



example, would the kind of person admitted to an adult acute ward really benefit from more cognitive behavioural therapy and less medication and coercion, as opposed to the kind of person normally referred to a psychologist in an out-patient department?

It is difficult to escape the sense that this report has been put together by a

group of well-meaning academics, who do not on a daily basis have to manage schizophrenia, or take decisions with profound legal implications, as clinical psychiatrists must.

Indeed the true empirical test begging to be instituted following this comprehensive report, would be for a group of daring psychologists to set up an acute

ward and community service based solely on these psychological principles. This would help us all to see how far one can really take this kind of psychological model in the real world.

Raj Persaud Consultant Psychiatrist, The Maudsley Hospital, London

miscellany

Harrogate–Zomba Mental Health Link

In May 2001 members of the Harrogate Health NHS Trust visited the Zomba Mental Health hospital in Malawi. The focus of the visit was to familiarise the team with the psychiatric services available in Zomba and look at the medical input provided. The situation within the hospital and in the community is very poor. There is no consultant psychiatrist attached to the hospital and medical input is provided by a clinical medical officer whose level of training is lower than that of a UK medical practitioner. In the whole country there are five qualified psychiatric nurses and no plans have been made for after their retirement, which is imminent. Medication is haphazard and supplies limited. The patients are accommodated in poorly maintained wards.

While much of what was seen during the visit was disheartening, there was a great desire by all the staff to change things for the better. A visit to Harrogate by staff from the Zomba Mental Health hospital is planned for late 2001, with a view to exploring links with York University and the possibility of further training for nursing staff from Malawi. The need for medical input is clear, but the Ministry of Health in Malawi has been unsuccessful in recruiting psychiatrists to take up the post. However, they are very keen to discuss the possibility of recently retired consultants from the UK taking an interest in the development of their service and perhaps assisting them in this. Those who would like to explore this option or obtain additional information regarding the establishment of a further link should contact Dr Dymprna Ryan, Consultant Psychiatrist, Briary Wing, Harrogate District Hospital, Lancaster Park Road, Harrogate HG2 7SX (tel: 01423 553 683).

Overseas Working Group in Child and Adolescent Mental Health

The Royal College of Psychiatrists set up an Overseas Working Party chaired by Dr Bob Kendall. The final report of the

working party recommended, among other things, setting up an Overseas Working Group in Child and Adolescent Mental Health. Accordingly such a working group has been formed with a view to undertaking the following tasks:

- (1) To identify key people and networks associated with Child and Adolescent Mental Health in various countries, to contact them in order to assess the training needs in their networks and to co-construct training programmes that can be cascaded further.
- (2) To explore the possibility of designing a core multi-disciplinary training pack in child and adolescent mental health that would be relevant and applicable in a variety of countries.
- (3) To encourage and connect all those interested in helping with such ventures through Focus Newsletter, Faculty Newsletter, the College website, etc.
- (4) To explore the possibility of using some of the unfilled specialist registrar posts or creating some other short-term clinical training experiences in the UK for overseas professionals.

The main aim of the group is to look at how the College may support and facilitate the development of child mental health services by providing resources and support for multi-disciplinary training. It was felt that key people and networks in a variety of countries should be approached with a view to developing dialogues that will be fruitful to all concerned so that they can learn from each other's experiences. The respondents can comment either from their local, regional, national and/or supranational perspectives. To help structure their responses a few questions, such as the following, should be listed:

- (1) Are there any child mental health services in existence? If no, what would help to develop such services. If yes, where are such services currently located (i.e. within what type of facilities e.g. paediatrics, maternal and child health, psychiatry, specialised resources in very remote tertiary settings or more widely available?)

- (2) What is the mental health training currently available in your context/country that is child specific and for what disciplines? Is the training pre/post registration? Are there child mental health inputs into post-graduate psychiatry and/or paediatric programmes?
- (3) What is your view of the objectives of the College Overseas Group? Do you consider that such a group could have a useful input to meet your country's training needs?
- (4) What do you think about the idea of having access to a modular training content? If it seems useful, does it need to be in a printed format only or would the facilities to use video material accompanying a printed manual be available? If not, is this because of the need for content to be translated into local languages and/or lack of technology or resources?
- (5) Is there a need for direct contact-based clinical experiential training? How and where can it be best organised and for what period?

The Overseas Working Group in Child and Adolescent Mental Health would be extremely grateful for any suggestions and relevant contacts in different countries, including low income countries, who could be approached for the above. Readers may also be able to comment on the above issues themselves and pass on this request to other relevant associations encouraging them to respond. Those interested in helping this important venture in any way (e.g. creating links abroad, helping with designing training packs, providing training, creating training places) should contact the Honorary Secretary, Dr Kedar Dwivedi, 8 Notre Dame Mews, Northampton NN1 2BG (tel: 01604 604 608; fax: 01604 604 531).

Special Interest Group in Gay and Lesbian Mental Health

Despite advances in rights for gay men and lesbians in British society, a homosexual orientation is still the object of stigma and discrimination. A Special