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correspondence

HoNOS–*ABI*: an under-utilised resource?

Consistent use of outcome measures across specialist centres is vital to assess the effectiveness of interventions and guide policy development. It is important to have a global yardstick to compare outcomes. However, as noted by Gilbody *et al* (2002), this often does not happen.

The sequelae of brain injury are complex and rehabilitation programmes implemented to treat brain-injured individuals are multi-faceted. In response, the Health of the Nation Outcome Scales – Acquired Brain Injury (HoNOS–*ABI*) was designed and introduced in 1999. Courtenay (2002) proposed that the under-utilisation of outcome measures resulted from lack of training and limited availability. The HoNOS–*ABI* has been made widely available in the UK.

In order to evaluate the use and application of the scale nationally, we distributed a questionnaire by e-mail to consultant psychiatrists at twenty major brain injury units across the UK. There was a 35% response rate; one of the respondents used a specialised HoNOS–*ABI* designed for children and another two employed the scale regularly. None of the others used the scale as part of routine clinical practice, and perhaps the lack of response from others indicates the same.

There appears to be a large hiatus between the discussion of outcome measures in research literature and the application of scales in routine clinical practice. Could it be that different scales are utilised across centres? The clinical effectiveness of outcome measures can only be maximised if they are all standardised across the nation.

COURTENAY, K. P. (2002) Use of outcome measures by psychiatrists. *British Journal of Psychiatry*, **180**, 551.

GILBODY, S. M., HOUSE, A. O. & SHELDON, T. A. (2002) Outcome research in mental health. *British Journal of Psychiatry*, **181**, 8–16.

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'You don't read my papers anymore': an investigation into the use of Barbra Streisand song titles in the psychiatric literature

As long standing fans of Barbra Streisand, we read with interest the papers from Drs Cunningham and Bromley entitled 'You don't bring me flowers anymore: an investigation into the experience of stigma by psychiatric in-patients' (*Psychiatric Bulletin*, October 2004, **28**, 371–374). It seemed strangely familiar to us, a case of 'Second Time Around'. Where had we seen that title before? In-depth research of our own curriculum vitae provided the answer – we had already published a paper on the same subject with the same title (Weiner *et al*, 1999). So could this be our first citation? Sadly not. What we thought was an 'Evergreen' paper had failed to register in Drs Cunningham and Bromleys' 'Memory'. We were initially upset, it was indeed a 'Cryin' Time'. 'What Kind of Fool' are they, to have ignored our efforts? But on reflection we decided that there should be 'No More Tears'. Provided that the *Bulletin* publishes this letter and gives us our citation, we can go back to 'The Way We Were'. We can then all agree to a moratorium on the use of Streisand titles in the psychiatric literature, in which case it will be 'Happy Days are Here Again'.

WEINER, A., WESSELY, S. & LEWIS, G. (1999) 'You don't bring me flowers anymore': an analysis of gift giving to medical and psychiatric inpatients. *Social Psychiatry & Psychiatric Epidemiology*, **34**, 136–140.

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Postmodern psychiatry: an illusion?

I read with interest Laugharne's article about postmodern psychiatry (*Psychiatric Bulletin*, September 2004, **28**, 317–318). Whilst there may indeed be a paradigm shift underway in a 'postmodern' direction, running counter to this is just as potent a trend, which has a distinctly 'modernist' flavour. If modernism is a paradigm encouraging empirical measurement, reductionist classification, technicism, etc., then one need not look beyond one's everyday practice to see that 'modernist' values dominate and are likely to do so in the near future. Many of us express reservations about an emerging psychiatric culture permeating all areas of training and practice, which places disproportionate emphasis on that which can be measured, compared and tabulated. CPD points, star ratings, crude performance indicators such as 'bed occupancy days', requirements for judgements about risk to be denoted in discrete categories such as H M or L are but a few examples of the 'symbols' of this culture.

Secondly, some branches of psychiatry will be resistant to accommodating the postmodern model, which holds knowledge to be tentative and partial, and replaces absolute truth claims with 'relative' or 'pluralistic' truth. The challenge for psychiatry to tolerate ambiguity is more likely to be met at the non-coercive end of the spectrum than at the criminal justice interface. The criminal justice system relies much more on absolute or dogmatic assertions and encourages suppression of ambiguity in psychiatric judgements around risk, dangerousness and diagnoses. Whilst this is perhaps understandable given that such judgements lead to very unambiguous disposals, the notion of a truly postmodern psychiatry remains illusory.

LAUGHARNE, R. (2004) Psychiatry in the future. The next 15 years: postmodern challenges and opportunities for psychiatry. *Psychiatric Bulletin*, **28**, 317–318.

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