education or training, and it includes the power to convey. But crucially, it fails to give the power to require patients to receive treatment against their will as part of their supervised discharge.

The administrative changes which the government has introduced such as the supervision register and the new Bill are intended to respond to the fact of increasing numbers of psychiatric patients who now live in the community but who may pose a risk to themselves or others if they were to default from supervised care which by definition includes the receipt of psychotropic medication. The question is whether these administrative changes are appropriate in the circumstances or indeed, whether they can be deemed to be ethically justifiable.

It seems perverse that patients can be legally required to attend for occupation, education or training, yet cannot be required to accept what is clearly the single most important factor in sustaining their wellbeing, namely medication. If particular individuals are at such a risk to themselves or others that their names can be put on a supervision register, and furthermore can be obliged by law to observe certain requirements, thus depriving them of their autonomy, it seems illogical to grant such powers for relatively trivial matters such as occupation, education and training but to deny powers of this kind for important matters such as medical treatment.

This new Bill underlines society's reluctance to acknowledge properly the need for a fundmental change in how it legislates for the treatment of psychiatric patients in the light of the new disposition of psychiatric services. We believe that a community treatment order, in one form or the other, with the appropriate safeguards, is what is required.

HMSO (1995) *Mental Health (Patients in the Community) Bill.*

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Detention under the Mental Health Act

Sir: Detention under the Mental Health Act is a serious business and the impartial system provided by Hospital Managers Meetings and Mental Health Review Tribunals is clearly needed to prevent abuses. It was not, however, without some sympathy that I read Dr Hambridge's letter (*Psychiatric Bulletin*, April 1995, **19**, 258).

A disturbed and dangerous 19-year-old man suffering from schizo-affective psychosis was detained under section 3 of the Mental Health Act 1983 in September 1994. During his detention the patient has had three hearings by hospital managers in September, November and a Renewal Hearing (section 30) in March. On each occasion the detention under the Mental Health Act was upheld. In addition, three Mental Health Review Tribunals have been arranged. The first tribunal met in December 1994 and as adjourned (against my advice) because the patient was deemed by the tribunal too unfit (he was suffering from a minor urinary tract infection). The tribunal was rescheduled for later that month but the patient withdrew his application on the day of the hearing. Eventually the tribunal was held in March 1995 and upheld detention. On each occasion, apart from the costs of the Hearing Panel, clinical work has been cancelled by myself, team social worker and ward manager. Time and money has been expended on solicitors, second opinion doctors, medical records staff and secretarial time.

The hearings have been held in a wholly professional and dignified way but represent a stress for all concerned. If professionals find these meetings stressful what is the effect on our patients? It is sad that a person in a disturbed and insightless state is allowed to subject himself to such a recurrent non-therapeutic experience when parents, the professionals involved and even solicitor acting on his behalf were convinced of the necessity for him to remain detained under the Mental Health Act.

The patient has now applied for another Mental Health Review Tribunal (his seventh hearing); I am pleased however to report that he has improved sufficiently now to be regraded to informal status.

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Patients taping staff

Sir: The article by Matthew Stephenson regarding patients taping staff (*Psychiatric Bulletin*, 1995, **19**, 252–253) raises valid points about the potential for appropriate use

of such recordings. While recognising his reasons for focusing on these issues, I feel it important to point out that patients tape-recording interviews can be a positive part of their therapy. Over the last seven and a half years as a consultant, I have had a number of patients who have taped sessions with me so as to allow the time to reflect upon the content of the sessions.

Attending out-patient sessions or indeed any other therapeutic interaction can be stressful so the ability to take in information can be impaired. For these patients, the ability to tape-record their interactions with me was valuable in that it enabled them to go over issues they could not clearly remember or to use the tapes to help them to write down questions which they could put at their next interview. While having a tape recorder going could influence the nature of the interaction, I found that it much less intrusive than patients trying to write down key issues by hand which made the interviews much more stilted.

I would agree with Dr Stephenson that tape-recordings do not take the place of patients being able to read their own notes and do have an uncertain legal status, but I feel it important to recognise that if a patient wishes to have a tape recording, then this should be approached positively as it may have important therapeutic benefits.

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A model for an integrated psychotherapy service

Sir: We were interested to read Drs Holmes & Mitchison's article proposing a model for an integrated psychotherapy service (*Psychiatric Bulletin*, April 1994, **19**, 209–213). In the inner city area of City and Hackney we are building a Department of Psychological Therapies which closely mirrors the model proposed. In our service the consultants, a psychoanalyst and a cognitive psychotherapist work with dynamic and behavioural specialist nurse therapists, a specialist nurse counsellor and a psychologist as a core team. As a young department we are learning to work together while maintaining our individual identities, but unlike Holmes & Mitchison, do not see this as our main problem. Our major difficulty is of obtaining resources. The model we are aspiring to cannot be financed simply by psychotherapists altering their working practices; is a radical move outwards which, to be done properly, needs adequate financing. There are some similarities to the move to the community of general psychiatric services. It now seems to be well recognised that without adequate planning and resourcing it is sadly too easy to be in a position of providing a less caring and less effective service to our patients. We hope we can apply some of these painfully gained lessons to our own service.

We welcome Holmes & Mitchison's suggestions as to ways to address these issues and would be very interested in hearing of other departments' experiences.

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Overseas training experience

Sir: I support Ruth McCutcheon's comments (*Psychiatric Bulletin*, March 1995, **19**, 161–162) about the value of an exchange of trainees between the UK and other countries. She highlighted the teaching role of UK trainees in sub-specialities, and I would add that this should be a mutual exercise, involving an exchange of clinical and academic ideas.

Singapore, my country of origin, is an interesting example in examining how the sub-specialities are practised. As described by Robertson *et al* (1992), learning disability does not fall entirely within the remit of psychiatry; voluntary associations mainly provide for the learning disabled.

Drug rehabilitation centres (DRC) are run by the Prisons Department. Addictive behaviour specialists would be keen to argue that psychiatry should figure more prominently; an exchange programme would offer insight into the workings of the DRCs.

Forensic psychiatry provides another insightful exercise. The equivalent of a medium secure unit (360 beds!) operates in Singapore's only government psychiatric hospital (Singapore's population is 3 million). Meanwhile, there is a maximum secure psychiatric facility within the Hospital Wing of Changi Prison. Here, there is unique