Correspondence

Putting the emphasis on physical treatments

DEAR SIRS

I read the 'Point of View' by Dr Paul Bridges (*Journal*, June 1983, **142,** 626) with pleasure and some relief. I had become aware of a loss of self-confidence on my part in the use of physical treatments. I had decided that this was due to a subtle undermining of my therapeutic confidence by the considerable agitation concerning physical treatment in psychiatry, which had had its effect despite resistance on my part. I had been heard to say that depressed patients did not seem to recover so quickly or so completely as they used to, and amongst other explanations for this I began to assume that this was because GPs were being more successful at treating the straightforward depressed person, and were referring the more complex issues to the psychiatrists. However, I could not be entirely satisfied with this explanation because those patients I saw still seemed to be treated with quite low doses of antidepressants, and there were no fewer referrals overall, though they were being spread about amongst the clinical psychologists and community psychiatric nurses in our team. At our multiprofessional case discussions there has been increased resistance to the use of physical treatments and ever increasing attempts to formulate the patient's problems in social, psychological and dynamic terms. I suspect therefore that the decisions to increase the dosage of antidepressants or to prescribe, or to continue a course of ECT, have been postponed or even avoided with the failure to recover, or delayed recovery of the patient. I have therefore been advising myself, my trainees, and the GPs I work with, to use antidepressants and other medication appropriately and with confidence. Paul Bridges' article is therefore for me very timely.

While being subtly undermined, I have been nevertheless at the same time struggling to get across to trainees, and anyone who will listen, just those attitudes to depression that Paul Bridges stresses. The analogy I use is of a man run over by a bus and the resultant broken leg. It may be tempting to shoot the bus driver, it may be appropriate to counsel the victim about how to avoid such accidents, particularly if such a thing has happened to him before, and it may be appropriate to look at the road, the crossing, the traffic density and the like to try to prevent a similar occurrence. The immediate management, however, is to repair his broken leg, and it is the medical procedure that is central, and the other processes that are adjunctive, not the reverse.

Psychiatrists must treat their patients medically with vigour when it is indicated. The person who introduced the word 'endogenous' into the psychiatric vocabulary has a lot to answer for, since it results in just the sort of thinking that Dr Bridges describes. I have been rather dismayed to find, during the great deal of interviewing I do nowadays, that applicants for senior registrar posts for example, are more interested in psychotherapy and various related fashionable therapies like 'psychodrama', than the medical aspects of their patients' conditions. I do not agree with the view expressed at the Cambridge Meeting last year, that psychiatry has lost its sense of direction because insufficient attention has been paid to psychotherapies. This may have been the case, but I believe if anything, that the opposite is now true, and the medically qualified psychiatrist, as opposed to the psychologist, social case worker and psychotherapeutically-oriented CPN, has got to think very carefully about his/her own future role. Paul Bridges has made an important contribution to this debate.

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DEAR SIRS

I wish to comment on the report of the Special (Political Abuse of Psychiatry) Committee (***Bulletin,*** June 1983, **7,** 115).

1. The WHO report on political abuses of psychiatry was not given serious consideration by the committee because the WHO team did not visit South Africa. A visit by WHO was prevented by the sudden introduction of new mental health legislation by the South African government which made an independent investigation impossible.
2. The WHO document summarizes the evidence in connection with legislation to detain ordinary pass law offenders in 'rehabilitation' centres for medical 'treatment'. The Special Committee report does not comment on it.
3. The report refers to a far from comprehensive investigation by the American Psychiatric Association. The APA Committee were taken on a guided tour by Smith, Mitchell & Co under the watchful eye of the Department of Health, the very agencies who were under investigation. Their request to investigate public mental health facilities was expressly forbidden by Dr Henning, Chief Psychiatrist for the Department of Health. '... We were not allowed to interview staff and patients, examine records, or use our survey instruments to evaluate public facilities. We were thus *prevented from investigating a crucial link in the mental health service system'* (emphasis added) (*American Journal of Psychiatry,* 1979, **136,** 1499). Potential informants were possibly prevented from giving crucial evidence because of the draconian strictures of the Mental Health Amendment Act of 1976, and independent interpreters were seldom available to