where one can no longer assume oneself to be safe with a patient.

A. M. MORTIMER

St Luke's Hospital
Huddersfield HD4 5RQ

See Report of the CTC Working Party on training of junior psychiatrists with respect to violent incidents. (*Psychiatric Bulletin*, April 1991, **15**, 243–246).

Support groups for women psychiatrists

DEAR SIRS

The paper 'A support group for women psychiatrists' (*Psychiatric Bulletin*, September 1990, **14**, 531–533) was published at a time when a number of trainees on the Plymouth rotation were discussing the need for, and the setting up of, a support group for junior staff in psychiatry.

We convened an initial meeting in October 1990 and following considerable discussion decided to run a group for women only and to include our female clinical assistant colleagues and women working in psychiatry as part of a GP training scheme. We agreed at this time that the group should be open to new female staff in these grades if and when they joined the department.

We started with a group of seven women and decided to meet at three weekly intervals. We meet in the evening and are at present running without external consultation. Of the initial seven group members, four have been regular attenders.

I read Dr Griffin's letter (*Psychiatric Bulletin*, March 1991, **15**, 171–172) with considerable interest as our group is undergoing its first transition following a change of junior staff in February. We have said goodbye to two members and have invited three new members to join. Although we are still a relatively new group this change will undoubtedly alter the group process and it is therefore a time of uncertainty. However, we are confident in our decision to run an open group and Dr Griffin's letter highlights some of our concerns about a closed group.

The ease with which new members are able to join an existing group remains to be seen but I feel the onus is on the remaining members of the 'original' group to be flexible in accommodating changing needs and perhaps alternative ways of group functioning.

S. WALKER

Moorhaven Hospital
Bittaford
Ivybridge, S. Devon

A register for Munchausen's cases?

DEAR SIRS

I read with interest the letter on a register for Munchhausen's cases from Dr Davey (*Psychiatric Bulletin*, March 1991, **15**, 167). Although a register may be beneficial, there may be a tendency towards anger and resentment on the part of the staff on finding out that the patient had given them inaccurate information (Shah, 1990). This may lead to hastily developed management decisions and possible discharge. The purpose of the register should be to identify this group of patients who are much in need of help and be used to plan their long term care. This point needs emphasis, otherwise there is a risk of its misuse. Other advantages of a case register have been described elsewhere (Jones & Horrocks, 1987; Shah, 1990).

Where the register should be held is open to debate. Both the Royal College of Psychiatrists (Markantonakis & Lee, 1988) and the Department of Health (Jones, 1988) have been suggested. Clear guidelines as to who should feed information and have reciprocal access to the register should also exist.

A. K. SHAH

Whittington Hospital
London N19 5HT

References

JONES, J. R. (1988) Psychiatric Munchausen's Syndrome: a college register? *British Journal of Psychiatry*, **153**, 403.

——, HORROCKS, F. A. (1987) Fictitious epilepsy associated with amnesia. *British Journal of Psychiatry*, **150**, 257–258.

MARKANTONAKIS, A. & LEE, A. S. (1988) Psychiatric Munchausen's Syndrome. A College Register? (letter) *British Journal of Psychiatry*, **152**, 867.

SHAH, A. K. (1990) Psychiatric Munchausen's Syndrome. *British Journal of Clinical and Social Psychiatry*, **7**, 143–144.

Future of psychotherapy services

DEAR SIRS

I read the article on the future of psychotherapy services (*Psychiatric Bulletin*, March 1991, **15**, 174–179) with great interest and some sorrow.

In the district where I work it has taken us a number of years to get staffing levels for general psychiatry up to the College recommendations. We have now just about achieved this and we felt that a consultant psychotherapist would be a valuable addition to the service. I have now discussed this with the managers, who told me that psychotherapy is provided by clinical psychologists, that the general practitioners like this service and that patients would rather be seen by a psychologist than a psychiatrist because it is less stigmatising. Finally it was pointed out to me that post for post psychologists are cheaper than psychiatrists.

The managers went on to tell me that now there are purchasers and providers it would be up to us to

https://doi.org/10.1192/pb.15.7.454-a Published online by Cambridge University Press