robots, computer control and microprocessors will confront present-day assumptions about higher education and vocational training. The trend towards professionalism has recently also been accompanied by a swing against its costliness and depersonalized approach, and there has been a loss of faith in professional capacity (the widespread interest in prevention embodying some such doubts). Otto and Holloway's contribution on assessing work problems applies just as much to the psychiatrist as to anyone else and should be read by all who struggle to find a *modus vivendi* in multidisciplinary teams. Others deal with legislative approaches to mental health and work, as well as problems of redundancy and retirement. Are we really heading for permanent high levels of unemployment in this country, perhaps as much as 20 per cent by 1991? Some of our assumptions about education, work and leisure as well as mental health care will in that case have to be revised.

The section 'Mental Health of Women and Children' begins with a review of mental health in women by Tirril Harris, who summarizes some of the findings of her joint researches with George Brown on depression in women, particularly their implications for prevention. She argues that more attention should be paid to problems such as the plight of single parents, provision of more part-time employment, more nursery places, and more advice besides the prescription of psychotropic drugs, as well as free contraception.

The central role of counselling is affirmed. Naomi Richman, from the perspective of child psychiatry, asks whether prevention is possible and concludes that local community action such as the provision of family planning facilities, improvement in fostering and adoption procedures, or the teaching of parenting skills can all be important components of prevention. This section also contains an outstanding paper on child abuse by Judy Hutchings and Dick Jones, who describe their work with families in a most convincing way: theirs is an enlightened fresh approach based on acceptance and non-blaming, using target behaviour programmes which focus on parenting behaviour. The report ends with a quick look at problems which our adolescents face in secondary schools.

MIND is to be congratulated on producing this report, which ranges widely over so many issues in a way that challenges yet on the whole does not attempt to alienate. The result is that it encourages constructive debate instead of fruitless inter-group conflict. Every clinical intervention aims at prevention, whether this concerns the initial symptoms of breakdown, the control of established illness or reduction of chronic disability. This report is therefore relevant to all mental health care professionals and deserves to be read at length.

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Experience desirable for the GP trainee in psychiatry

DEAR SIR,

The experience recommended in the guidelines issued by the Joint Liaison Committee (*Bulletin*, June 1980, pp 93-5) must be seen as only one part of the total postgraduate training of general practitioners in psychiatry. Other opportunities arise in training practices and day release courses.

For some trainees there will be no experience in psychiatric hospital posts, for a variety of reasons. This emphasises the importance of the other learning situations, since psychiatric understanding is vital in general practice.

The need for co-operation between regional and local advisers or tutors in psychiatry and in general practice extends therefore beyond the subject of these guidelines, to cover the distribution of experience over all the learning situations available to vocational trainees, and to take account of continuing opportunities for training after establishment in practice. Responsibility for ensuring this co-ordination lies with the regional advisers and scheme organizers in general practice.

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Training course in behavioural psychotherapy

DEAR SIR,

It is good to read the College recognizes the importance of experience in behavioural methods of treatment in the training of psychiatrists (March *Bulletin*). At the same time it is not clear how adequately the proposed Institute of Psychiatry course will increase available training resources in anything other than the most limited respects. Two days

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of workshops and nine half-days of case discussion may be sufficient to introduce participants to a limited range of treatment approaches appropriate to out-patient neurotics; but it cannot begin to provide the range of theoretical knowledge and of practical experience required in potential trainers. A clinical supervisor is expected to be a person of considerable expertise, with a grasp of his field built up over a period of time. The proposed course implies a serious dilution in the standards of training offered within the NHS, particularly given the extent to which the theories and methods, the entire conceptual basis, of behaviour therapy are at variance with those of the rest of psychiatry.

There is room for concern over the content, as well as the form, of the course. Professor Marks' contributions to research on the anxiety-related disorders are deservedly known and respected internationally; but there is much more to behavioural practice than exposure treatment and response prevention. The whole range of procedures developed from the principles of operant learning are excluded from what has come to be known as behavioural psychotherapy; so that young psychiatrists will be brought up knowing nothing of what can be done in the way of rehabilitation of chronic patients, of the management of behaviour disorders in children and adults, or of the treatment of the life-style problems associated particularly with alcoholism and drug addiction. The broad-spectrum behavioural treatment programme, based on a full functional analysis of the patient in his environment, will cease to exist for the next generation of psychiatrists. It is ironical that this should be the outcome of a course designed to increase knowledge, particularly when the relevance of such formulations is increasingly being recognized in areas of general medicine. The proposed course cannot be seen as offering anything more than acquaintance with a limited range of techniques applicable over a limited range of patients; it will do nothing to help psychiatrists develop a proper understanding of the potential scope of behavioural methods.

One way round the problems is to accept that there is not in fact a shortage of trainers. Most clinical psychologists would be only too happy to pass on some of their skills to their psychiatric colleagues. The resources are already there; it only requires a willingness to accept that much knowledge relevant to psychiatry has been developed outside that discipline and can best be taught by practitioners of other disciplines. Collaboration in this area can only benefit all parties concerned, not least the patient. At the same time it would mean that psychiatrists who cannot make monthly trips to London would have an opportunity to learn as much, perhaps even more, as those based in the south-east of England.

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Appeal for identical twins with alcoholism or schizophrenia

DEAR SIR,

Recent research has suggested that a proportion of alcoholics and also schizophrenics may have evidence of minor brain dysfunction. The Genetics Section at the Institute of Psychiatry are currently investigating these possibilities by examining identical twins discordant for either alcoholism or schizophrenia. This involves our carrying out various cognitive tests and computerized axial tomography on identical twins with either of these disorders, and on their unaffected co-twins.

So far we have tested ten pairs of whom one is an alcoholic and eight pairs of whom one is schizophrenic. Our results are very promising; unfortunately identical twins constitute only one in every 200 of the general population, and so such twins with either alcoholism or schizophrenia are few and far between. I would be very grateful if readers of the *Bulletin* would let me know of any identical twins with alcoholism or schizophrenia who would be willing to spend 2-3 hours at the Institute of Psychiatry to complete some psychological tests and have a CAT scan (both non-invasive and painless procedures!) We would be happy to pay travel expenses from anywhere in the United Kingdom to London for both the affected subjects and their co-twins.

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One psychiatric hospital?

DEAR SIR,

British psychiatric hospitals have traditionally been divided into General Psychiatric and Mental Handicap Hospitals. This division arose at a time when knowledge about mental disorder was primitive. Within the last thirty years or so a marked development has taken place in regard to knowledge about the aetiology and treatment of the mentally ill. The divided practice of psychiatry goes on, however, and in my view is detrimental to the patient's interest.

For example, if a mentally handicapped patient develops a schizophrenia-like illness, a problem immediatley arises. Most mental handicap hospitals have no treatment facility like ECT, and nurses are not trained to deal with mentally ill patients. I feel the time has come to desegregate psychiatric hospitals in order to create a hospital for mental disorder where the entire range of psychiatric problems can be dealt with.

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