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## General psychiatry: cuckoo

Sir: The articles from Colgan (*Psychiatric Bulletin*, January 2002, **26**, 3–4) and Tyrer (*Psychiatric Bulletin*, January 2002, **26**, 5) on the state of general psychiatry make sad reading. They look at the speciality from within and do not enjoy what they find. Everywhere else looks better: cardiothoracic surgeons luxuriate in a waiting-list and child and adolescent psychiatry in a well-stocked library; and general practice is vibrant with control of budgets. Perhaps someone should tell them that child and adolescent psychiatry has a massive recruitment problem and general practice cannot fill its empty training posts or its career posts. It is a tough old world out there for all of us – even old age psychiatry in its ‘quiet and homely sitting room’.

Where have they been? Old age psychiatry lives in the car and other people’s sitting rooms – and that is why it is alive and still expanding. Its approach has not been to exclude people but to say progressively ‘yes’ as workforce and resources have begun to flow to allow this: thus most people with early onset dementia will find a welcome in an old age service. Increasingly, older people with chronic psychosis travel the same route and we are learning all the time.

There are all sorts of difficulties for general psychiatry but the discipline has a great deal to offer. That is why the customers keep on coming – services must remodel to the needs of these people rather than wish they would behave in a way that suits the established system. Perhaps the greatest difficulty is posed by the establishment itself, which confirms status on a subset of the speciality within the confines of the Institute of Psychiatry and the bigger university departments. They are massively overstaffed when compared with anywhere else in the country and their senior staff are heavily protected from the real world of Colgan. Yet it is they who have the accolades (count the A and A+ awards) and they who have the ear of the Government. Contrast this with the old age psychiatry of the 1970s and 1980s, when young psychiatrists were encouraged to join pioneers working in unfashionable places with the heart-sink condition of dementia and the stigma of senility.

Perhaps if the cuckoo could be persuaded to leave, the true birds of the nest could grow strong and fly.

**Professor David Jolley** Consultant in Old Age Psychiatry, Medical Director of Wolverhampton Health Care NHS Trust, West Midlands WV4 5HA

## Catatonia and neuroleptic malignant syndrome

Sir: Carey *et al* (*Psychiatric Bulletin*, February 2002, **26**, 68–70) discussed the clinical issues surrounding a patient with features of catatonia and neuroleptic malignant syndrome (NMS). The relationship between the two conditions has been conceptualised in three ways. Castillo *et al* (1989) argue that lethal catatonia and NMS can be distinguished by clinical features, especially lead-pipe rigidity. Mann *et al* (1986) state that lethal catatonia is a syndrome that may have many causes, one of which is NMS. Bristow and Kohen (1996) regard catatonia as a risk factor for the development of NMS and lethal catatonia being identical to NMS.

The literature is less informative about the longitudinal features of both conditions. NMS recurs in a minority of patients and catatonia can recur. Although there is a consensus on the avoidance of neuroleptics in the acute stages of both conditions, there is little research to guide clinicians on their long-term management. The patient that the authors discussed experienced a relapse while treated with risperidone and lithium and they do not state the follow-up period after the second episode. The re-introduction of neuroleptic treatment after a near fatal episode of NMS or lethal catatonia appears to be associated with a high risk. Prospective data are needed on patients re-challenged with neuroleptics versus those in whom neuroleptics are withheld in order to help establish whether the conditions may be differentiated and to clarify the long-term risks and benefits of neuroleptic treatment.

BRISTOW, M. F. & KOHEN, D. (1996) Neuroleptic malignant syndrome. *British Journal of Hospital Medicine*, **55**, 517–520.

CASTILLO, E., RUBIN, R. T. & HOLSBOER-TRACHSLER, E. (1989) Clinical differentiation between lethal catatonia and neuroleptic syndrome. *American Journal of Psychiatry*, **146**, 324–328.

MANN, S. C., CAROFF, S. N., BLEIER, H. R. *et al* (1986) Lethal catatonia. *American Journal of Psychiatry*, **143**, 1374–1381.

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## Overseas psychiatrists

Sir: Among the many achievements cited in the President’s Report (*Psychiatric Bulletin*, December 2001, **25**, 487–490), the initiatives of Professor Cox, President of the College, to engage with colleagues working in developing countries must be lauded as the dawn of a new era. Many

overseas members perceive themselves as the proverbial lost sheep eating the crumbs that fall from the College’s table. Yet, far removed by distance from Belgrave Square, many members working overseas in an environment of non-British trained psychiatrists paradoxically hold total allegiance to the College and closely follow the proceedings.

It is hoped that this wind of change will result in more collaboration with overseas members. For example, there is a perception that the adjustment of membership fees linked to the gross domestic product of member countries is discriminatory in itself, enabling those from developed countries more ‘buying power’ into the College. The reasoning for a sliding scale is faulty since the sustainable income of psychiatrists in the poorest developing country is astronomical when compared to the per capita income of the general population. Arguably, a common membership rate may have been more equitable.

Nevertheless, the two working parties, one headed by Dr Kendell on international responsibilities of the College and the other chaired by the President himself on training and service delivery issues for Black and ethnic minorities are long overdue and must be welcomed. The chairperson of the new Ethnic Issues Committee, Dr Parimala Moodley, must be less Eurocentric and ought to devise a mechanism of incorporating overseas members from the developing countries into her committee.

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## The British Psychological Society review

Sir: The British Psychological Society (BPS) document, *Report on Recent Advances in Understanding Mental Illness and Psychotic Experiences*, is a most thorough commentary on current practice and research in psychological approaches to the treatment of psychosis. Though our view is that the BPS publication downplays neurobiological developments and is written in a style that might lead to counterproductive defensiveness in many psychiatrists, we feel that the tone of aspects of the brief *Psychiatric Bulletin* review (November 2001, **25**, 454–454) are unfortunate.

The BPS document needs to be read and discussed widely when it contains such cogent views that much



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contemporary practice and attitudes need to be changed. There are many constructive recommendations that would assist in fulfilling National Service Framework objectives.

Though the views expressed are those of psychologists, there is much that many psychiatrists would agree with and indeed a lot of the research quoted is that of psychiatrists'. We would have welcomed a review that encouraged our members to take much more seriously what well-respected colleagues in psychology are saying.

We will take just one area that the BPS report focuses on – family interventions. These were pioneered at places such as the Maudsley Hospital more than two decades ago and have consistently been found to have a power at least equivalent to medication in reducing the relapse rates that understandably burden Persaud (the reviewer) and so many general psychiatrists (not forgetting the patients and families themselves). Yet we understand that it is rare for a Maudsley trained psychiatrist to have been routinely trained in these methods, whereas we are sure that they are experts at the latest medications. We found it worrying that Persaud does not have the experience of working with a psychologist in an acute or early intervention service and seems unaware of parts of this country and other countries where psychologists are key members of teams running acute services along the lines recommended by the BPS, and getting improved results.

Our reading of the report is that psychologists are not suggesting that they run services without doctors and medication – as Persaud rather mischievously suggests – but in partnership. We would encourage College members to read the review and wherever possible form better relationships with well-trained psychologists, many of whom have a great deal to contribute to modern psychosis services.

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## Special interest sessions: some thoughts

Sir: The correspondence from McIntosh (*Psychiatric Bulletin*, January 2002, **26**, 37) on the use of her special interest sessions for a placement in public health was a welcome sight for specialist registrars such as myself because unless a training scheme has special interest sessions already established, this is often left to our imagination and resourcefulness, so one is grateful for any inspiration.

A recent study (Stephenson & Puffett, *Psychiatric Bulletin*, May 2000, **124**, 187–188) revealed that some trainees have real problems in knowing what to do about these sessions. Something along the lines of an internet database of pooled experiences might be valuable and I would be happy to be contacted by any interested parties.

Finally, we also need to be aware that placements outside of our employing trusts may not be covered either by trust indemnity or by our defence organisations, and it may be necessary to negotiate a contract with the trust our sessions are with.

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## the college

### Art at Belgrave Square

Art at Belgrave Square – paintings by psychiatrists and people who have suffered mental health problems – is part of Mind Odyssey.

The College is very grateful to Henry Boxer, Director of the Henry Boxer Gallery, London, for the loan of a painting from his renowned collection of 'Outsider and Visionary' art. The painting *Inside Banstead Hospital* by Rosemary Carson, a service user, will be exhibited in the College from 10 May to 10 June 2002.

### Rosemary Carson (b 1952)

Since the age of 6, Carson has occasionally experienced the sensation of maggots moving in her body. She describes her childhood as rather unhappy and attempted suicide at the age of 15. Since then she has spent periods in psychiatric care and her treatment has included drug

and electric therapies. Her work featured in the exhibition *Private Worlds – Outsider and Visionary Art* at the Orleans House Gallery, Twickenham, last year. The Wellcome Trust has recently acquired one of her paintings for its permanent collection.

Painting has long been important to Carson but never more so after she became ill again in 1996 when she started hearing voices. She spontaneously began to paint faces that she subsequently recognised as fellow patients from her earlier stays in psychiatric hospitals. This brought back memories. The need to capture these memories was reinforced by the urgings of the 'underlings' (spirits of dead patients), so called because they speak to her under the voices of others. Mostly they encourage her in her work, but sometimes they become frightening and destructive. At these times, she enters a local psychiatric unit until she feels able to return to painting in safety.

### Changing Minds Campaign roadshow breakfast briefing

#### Stigma Alert

Tuesday 25 June 2002

We would like to invite you to a breakfast briefing at St Fagan's and Penarth Suite, Jury's Hotel, Cardiff, 8.00–9.30 a.m. (including a complimentary full Welsh breakfast), to hear about the work of the Changing Minds Campaign, and in particular Stigma Alert.

Stigma Alert is an initiative, funded by Jansse-Cilag, that takes the messages of the Changing Minds Campaign to primary health care teams, in particular general practitioners (GPs), throughout the UK.

Please come along to what should be a fascinating breakfast briefing. We need your help to promote the campaign locally. This will be the only opportunity that Members will have at this year's