

What should be the main activities of a local MIND association? Paul Baker and Tony Riley from Manchester MIND argue that campaigning should be the priority.

Does your local association actively campaign for the rights of consumers? Has your association responded to regional and district health authority policy documents? Do your MIND meetings involve lively discussions on issues such as the use and abuse of ECT, minor and major tranquillisers?

No? Neither did ours! Until three years ago we were a very traditional group. We ran a group home and a social club and all our energies were sucked into the demands these services made on us. We found it impossible to involve new members and the committee meetings were boring beyond belief. Have you spent an hour discussing who should pay for the repairs to a washing machine? Not much fun is it!

Taking the decision to become a 'campaigning group' is a hard and difficult road to follow. It exposed disagreements within our association and it inevitably distanced us from the statutory services.

For many years we had hidden our differences by focusing on services and not on attitudes, issues and policies. We had not faced up to the conflicting interests between individuals in our organisation. We have now learnt that before any work can be done the priority for any group must be to establish a set of principles from which work priorities can be set.

How do you start?

Get Your Structure Right as an Organisation

- Who has the power in your group? Are they employed by a statutory agency or are they constrained in any way?
- Is your group dependant on funding from a sponsor, such as the health authority?
- Who is your membership? How democratic is your group? Who makes decisions?
- What is your relationship with formal mental health services? Are you part of those services? How do the users regard you? Are you filling gaps?

What about the obstacles?

Identify Constraints on Wide and Coherent Campaigning

- Does your group have an expressed policy or philosophy on the kinds of services that should be developed? How is this policy developed and by whom?
- Is the policy shaped by the internal structural demands of your group, for example because of funding needs or a close relationship with local psychiatrists? Is policy dependant on the opinion of powerful individuals?
- Is there competition with other organisations, pushing you to do things?
- Is there pressure from National/Regional MIND to work with local authorities or health author-

ities on projects like day centres?

- Does government funding (eg Opportunities for Volunteering) direct you towards service provision?

- Can you get funding for campaigning?

What do you do?

Take it in Three Stages.

Firstly, develop an understanding and a position about the quality and impact of services. Monitor services/hospitals/communities to find out what is happening to people, using an information line, newsletter, contacts with the press and public meetings.

Secondly, begin to make an impact on professional groups and services through representation on joint consultative committees, community health councils and any possible forum. Arrange meetings with local authority departments and make yourself known by: talks/briefing papers, responding to policy documents, training and setting up steering groups and working groups etc.

Thirdly, develop a forum which allows participation by groups excluded from formal psychiatric services and encourage multi-agency/community-based action. No one wants to be identified as a user, but imaginative approaches can overcome this silence.

Challenges

Campaigning is a legitimate and valuable activity that many MIND associations do not see as a prior-

ity. This is in direct contrast to the image of National MIND which has a long-standing reputation for affecting change on mental health issues.

Campaigning isn't necessarily confrontational and antagonistic. If you do it well you will be getting people to see your point of view and to change their own. Health authorities are rarely challenged in a meaningful way. The challenges they get are limited often to objections to planning applications. Rarely do users, relatives or lay people organise in such a way that the authorities have to account for what they are doing. Participation and consultation are real forms of support at the stage of planning services (as with hospital closures). This involvement by local associations is a creative and exciting way of involving lay people in developing mental health services.

We believe National MIND is not putting enough resources into supporting local groups who want to campaign. At a workshop on campaigning we led at the national conference, over 120 people attended — this demonstration of interest must not be overlooked. It is now necessary for National MIND to bring together local groups to discuss local campaigning and to fit in the local associations more closely to national campaigns.

If you have views on the issues raised in this article contact HEADLINES, 22 Harley Street, London W1N 2ED. 01-637 0741



DAVID BUCKLEY

Many people in Mind knew or had heard of Dave, who sadly took his own life on Tuesday 8th July.

For the last few years, he had been a worker at the Duchy House Day Centre, in Salford. As a result of his own efforts, meetings had begun to try and set up a project in the local area, with as much involvement and control by the "users" themselves as possible, to meet theirs and other peoples needs, particularly during the evenings and weekends when the day centre is closed.

The meetings are presently continuing and we hope will successfully result in the formation of the project.



The funeral will be on Tuesday 22nd July at 3.45 p.m. at :

The Manchester Crematorium,
Barlow Moor Road,
West Didsbury.

If you would like to pay your respects or send flowers, contact :-

Mr. Seddon,
Chapel of Rest,
Leech's Funeral Service,
95 Princess Road,
Moss Side,
MANCHESTER 14



MENTAL "ILLNESS"

Mental "Illness" is a very difficult thing to cope with and needs sensitivity and understanding. Unfortunately, people so labelled do not get this in the way people with physical disabilities might do, and this is a form of discrimination; many people cannot see why there should be specific facilities and services for the mentally ill, yet it is largely our own society that causes mental distress.

People commonly complain of life's pressures. When "metabolic systems" cannot stand the strain, headaches, migraine, pills, breakdown, hospitals, and so on can be the result. Yet mental "illness" is much neglected by society. Why is it that little or nothing is said or done to improve things for people undergoing mental distress?

Psychiatric drugs do not cure "illness". They only make it possible to carry on or make it tolerable, and at the same time, patients often receive a lot of prejudice. More education is needed to make the public aware of such ingrained practices.

Many people do not understand mental distress, so they shun it from their minds, saying "sickness is for other people"

The so called "mentally ill" deserve a better deal. More resources/money should be made available to people undergoing mental distress to help them cope with the various pressures and to enable them to create better lives for themselves. Psychiatric institutions and hospitals are generally inadequate.

There should be more organisations like MIND and 42nd Street, which amongst other things: help, advise, counsel and campaign for people undergoing mental distress. It is important that more people gain a real understanding of mental "illness".

If you would like to know more, contact. Manchester Mind, 178 Oxford Road, Manchester, M13 9QQ, or ring 273 1487

by PETER KNOWLES
with help from Kooj

Section 136

Dear OPENMIND, You are right to draw attention to the persistently high rate of section 136 admissions in the Greater London area (OPENMIND 20, News). This part of the Mental Health Act is unique, permitting a single individual with virtually no training to detain a person involuntarily in a mental hospital. There is no right of appeal, making the procedure uniquely open to abuse.

I have recently completed a survey of 240 section 136 admissions from the West Lambeth Health Authority region. Findings would largely coincide with those quoted by Rogers and Rassaby in OPENMIND 20. The findings also support the case for a more significantly multi-disciplinary approach to the problem. In our sample 23 per cent of admissions to hospital were detained for less than three days. In 7.5 per cent of admissions no signs of mental illness were detected. In 4.5 per cent a diagnosis of 'Situational Crisis' was made. No admissions were seen by an emergency social worker, yet in each of the above groups a social worker might have made a valuable contribution to care, in some cases probably obviating the need for admission.

Providing such a service would not be without difficulties. 65 per cent of admissions arrive in hospital after regular working hours. If all potential admissions cannot be seen by a social worker, I would suggest that those who had not been in-patients previously should be given priority assessment as these individuals are likely to be discharged early without a diagnosis and without follow-up being offered. This may be the group that would benefit most from early social worker support.

Our ability to deal effectively with this issue will prove to be of crucial importance in assessing the potential of the community approach to psychiatric care.
Dr Tom Fahy, The Maudsley Hospital, London SE5

'WE'RE NOT MAD... WE'RE ANGRY' is a programme planned for transmission on Channel 4 near the end of the year. The film aims to show that 'psychiatry is a means of social control'. It will explore medicalisation of social problems, physical treatments, institutional care and community psychiatry. The programme's perspective will be that of ex-psychiatric patients. The producers are looking for 51 people who are willing to be interviewed about their views and experience of psychiatry. Interview dates: 23-28 June. Transport and meals provided plus fee. Details: Peter Campbell 01-450 4631, Andy Smith 30-67482.



Books ~

PRINCIPLES INTO PRACTICE

A developmental study of a community mental health service by Aileen McDermott - a psychiatric social worker at 42nd St for 6 years.

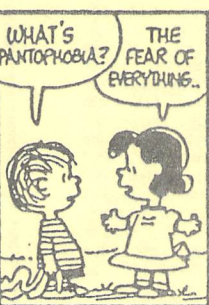
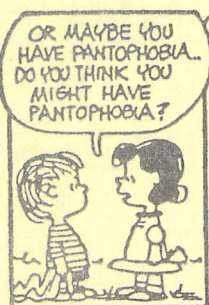
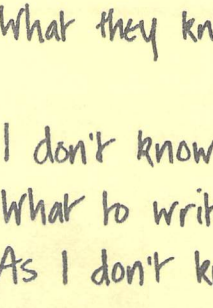
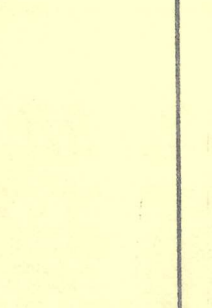
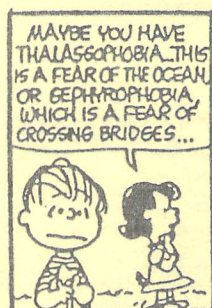
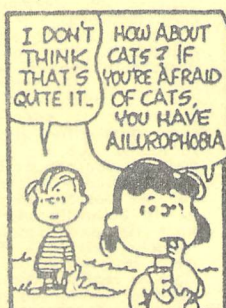
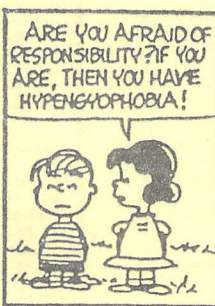
'Principles into Practice' is a timely contribution to the debate as to what principles should underlie the development of community based services in the mental health field and how they might determine practice.

The book describes 5 principles which have informed the development of a small community mental health project in Manchester and provides a detailed account of their practical implementation. Based on this experience it suggests a number of implications for other services.

Principles into Practice is available from: 42nd St
2nd Floor
42 Sackville St
Manchester 1



Price £3
Also available at Grassroots Bookshop.



THAT'S IT!!!

I don't know
What they know
I'm manic depressive
But how can I know
If I don't know
What they know.

I don't know
What to write next
As I don't know
What they know

Carol Ballon
24.2.86

Snippets

A Monthly Roundup
of News Items.

Sick care on the move

THE first batch of long-stay patients have been moved out of the 90-bed Marland Hospital at Rochdale to pave the way for its proposed closure in the autumn.

Some 20 patients will this week be moved into new accommodation at Birch Hill Hospital, Rochdale, and the remainder as beds become available between now and August.

"The accommodation at Marland is very poor and everyone is looking forward to the move," said Michael Schofield, general manager for the Rochdale health authority.

There will be no compulsory redundancies among the 100-plus staff at Marland.

A decision will be made in September concerning the future use or demolition of the 100-year-old hospital.

"We are told that the site is worth more than the building," Mr Schofield added.

Plea for patients' charter

SECRET medical records should be handed over to patients who have a complaint against their doctor.

The demand came today from Labour's chief health spokesman, Michael Meacher, the MP for Oldham, outlining the party's new patients' right charter.

Mr Meacher told the British Medical Association hospital junior staff committee in London that their plan would give every patient making a complaint the right to have their case reviewed by an independent panel. They would have the right to see all documents about their case, including, where necessary, their medical records, so they could seek independent advice.

Mr Meacher said: "If patients are to make their case before an independent review panel, it is essential that they and their advisors have full and fettered rights of access to all documents and evidence relating to their case."

Labour's plans will also give patients the right to be fully informed of each stage and development of their complaint, and they would have formal written decisions giving the reasons on which the decision is based.

Health haven botch-up fury

By Peter Spencer
THE NHS cannot afford to open a pioneering £300,000 centre built by a Labour council.

And the ultra-modern building to help former psychiatric patients will remain closed for at least another 10 months.

A VIP opening ceremony at the mental health day care centre at Little Hulton, Salford, which is due to be completed next month, has already been postponed.

The scandal of Salford ratepayers' cash being committed to a joint development, which the health authority now admits it can not afford to run has already been referred to Health Minister Norman Fowler.

Worsley Labour MP Terry Lewis said: "The building is a monument to the health authority's stupidity. The ratepayers, whose money built the place are entitled to be

Mr Lewis, who has been keeping a dossier on the effects of the Government cash squeeze on the NHS is demanding Mr Fowler orders an inquiry into the financial botch-up.

After the announcement of the Government's long-term policy of "de-institutionalising" psychiatric care, Salford council and the city health authority two years ago decided to embark on the Little Hulton project.

The deal was for the council to spend £300,000 on the single-storey building to provide a "drop-in" service for an expected 100 former patients being helped to cope back within the community.

Salford Health Authority would provide the £150,000 annual running costs — mainly the pay of doctors, psychiatric nurses and therapy staff.

But the health authority have now backed out, blaming "a lack of anticipated development funding" from the

North-West Regional Health Authority. Salford council's social services director Mr Val Scerri said: "My committee is appalled and very frustrated."

Mr Peter Foster, Salford Health Authority general manager, said: "We are over-committed elsewhere and have not

been given special funding for this centre."

Asked why a promise was made to the town hall to provide running costs, Mr Foster said: "Special development funding was anticipated from the region but it is not now forthcoming, at least in this financial year."

A spokesman for the regional authority said: "A special development bid was made by Salford but not granted, and this year's money has already been given out."

"This cash for running costs cannot be found until next March, but it may not be our first priority."

↓ Reply ↓

Homes plan for mental patients

ABOUT 120 patients from a big mental hospital will be given their own homes under a scheme announced by health chiefs at Warrington.

The plan for patients from Newchurch Hospital, Culcheth, was described at a Warrington Health Council meeting.

Hospital general manager Mr Ian Hepworth said there were 400 mentally ill and mentally handicapped people in the hospital.

"There are many people in the hospital who just do not need to be there. They could be looked

after in the community given the right amount of support.

If that kind of care is provided and they go to live in ordinary houses their quality of life can be improved."

By 1994 it was hoped that 120 residential places could be found in the community. Levels of support at the homes would meet the individual needs of residents — up to 24 hours a day in some cases.

But it would not be "care on the cheap," he stressed.

People won't just 'cope'

YOUR ability by Peter Spencer on the failure of the Salford Health Authority to allocate funds for the running of the new Mental Health Centre in Salford raises some particularly serious issues.

Apart from the obvious stupidity of constructing a building, at considerable public expense, without the money to run it, general consideration should be given to the health authority's plans to run down services at Prestwich Hospital and discharge patients into "community care" facilities.

Central to the health authority's plans for this process to happen is the opening of this particular centre, plus a similar centre to be opened at some unspecified time or location. As no other visible resources are being made available at present, can we assume that the health authority will now halt its programme of reducing services at Prestwich Hospital until such time as realistic resources are allocated for the proper support of ex-psychiatric patients in the community?

Or are we to expect the health authority to tighten its blinkers and hope that, somehow, "the community" will cope? Without adequate resources, it won't.

Some prior consultation within the community might have helped to avoid this disaster. Instead, the city's voluntary social services, like those of the council are appalled by what has happened, and wait with trepidation on the outcome.

Fitch O'Connell, General Secretary, Salford Council For Voluntary Services, King Street, Eccles.

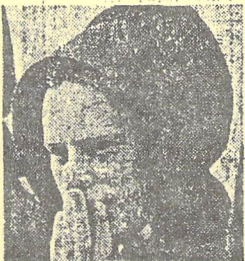
Genetic clue to lift depression

ARE you born to mental illness or driven to it? This is an important question, but difficult to answer.

It is hard to diagnose mental illnesses reliably and to know if eccentric parents pass on a gene for them or merely bring them about by their behaviour.

But now we have an answer for at least one form of manic depression: it is caused by a failure involving only one gene. The discovery has come from a study of the Amish, an isolated and deeply conservative religious group in America.

The characteristics of the disease are elation followed by severe depression. Everybody has changes of mood, but extreme cases need hospital treatment. In England about 24,000 people are



Research target: Amish girl hospitalised for manic depression every year. Knowing the cause will help to pinpoint those at risk.

The genetic research involved a study of a group of Amish by Dr Janice Egeland of the University of Miami.

The isolation of the Amish, as shown in the film Witness,

makes them particularly suited for genetic research because they do not marry outside their community.

A further advantage for psychological research is that they do not permit alcohol or drugs, which can impede psychiatric diagnosis.

Egeland reports in Science, the American journal, that the Amish she studied had noticed that these swings of mood appeared to run in families. In this group, the 26 suicides reported since 1880 involved only four families.

Egeland used an elaborate statistical survey of manic depressives in this one group to show that the disease involved only one gene. Not everyone with the gene became manic depressive. They had a predisposition to the illness that could be triggered

by stress or worry.

This probably means that some vital chemical is not being made in the brain of the patients, but researchers are cautious about the possibility of a quick cure.

Dr Martin Crawford, a genetic researcher at the Medical Research Council in London, says: "There are many genetic diseases where we can identify precisely the missing chemical. But even with this precise knowledge, we have been able to make no progress towards a cure."

But as another researcher, David Housman of Massachusetts Institute of Technology, points out: "The studies should enable us to get to the physiological basis of the illness."

Tony Osman