

TABLE I

ICD-9	Diagnosis	Priory Emergency Service (Private)	Charing Cross Emergency Service (NHS)
296.1, 3, 300.4	Depression Endogenous Reactive	23%	23%
296.0	Mania	11.8%	2%
295	Schizophrenia	15.7%	14%
300, 300.2	Anxiety-phobic states	9.8%	11%
303, 304	Alcohol/drug dependency	25%	30%
301	Personality disorders	2%	21%
293	Acute confusional state	6%	0.5%
307.1	Anorexia nervosa	6%	—
	<i>Total =</i>	100%	100%

those at Charing Cross Hospital. The emergency service at The Priory provides a 24-hour assessment service, domiciliary visits, advice for general practitioners in dealing with psychiatric emergencies and urgent admissions. We saw 53 new cases in a three-month period. The diagnostic categories compared with those of the Charing Cross patients during the same period are shown in Table I.

It may surprise some to see the similarities between the private and public sectors, especially in relation to the major psychoses, neurotic disorders and alcohol and drug dependency. The higher proportion of patients with personality disorders seen at Charing Cross is of particular interest.

I cannot, of course, speak for the whole of the private psychiatric sector, but The Priory Hospital at least is prepared and able to meet the needs of a representative sample of psychiatric patients.

I hope the two hospitals can now collaborate on a follow-up study of their patients.

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A great mystery of psychotherapy practice

DEAR SIRs

For some time I have been concerned about an interesting phenomenon of psychotherapy practice and the other day a patient came to see me for a consultation and what unfolded captured the issue fairly well.

The patient, in this case a woman, comes to see me as consultant psychotherapist at an acute psychiatric unit. She starts by saying that she saw this psychiatrist (who referred her) and all he wanted to do was ask her lots of questions, and tell her what to do,

and get her to take drugs – he was not interested at all in her feelings and did not seem to have time to listen to her. I commiserate, indicate that there is time now and ask her gently to tell me about it.

“Oh but doctor couldn’t you ask me some questions? I need to know what to do about my husband. Perhaps there is something I could take that could make me feel better?”

A colleague of mine once put the problem another way by pointing out that when the patient sees the psychiatrist and says “I want psychotherapy” the psychiatrist says “No, you don’t”; then when the patient sees the psychotherapist and he says “You want psychotherapy”, the patient says “Oh no, I don’t”.

I contend that this is a great unsolved mystery worthy of detailed research!

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Continuity of care

DEAR SIRs

We were interested to read the account by Shah & Lynch (*Psychiatric Bulletin*, March 1990, 14, 153–154) describing their study of cases attending a registrar’s follow-up clinic. We recognise that it is dangerous to draw firm conclusions from such a small sample but we are surprised that they did not comment further on the fact that 87% of the patients had a diagnosis of schizophrenia or manic-depressive illness. Both of these groups represent a vulnerable population who need long-term support and therapy. As a general principle such individuals need maximum continuity of care and expert input and these cannot be found in a registrar clinic where the doctor usually changes at least every six months. We believe