

Planning mental health care services

Book review

Butler, T (1992) **Changing mental health services**. London: Chapman and Hall.
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In **Changing Mental Health Services** Tom Butler examines the strategies used for the provision of mental health care services under the umbrella of the National Health Service (NHS) in Britain today. These strategies are contextualised historically by tracing their roots from incarceration in the asylums of nineteenth century Britain, to the rhetoric of the community-care approach characteristic of the 1950s, through to the more recent impact of Thatcherism on the NHS in general and mental health services in particular. Finally, drawing from the author's concrete and practical involvement in reformulating mental health services in a specific city, and on models of mental health service delivery used in the USA, the author offers an alternative strategy for planning mental health care services.

With the shift in mental health care policy planning in South Africa from predominantly institutional to community care, this book provides important reading for people involved in reformulating mental health care policy for South Africa. The first two chapters are, however, tedious for those familiar with the early history of institutionalised care in asylums. Further, the social function of the asylum, as well as the relationship between mental health care policy and the rise of industrial society is poorly developed. Foucault (1967) provides a more substantive account of this aspect of the history of segregation of the mad.

Perhaps the most useful aspect of the book are the key problems identified by Butler in the shift from predominantly institutional to community based mental health care in present-day Britain. They include the following:

1. Poor co-ordination and planning between the different *service providers*, particularly health and social services at local/regional level, arising out of the lack of shared vision and competing agency interests.
2. A false dichotomy between the *health and social service sectors*, which has more to do with power relationships than with the efficient delivery of mental health care.

3. A lack of consultation with *service-users*, and the absence of outcome measures for service, particularly the lack of "quality of life" assessments which, Butler argues, should be an integral part of any "community audit" of services.

Given that South Africa suffers from similar power struggles between the health and social welfare sectors, the above mentioned should alert mental health care planners in South Africa to some of the problems inherent in the transition from institutional to community based care.

Drawing on American experiences in mental health care, and, more specifically, on the model of service delivery used in the district of Manchester, Butler offers a model for the "planning" and delivery of mental health care services that, rather than providing a specific structure, suggests a replicable process that includes providers, purchasing agents and service-users in a ongoing process of negotiation around the nature and quality of service provision. It is important to note that this model, as contextualised within the NHS in Britain, builds in a degree of regional flexibility and autonomy in the planning the delivery of mental health services.

Butler is particularly vexed with the problem of matching services to need rather than vice-versa, which is presently the case. Butler's model therefore gives centre-stage to the service-user, who is consulted within a care-management (or case-management) model, with outcome measures in terms of "quality of life" assessments ensuring that services match individual need. It is difficult, however, to see how this would automatically translate into matching services to need at a macro-level. This would assume, in the first instance, that services are evenly accessible to all individuals in a particular region/community. This is certainly *not* the case in Britain and is more problematic in the South African context. Perhaps more damning is Butler's premise that community needs can be assessed by keeping statistics on those individuals that seek services from the mental-health infrastructure. This premise is especially problematic in working-class South African communities where mental health care services are almost non-existent and the existence of mental health problems does not ensure that people will seek assistance due the "normalisation" of mental health problems (Broughton, 1986).

Thus, while Butler's model may plausibly result in a more efficient and higher quality service model for *individual* users of service, it is difficult to see how it could be used to plan for high quality, efficient and accessible mental health care services at regional and national level. In addition, the regional flexibility that is central to the model could have devastating effects at a national policy and planning level, especially in the context of resource constraints.

Butler's fundamental premise in offering an individualistic case-management model for the planning of mental health care services is his (undeclared) faith in the power of the market to regulate services equitably, efficiently and rationally. Simply put Butler asks us to accept the view that as long as public *and* private providers and purchasers of services negotiate *fairly* with *individual* users of service, the latter's *needs* rather than demands will be met, and that a rational, efficient, equitable and accessible rational plan for mental health services will fall into place! There is no evidence, that the reviewers are aware of, that has demonstrated the power of the market to ensure efficient and equitable health care provision for the poor, the indigent, the young and

the aged of this planet. The irony is that Butler offers, in chapters 4 and 5, a useful and insightful critique of the impact of Thatcherism on the NHS, and then proceeds to develop a model based on the privatisation and deregulation of services!

Finally, the model offered is embedded wholly in a deficiency-perspective on mental health; there is no attempt to look beyond individual deficits and to harness community strengths and resources, within an empowerment paradigm, into a primary mental health care model.

In order not to throw the baby out with the bathwater, Butler, to his credit, has attempted to address the problems of fragmentation and lack of co-ordination of community care which mental health care policy makers in South Africa have to confront. Translating Butler's individualistic case-management approach into a community management approach, with community advocates assessing the mental health care needs of a community and acting as purchasers of mental health care services falls within the sphere of the needs driven development approach advocated by Dermon (1993). This approach would to some extent start to address the problems inherent in an overly centralised health planning model as well as the need for community participation in mental health care.

In summary, **Changing mental health services** is rich and informative in tracing the history of mental health care policy and services in Britain today, from it's roots in the nineteenth century asylum to the current day NHS. It is insightful in its critique of the impact of Thatcherism (from 1979 to 1990) on the NHS, and offers an interesting extrapolation of the American experience in mental health care. It unravels in detail the lie of "community-care" that has bedevilled the mental health-care initiative both in Britain and the USA. Perhaps its most important contribution is Butler's lucid, accurate and detailed interrogation of the central problems and maladies afflicting community based mental health care in Britain today.

In failing consistently to explore "mental health care policy" within a broader *economic* framework, however, what is offered as a way forward is a fundamentally reformist tinkering with mental health care *services*, with little substantive contribution to the transformation of mental health *care* at a *policy* level.

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