This brief note has been prepared to advise psychiatrists of the existence of such a unit of learning and where possible to stimulate its use in the nurse training curriculum and promote such activities in their clinical practice.

H. HUNTER

Balderton Hospital
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Psychiatry in decline

DEAR SIRS

Dr Morrison has voiced the thoughts of many psychiatrists on the future of their specialty (*Bulletin*, January 1985, **9**, 4–7). The public has never had a confidence in psychiatrists equal to that placed in other medical practitioners. However, they were prepared to put their trust in them. Over the past twenty years, as Dr Morrison points out, an unease and suspicion about psychiatrists and their practice has increasingly appeared. Can this change be attributed to the emergence within the population of 'damaging paranoid forces'? I believe that Dr Morrison identifies the real cause when he says that, 'it is the very nature of psychiatry that undermines our purpose.'

I have held the view for many years that the majority of our colleagues have refused to acknowledge the true nature of mental life and the disturbances which affect it. The wish that pathological mental events could be simply and easily influenced for good has triumphed over reality. Mental events have an inherent resistance to change as is evidenced in perseverative phenomena at the conceptual as well as the sensorimotor level and in the compulsion to repeat. As we have now learned, this inertia, which is so much a feature of mental pathology, cannot be speedily overcome by chemotherapy, by brief or sometimes prolonged psychotherapy, by behavioural methods or by social intervention.

The general public came to believe that psychiatrists possessed remarkable therapeutic powers. Psychiatrists were idealized. Great expectations were aroused. These expectations have not been met and a serious disillusionment with psychiatrists has set in. There is a turning to others who encourage these unrealistic expectations. It is disillusionment with psychiatrists, not paranoid anxieties, which has led to the present disenchantment on the part of the public.

Eleven years ago (*News and Notes*, September 1974, 11) I expressed the fear that great damage had been done to psychiatry because of the erosion of the clinical tradition caused by enthusiasm for natural science methodology and an uncritical advocacy of biochemical theories of mental illness. This damage has been increased by the down-grading of mental hospital practice and the promotion of district hospital and community psychiatry. A generation of psychiatrists has been deprived of the clinical knowledge which was second nature to those of earlier years. The resulting lack of confidence has been sensed by other professions and by the general public enhancing innate fears and doubts about the competence of psychiatrists. It is unrealistic to believe that these attitudes can be quickly halted or reversed. They will certainly not be changed by lectures, confrontations or polemics. Mental illnesses and the problems they present will remain. A commitment to serious clinical work may give psychiatrists the opportunity to regain what has been lost.

THOMAS FREEMAN

Hollywell Hospital
Antrim, Northern Ireland

DEAR SIRS

As Secretary and Finance Officer of the Mental Health Act Commission, I am puzzled by the reference in 'Psychiatry in Decline' (*Bulletin*, January 1985, **9**, 4–7) to second opinion psychiatrists earning 'more than £600 a day'.

The Commission provides a second opinion service through some 100 appointed doctors (twenty-one Commissioner doctors and an outside panel of about eighty). During its first year the Commission arranged 2,200 second opinions. Each one costs £46.35 (the standard exceptional consultation fee) plus any incidental travel/subsistence expenses. With a policy of trying to arrange for a second opinion speedily (within two working days for ECT cases), doctors are not often asked to see more than one patient a day.

M. ROWLANDS

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Training in community psychiatry

DEAR SIRS

I was interested to read Hugh Freeman's article (*Bulletin*, February 1985, 9, 29–32) on training in community psychiatry.

I would like to call attention to the paragraph about Dingleton which says that the 'philosophy practised there may be more acceptable to doctors preparing to work in the community' than to those training for hospital practice. Mention is also made of broadly based psychotherapy training there which is in contrast with most psychotherapy training.

I understand that the principle of democratization, as described at Henderson, has provided some inspiration for their approach. This is also true of my own training at John Conolly Hospital in Birmingham. Democratization seems to me to be about sharing responsibility. A shift of responsibility from the hierarchical structures of many mental hospitals to other workers and towards patients living independently in the community also seems central to community psychiatry.

Working therapeutically with all types of psychiatric patient requires extensive and effective support for the workers to deal with such phenomena as countertransference, apathy and the projections of severely damaged and regressed personalities.

Development of group skills in multidisciplinary settings may be seen as a partial solution to the problems of meeting this need. The personality growth which may result from a sharing of responsibility, if the group is working, I suggest is essential to good training in community psychiatry.

Resistance from the established order is to be expected and faced. It is not surprising that academic psychiatry and the

https://doi.org/10.1192/S0140078900002042 Published online by Cambridge University Press

NHS administration are dragging their feet. The old psychiatric hospitals have seen themselves as bastions of sanity and are naturally opposed to moves to take their power and responsibility away. Consultants who regard themselves as above other professionals are not likely to make best use of and develop the skills of those that they are increasingly called to work with. The resistance to the proposal of community psychiatry is threatening to the medical monarchy and its somewhat feudal administration. Surely, though, it must be time for a psychiatric reformation.

GEOFF LAYTON

The Rowans Rehabilitation Hostel
Birmingham

DEAR SIRS

Dr Hugh Freeman, in his paper 'Training for Community Psychiatry' (*Bulletin*, February 1985, 9, 29–32) does not mention that this is a setting where Large Group therapy is appropriate.

I am the Founder of a voluntary organization in Wimbledon known as the Messenger House Trust. This has been in existence for some 15 years and for most of that time much of our therapeutic work has been done through our Large Group. In fact, my experience of conducting this small open group gave me the confidence to start a Large Group at the Wallington Day Centre last November where staff and patients sit in a single circle talking to each other. Mothers bring their children and I was particularly pleased to welcome a visiting professor who came with her dog! Doctors, clergy, social workers and community psychiatric nurses are invited to attend with their clients and those they wish to help.

The Large Group plays a dual role in the realm of community psychiatry. It provides a setting for diagnostic-therapy, and importantly, also for training. The Large Group way of working potentiates my diagnostic skills. It also encourages a psychotherapeutic way of thinking by the patients, and in addition it provides a framework in which those who are training learn to listen and observe.

Further papers on the work of the Messenger House Trust Large Group are available on request.

JOSEPHINE M. LOMAX-SIMPSON

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Behaviour problems in the mentally handicapped—literature search

DEAR SIRS

We should like to draw the attention of your readers to the fact that we have just started a literature search on the behaviour problems manifested by mentally handicapped people. This is funded by the DHSS and will take two years, after which we shall produce a bibliography and a critical review of the field.

We should be grateful for any information on this subject that your readers may wish to give us—(correspondence and enquiries to Joyce Hamilton).

J. M. HAMILTON
K. A. DAY
P. S. SMITH

Mental Handicap Services Unit
Northgate Hospital
Morpeth, Northumberland

Register of computer users

DEAR SIRS

We suspect that there are many College members who, like ourselves, are using computers at their place of work, perhaps to aid data storage, research, teaching or for patient interaction. We feel sure that a list of users and their lines of interest would be a useful aid to the expansion of this area.

With this in mind we would be very pleased if interested colleagues could supply us with the following information: makes of computers, disk or tape storage, uses to which they are put, additional hardware and publications or studies in this area. It would also be useful to know about software that people are writing and whether they would be interested in exchanging programmes or ideas.

Once this information is compiled we will circulate it to those on the list and also to the College Library.

If this initial enquiry is successful we will update the records on a regular basis.

MARTIN BRISCOE
GARETH JONES

Whitchurch Hospital
Cardiff

Gothic horror?

DEAR SIRS

I was sorry to see that the *Bulletin* has followed the example of the College in resorting to a Gothic typescript for the word 'Bulletin'. I wonder if I am alone in the College at bewailing its use of this type of script. It always seems to me that our general medical colleagues see psychiatry as sometimes representing medicine in the nineteenth century. Under these circumstances it is a pity that the College should allow its publications to perpetuate this image.

JOHN M. KELLETT

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IVth World Congress of Biological Psychiatry, Philadelphia, 8–13 September 1985

Members of the Biological Psychiatry Group can obtain copies of the provisional programme for the above meeting from: Deborah Hart, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

https://doi.org/10.1192/S0140078900002042 Published online by Cambridge University Press