(16% *v.* 3%) never or very rarely listened to music and fewer listened to music every day (40% *v.* 55%). The range of music listened to by patients was narrower. Abba and Elvis were most often mentioned by the patients as their favourite group or artist, Daniel O'Donnell and Abba by the control subjects.

Seventy per cent of patients had played the National Lottery at some time compared with 87% of controls. Normal subjects had played more recently (70% *v.* 42%; in the past week); and patients played less often (52% *v.* 30% once a month or less) and spent less money on tickets (£1.50 *v.* £2.30 on average).

It is probably a matter of regret that our patients, with lots of leisure time, listen to less music, which can be both relaxing and stimulating. That they play the National Lottery less often is probably to be welcomed because the lottery is likely to make poor people in Britain even poorer (McKee, 1995).

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How should a mental health liaison team communicate with general practitioners?

The Islington Mental Health Liaison Team provides an acute psychiatric assessment service for patients attending the Whittington Hospital, North London. Many patients are discharged back to their general practitioner (GP), however there have been no studies investigating the communication from liaison psychiatric teams to GPs. Therefore, the liaison team conducted a survey to discover how Islington GPs would like information relayed to them. Currently, we send letters that are 2–3-sides long via the hospital postal system.

One hundred and fourteen Islington GPs were sent a dated letter, a one-sided questionnaire and copies of four different types of assessment letter. Of the 59 (52%, which is comparable with other postal surveys) GPs who responded, 95% requested same-day feedback of the assessment and 85% thought that a faxed one-page structured form most suitable for this; 92% indicated that they would prefer a full letter at a later date; and 83% indicated that they would prefer the mental health liaison team to prescribe initially if a change of psychotropic medication was indicated.

It was clear from these results that we were not matching GPs' expectations because 50% of our letters took more than 3 days to arrive. The findings were consistent with similar surveys about GP communication (Essex, 1991; Smith & Trotter, 1992; Walker *et al*, 1998). As a consequence the liaison team are now faxing one-page structured forms on the same day as the assessment and providing fuller letters if requested, or felt appropriate by senior staff.

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Perinatal Maternal Mental Health Services. Recommendations for Provision of Services for Childbearing Women

Council Report CR88 £5.00. 32 pp.

Psychiatric disorder following childbirth is common, and much of it is serious. After childbirth, women are at increased risk of suffering from an affective illness, and those with pre-existing psychiatric disorders may face a relapse or recurrence of their condition. Psychiatric illness occurring at this time may have an adverse effect not only on the woman herself, but on her marriage, family and, in particular, on the future development of her infant.

Perinatal mental health problems should therefore be of concern not only to those involved in maternal and infant care, but also to psychiatric services because childbearing women will form a significant minority of their patients.

This new Council Report updates and replaces CR28 (published by the College in 1992) and a report published in 1996 in conjunction with the Department of Health. The revision takes into account developments in national health policy – including new commissioning arrangements, clinical governance and the *National Service Framework for Mental Health* – as well as the findings of key reports, including the *Confidential Enquiry into Maternal Deaths (Why Mothers Die)* (1998) and *Fatal Child Abuse and Parental Psychiatric Disorder* (1996).

The report recommends that:

- Every health authority should have a perinatal mental health strategy that aims to provide the knowledge, skills and resources necessary for detection and prompt and effective treatment at all levels of health care provision.
- Every health authority should identify a consultant with a special interest in perinatal psychiatry. This consultant should take a lead role in promoting these aims and in establishing a specialist multi-disciplinary team.
- All women with a perinatal psychiatric disorder who require specialist psychiatric care should have access to a consultant and other mental health professionals with a special interest in their condition, irrespective of their place of residence.
- Mother and baby units should be established to serve the needs of a number of health authorities.

https://doi.org/10.1192/pb.25.7.278 Published online by Cambridge University Press