

Correspondence

The Cassel Hospital

DEAR SIRs

We wish to both commend and amend the paper by Drs Bowen & Bremner (*Psychiatric Bulletin*, September 1990, 14, 542–543) on their experience as rotating registrars at the Cassel Hospital. In their balanced and considered account, they thoroughly recommend the training experience available at the Cassel in the in-patient units where disturbed patients are treated as individuals and as family members. Assessment of suitability for psychotherapy and treatments such as brief focal therapy, marital therapy, family therapy, and group therapy under supervision in the out-patients department add to the “rich academic and clinical milieu”.

Alas, since acceptance of this article for publication, one rotating registrar post has been cut at the Cassel by Riverside Health Authority, thus drastically reducing the option for a whole-time psychotherapy placement to Riverside trainees. Riverside’s loss may be a gain to other districts who, guided by clinical and training needs, may wish to fund or part-fund a registrar training post at the Cassel.

Finally, it is important to clarify the current position of the Cassel Hospital in relation to the changing NHS. The editorial note at the foot of the paper is factually incorrect and misleading. The District Health Authority’s closure proposal was withdrawn following agreement on plans to raise funds to offset a cut of £300,000 in the hospital’s revenue for this financial year. This represents a massive 25% cut in our budget, and with our backs to the wall we are prepared to do all we can to ensure the continued survival of this “internationally renowned clinical and training centre”. We are not opting out of the NHS, and wish to continue to provide an essential life-changing service to families and individuals in need.

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See pp. 7–8.

Writing to the patient

DEAR SIRs

Drs Price & Asch (*Psychiatric Bulletin*, August 1990, 14, 467–469) have drawn attention to the benefits of writing to the patient. I do not recall this topic

being discussed in any British journals and I think that the authors have opened an important topic for discussion. In some areas of Australian and New Zealand psychiatry there has for several years been pioneering work in letter writing. Price & Asch come to the conclusion that only good can come of writing letters to patients. David Epston & Michael White, two antipodean psychotherapists, have taken this approach further and have proposed that letters can be important therapeutic aids. It would be an exaggeration to say that letter writing is widespread in psychiatric practice in Australia and New Zealand, but it is becoming increasingly used as a technique.

I would commend to anyone who wishes to explore the subject to make Epston & White’s book *Literate Means to Therapeutic Ends* (1989) their starting point. As well as a theoretical background, the authors present their thinking behind a dozen different types of letter, and include a wealth of illustrative case material. The book can be obtained from Dulwich Centre Publications, c/o Kensington Consultation Centre, 47 South Lambeth Street, London SW8 1RH.

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The white coat syndrome

DEAR SIRs

I read with interest Dr Wear’s article on the ‘White Coat of the Liaison Psychiatrist’ (*Psychiatric Bulletin*, September 1990, 14, 540–541).

In conducting a research study in the surgical service, I found that in our first week we had a completion rate of our questionnaires of less than 30%. However, in looking at our practice we decided that this might be due to the fact that we were not perceived as part of the surgical team. Therefore, my colleague and I donned white coats and I am happy to report that our completion rate increased to approximately 95%.

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Beyond mental hospital sites

DEAR SIRs

I read with interest the paper by Tannahill *et al* (*Psychiatric Bulletin*, July 1990, 14, 399–401). While