

We feel that a description of the observation levels used in their hospital might have explained why in 26% of incidents a second injection was required and that further physical methods to control behaviour were still required in 10% following all medication.

SHUGAR, G. & REHALUK, R. (1990) Continuous observation for psychiatric in-patients: a critical evaluation. *Comprehensive Psychiatry*, **30**, 48–55.

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'Suicide prevention' by GPs?

SIR: Although Michel & Valach's suicide prevention programme among general practitioners (GPs) using a seminar seemed effective (*Journal*, June 1992, **160**, 757–760) it must be time to demolish the myth that GPs can prevent suicide. In an average list size of 1000 it will take eight years of consultations before a GP will consult a patient who will shortly thereafter commit suicide. If an average general practice surgery contains 20 patients, there are eight surgeries a week, and the GP works for 40 weeks in the year then he will have carried out 51 199 consultations with patients who are *not about* to kill themselves in those eight years. Evaluation of teaching GPs about suicide prevention would require enormous sample sizes with huge numbers of GPs over long periods of time and is quite unlikely to show any statistical difference unless there is an enormous difference in the efficacy of different methods. So, please, can we now have a moratorium on this idea that practitioners can prevent suicide?

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The cultural specificity of psychotherapy

SIR: The recent debate on the relative efficacy of psychotherapy with 'non-Western' populations (*Journal*, March 1992, **160**, 425; June 1992, **160**, 864–865; July 1992, **161**, 127–128) seems to have been conducted at a rather abstract level without any empirical data being offered. The question is surely not one to be decided by rhetorical argument alone;

the results of psychotherapy, like those of any other psychiatric treatment, can be quantified and compared.

Exactly what 'Western' may mean in the present context is uncertain, but I assume it refers to those of 'Anglo-Saxon' culture or origin, or at least those who are urban Europeans.

At the Nafsiyat Intercultural Therapy Centre in North London, over 350 non-British and non-White patients have received individual dynamic psychotherapy over the last 10 years. A Department of Health grant has enabled two doctoral students from this department of psychiatry to assess its value. Using the 60-item General Health Questionnaire with one sample of 52 consecutive patients, the numbers in each of the following GHQ categories were initially as follows: below 12=7; 12–19=5; 20 plus=40. Numbers following a minimum of 12 therapy sessions were 38, 5, and 9 respectively. While 'non-specific' factors and spontaneous remission cannot be discounted in any evaluation of psychotherapy, it is noteworthy that a high proportion of patients had initial GHQ scores conventionally taken as indicating psychopathology which is not self-limiting. These patients were not the 'worried well': on initial interview with the Present State Examination, 42 fulfilled the criteria for the Syndrome Checklist category of simple depression, and 46 for other SCL depressive syndromes. Improvement was unrelated to ethnicity or place of birth (a quarter in the UK, a quarter in the Caribbean, a tenth in Africa and a fifth in South Asia).

The results are described more fully in two papers in preparation and in Moorhouse (1992). They indicate that dynamic psychotherapy appears effective for those who have been presumed not to benefit from it and who have traditionally been denied access to it (Littlewood, 1992). Whether this is for the explicit reasons favoured by the therapists themselves is a matter for future study.

LITTLEWOOD, R. (1992) Towards an intercultural therapy. In *Interpretation and Practice* (eds J. Kareem & R. Littlewood). Oxford: Blackwell.

MOORHOUSE, S. (1992) Quantitative research in intercultural therapy: some methodological considerations. In *Intercultural Therapy: Themes, Interpretation and Practice* (eds J. Kareem & R. Littlewood). Oxford: Blackwell.

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