"defenders of the truth" (Segersträle, 2000) have been trying to prevent this, but unless they can offer a more solid alternative, they will not succeed.

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A defence of community mental health teams

Dr Holloway's (2001) stimulating, if ever so slightly mischievous, commentary on our paper (Simmonds *et al*, 2001) adds substance to the debate on this subject but leaves the reader with the unfair impression that community mental health teams are now out of date and have been replaced by 'more exotic fruit'. Indeed, our labours have borne much more fruit than we expected, as Dr Holloway identifies our study as a *mélange* from a variety of species. We accept that the studies in our review showed great heterogeneity of service provision but all possessed the key central feature in the experimental group, a team-based community service. The fact that we were able to identify only five studies that satisfied the criteria for such a comparison, despite the widespread use of such teams, illustrates the consequences of deciding on policy in the absence of evidence. Once this is done, the subject cannot be researched through adequate randomised studies since policy makes the interventions statutory. Dr Holloway is right in concluding that community mental health teams have become the focus of mental health care in the UK and, although they are now universal here, it is still possible to carry out further randomised controlled trials elsewhere. We are in the process of developing similar studies in Eastern Europe, which should help to provide a stronger evidence base for our conclusions if they replicate the findings in the five studies we reported.

What would be most unfortunate at this stage of development of a community mental health team would be to move on to a new model based on the North Birmingham approach (Peck, 1999) without further evidence. The North Birmingham model has not been tested by any form of controlled comparison and there is now a strong body of evidence, to which Dr Holloway himself is a major contributor (Holloway & Carson, 1998; Burns, 2000; Tyrer, 2000), which shows the standard community mental health team to be a robust and effective service model that is at least as effective as the new specialist approaches.

To return to the fruit metaphor, our review, and the work of others, seems to have established firmly that apples, grapes and oranges are good for your health when compared with other non-fruit diets. Recently, mangos, paw-paws and persimmons, have also been introduced and have attracted considerable numbers of devotees. To date, these exotic fruits have not proved in any way to be superior in their health-giving properties than the older fruits; until they do so we should not change our fruit policy. So we should stick with the community mental health team. James Lind, the originator of the first ever controlled trial – of citrus fruit juice for scurvy – would not have expected anything less.

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Evidence-based psychiatry within multi-disciplinary clinical teams

The paper by Lawrie *et al* (2001) and letter by Jha (2001) are of considerable interest and importance. The decision by the Royal College of Psychiatrists to introduce the Critical Review Paper as part of the MRCPsych Part II examination stimulated the Psychiatric Tutor and Trust Librarian of Barnet Community Healthcare NHS Trust (now part of Barnet, Enfield and Haringey Mental Health Trust and Barnet Primary Care Trust) to seek funding for posts of clinical librarians. Thames Postgraduate Medical and Dental Education (now the London Deanery) and the North London Consortium for Multiprofessional Education (now the North London Confederation for Workforce Development) agreed to provide funding for 1.5 whole-time equivalent clinical librarians and equipment to support this proposal, over a period of 30 months.

The clinical librarians work with 14 multi-disciplinary clinical teams within the Trust. Arrangements differ from team to team but in all cases the clinical librarians visit the teams at their place of clinical work. Priority is given to quick provision of information to clinicians in relation to questions arising out of direct patient contact. Portable information (lap-top computers and CDs) and communication (mobile telephones) technology is used to support this project. All disciplines, not just doctors, are encouraged to make use of this service. The clinical librarians have trained clinical team members to formulate focused clinical questions, use the internet for work and search a collection of databases. Training on critical appraisal is being considered at present.

Trusts have a responsibility to support evidence-based clinical practice by consultants and other members of the multi-disciplinary team. Arguably, a clinical librarian/clinical information specialist should be a new member of the multi-disciplinary mental health team, in the same way that the psychologist, community occupational therapist, the secretary, the manager and others are. The addition of such a member to the team will greatly facilitate mastery of critical appraisal and other evidence-based clinical practice skills, through the routine use and continuous improvement of such skills.

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