Reality of the concept of organic psychiatry

DEAR SIRS

Your correspondent, U. J. Dey (*Bulletin*, May 1984, **8**, 95), with the suggestion of 'organic psychiatry', has done well to encourage a fundamental review of our thinking, and the issue might be further promoted by embracing the fields of amentia (subnormality) and dementia under the one heading of 'Mentation Psychiatry'. This takes up Sheila Hollins' letter in the same issue (**8**, 96) pointing up the future trends of bringing the 'Cinderellas' into the rest of the happy family!

I speak as one of the new breed of psychiatrists, dealing totally with dementia, and see many parallels between the service run by our small team in putting out bush fires in the community and lowering the general risk of fire—similar, I believe, to the fraught daily life of my colleagues in subnormality. Why can we not, indeed, join forces and seek to change the skills of the multidisciplinary teams and thereby change their attitudes and thereafter the attitudes of those we serve—the British public?

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Accreditation and registrar training

DEAR SIRS

I would like to support the views expressed by Dr A. V. P. Mackay in his excellent article on the subject of accreditation and registrar training (*Bulletin*, April 1984, **8**, 62–64).

Essentially psychiatric knowledge is not acquired to exist in a vacuum nor indeed in order to pass exams, but in order to be used to help patients. A model of acquiring such knowledge which makes it harder for psychiatric expertise to reach a vast number of patients is defeating its own ends. An accreditation policy which draws trainees away from peripheral units, so that such units become more isolated, is likely to lead to a fall in the standards of such units. This in turn is likely to make psychiatry less attractive to doctors.

A disturbing aspect of the College's position is the apparent assumption that if only better academic training were to be provided for psychiatrists the quality of psychiatric services would improve. Academic training is very important, but there are a number of other equally important elements which go to make up a good psychiatric service. A main constellation of these is a service administered so that there is high morale, good multidisciplinary co-operation, efficiency and a caring attitude towards the patient. Future consultants require environments which will help them to learn techniques towards the above ends. This may be better learnt in an apprenticeship model by role modelling on peers than in the academic part of training. The models for these may not necessarily be those of teaching centres. For this reason I would strongly support Dr Mackay's suggestion that 'accreditation' should involve a much wider survey of the functioning of psychiatric services.

Another concern is the arbitrary, and at times limiting, standards set for accreditation. This seems to be moving towards a too narrowly defined model of the training potential psychiatrists should receive. The assumption seems to be that anything different must be inferior. Yet the widely varied patterns of training in psychiatry throughout the western world would indicate that no such clear cut 'one good model' is anywhere near being evolved.

In recent years there has been an awareness that the isolation of patients in psychiatric hospitals away from their peers leads to a diminution of their level of functioning. The move towards the distancing of teaching psychiatry from many mental hospitals and mental health services would seem to be likely to have a similar effect on staff. Psychiatrists at academic centres may encourage their senior registrars to take up consultant posts in 'no registrar' hospitals, but the message from academic psychiatry would seem to be 'don't do as we do, do as we say'.

Normally when we are concerned about a person or situation the best way of effecting change is to move towards it rather than away. Maybe our formal psychiatric leaders could reverse the direction in which they are moving and build bridges with the peripheral units rather than destroying them.

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Amalgamation of part-time consultant posts

DEAR SIRS

We, the undersigned Registrars and Senior Registrars in Child Psychiatry at the Tavistock Clinic, have recently become aware and are concerned that there seems to be a trend towards amalgamation of part-time consultant posts in Child Psychiatry in order to create full-time posts.

It seems to us that this has the effect of reducing the opportunities for people with family and other commitments to work as consultants in this specialty. In addition, in the instances we are aware of there seems to be little justification in putting together jobs which are based at several different centres and bear little relation to each other.

We wish to register our dismay and wonder if this has become official policy. We would like to hear the views of others.

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Stress and allergy

DEAR SIRS

I found Dr J. K. W. Morrice's article on 'Job Stress and