

Training programmes

DEAR SIRs

Professor Elaine Murphy (*Psychiatric Bulletin*, June 1991, 15, 367) is rightly concerned about the community aspects of training of post-graduate psychiatric trainees. The community care strategy for the development of services for people with mental handicap in Wales has been in implementation since 1983 (Welsh Office, 1983), and therefore the training as part of psychiatry of mental handicap has also been adopting and developing according to these changing needs of the service.

In the past seven or eight years I have been involved in developing the mental handicap aspect of the rotational training programme for psychiatric trainees in West Glamorgan. A large component of experience and training for the registrars/SHOs has been in the community-based services, out-patient clinics, social services hostels, training centres, schools, clinical and educational psychologists and community mental handicap services, in a multi-disciplinary setting.

A training programme has been developed, is constantly reviewed and revised with the help of feedback from trainees and the other members of the multidisciplinary team:

- (a) Out-patient clinic work in a multi-disciplinary team setting, with community psychiatric nurse, social worker, clinical psychologist (whenever relevant), patient and his/her family, staff of school, adult training centre, occupational therapy etc., assessment, treatment if necessary. Out-patient follow-up work with some patients
- (b) individual assessment, history taking, treatment and follow-up of a few patients (up to six patients)
- (c) accompanying consultant psychiatrist on domiciliary consultations for assessment/treatment/advice
- (d) accompanying community psychiatric nurses on their visits to patients' families (home visits), adult training centres, social service hostels (two in West Glamorgan), group homes and other residential facilities for mentally handicapped patients
- (e) participating in individual patient plans at Llwyneryr Unit
- (f) attending lectures/seminars/workshop days in community care services is part organised by the Professor of Psychiatry of Mental Handicap in Cardiff. Registrars also take part in the medical audit meetings of Mental Handicap Services
- (g) regular visits to special schools to observe assessment of mental handicap and problems by school panels/educational psy-

chologists, under clinical medical officers' supervision.

- (h) psychological assessment, behaviour modification techniques, sessions with clinical psychologists in mental handicap

I am sure training programmes in various parts of the country are being developed in an innovative way to provide exciting, challenging and stimulating experience and learning situations as community care strategies develop and the old large institutions shrink and ultimately disappear. The medical and clinical audits will have vital roles in such developments, provided the required resources in funding, technology and manpower are safeguarded.

Most of us involved in provision of service and training needs are optimistic that the College will respond to these challenges with broad based approval teams and feed back from the trainees and the service providers as well as regular ongoing discussions, seminars and dissemination of information regarding the evolving needs of trainee psychiatrists and service provision.

Some of the issues of training raised by Julie Sanders (*Psychiatric Bulletin*, June 1991, 15, 371–372) should be addressed positively in developing innovation training programmes with our colleagues in social services, education, voluntary services etc. Perhaps the College could provide guidance, advice and direction in these new developing training programmes and services.

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Reference

WELSH OFFICE (1983) *All Wales Strategy for the Development of Services for Mentally Handicapped People*. March.

Women and mental health

DEAR SIRs

The Editor of *The British Journal of Psychiatry* should be congratulated on producing a supplement (May 1991) on the topic 'Women and Mental Health'. It is timely to examine aspects of psychiatric disorder in women. The 18 female and 10 male authors addressed a wide range of pertinent issues. I am concerned that 24 of the 28 contributors are based in London, 21 from the Institute of Psychiatry or the Maudsley, and only two of the female contributors were based outside London. At this international conference, only one of the published papers came from overseas.

There are a number of conclusions which may be drawn. First, the selection of papers for publications is biased; the rest of the United Kingdom and

the international English-speaking psychiatric community actively participated in the conference. Or, the selection of papers is unbiased and constitutes a truly representative sample of the contributors. Perhaps the truth lies on a continuum between the two tending towards the latter. Evidence to support this is provided by the membership of the organising committee who are also the editors of the Supplement, all five women are from the Institute or the Maudsley. The fact that two further conferences have been held at the Institute suggest lessons have not been learnt and that this trend is likely to continue.

It is important to acknowledge the achievements of the organisers in organising conferences, stimulating "yet more discussion and research", in an important but neglected subject. I hope that in future attempts are made to encourage active participation from outside the widely acknowledged "centre of excellence". Changing the venue for the third conference may be a step in the right direction.

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DEAR SIRs

We welcome the interest with which Dr Junaid has examined the supplement from our conference. We support the notion that such conferences could be organised elsewhere in other "centres of excellence" and we, in fact, would encourage this. Five international speakers were invited, but were unable to attend and four out of the 11 speakers came from the Institute of Psychiatry. All speakers were, of course, asked to contribute to a conference publication. As Dr Junaid is no doubt aware, speakers are not always eager to transfer lectures into publications. The Supplement contains some of the conference material, along with papers from others working in the field. Two subsequent conferences were organised by other colleagues at the Institute, and again, had good national and international representation among speakers and audience. We hope Dr Junaid's suggestions are noted and that further conferences on the topic are organised at other venues and we would support anyone doing so.

We feel there is a danger in emphasising the geographical origin of the papers in our supplement rather than evaluating their content and quality.

THE EDITORS

WOMEN AND MENTAL HEALTH SUPPLEMENT

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Clozapine and Part IV of the Mental Health Act 1983

DEAR SIRs

The Mental Health Act Commission understands that clozapine (Clozaril, Sandoz) is being increas-

ingly used for the treatment of some in-patients with schizophrenia resistant to other treatments. Clozapine is being given to some detained patients whose consent to treatment has been certified by the RMO under Section 58 of the Mental Health Act 1983 on Form 38, and some who are not consenting, whose treatment is authorised by a doctor appointed under Part IV of the Act (on Form 39). It is accepted that this treatment necessarily involves regular haematological screening, initially on a weekly basis. There may be occasions when the patient will agree to take the tablets but will not agree to the necessary monitoring. The position is similar in principle to that involved in lithium treatment. The steps to be taken to secure the blood samples and the likely effect on the patient of this procedure has to be considered by the RMO in recommending the treatment, by the clinical team administering the treatment, as well as the Section 58 Approved Doctor when the treatment falls within the provisions of Part IV of the Act.

In describing drug treatment regulated by the Consent to Treatment provisions, the Code of Practice (paragraph 16.11) states that "the RMO should indicate on the certificate the drugs proposed by the classes described in the British National Formulary". Clozapine is an anti-psychotic drug (BNF 4.2.1). In view of the special conditions attached to treatment with clozapine, the Commission recommends that some modification of this guidance is now necessary. Specifically, when the patient is certified as consenting by the RMO on Form 38 and the treatment includes clozapine, this should be explicitly stated on the certificate by adding "including clozapine" to the description "anti-psychotic drugs, BNF 4.2.1". The same guidance is being given to Section 58 Approved Doctors in relation to Form 39.

The Commission has responsibility for keeping under review the implementation of the Code of Practice and for making recommendations to the Secretary of State as to possible changes and this guidance will be incorporated in these recommendations in due course.

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Use of clozapine

DEAR SIRs

We read with interest Launer's account of his experience with clozapine (*Psychiatric Bulletin*, April 1991, 15, 223-224).

Cook *et al* (1988) have identified the problems of recruitment into clinical trials. Similar problems beset us as we identified three patients who had