

PATMORE, C. & WEAVER, T. (1991) *Community Mental Health Teams: Lessons for planners and managers*. Good Practices in Mental Health.

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Psychiatry and war

Sir: Dr Mezey's report on working with the victims of rape in Bosnia clearly portrayed the tragic effects of war on human health (*Psychiatric Bulletin*, 1994, **18**, 696–698). War is undoubtedly the major cause of homicide.

The aetiology of war is complex. From a global perspective it represents the most extreme act of self-destruction with a morbidity many times worse than smoking. It arises in specific areas; in March 1994 the UN had 17 peacekeeping operations underway at an annual cost of \$3.2 billion; there have been 33 such operations since 1948 (United Nations Department of Public Information, 1994).

The mental set of populations and dominant forms of communication have been documented (Kosuta, 1993). The social manifestations associated with this are divided societies and high economic competition with neighbours. Historical injustice seems to occupy the collective unconscious. The awful scenario of increasing populations and decreasing resources beckons in the next century; this we know is a precursor of war.

As individual doctors we can work professionally on these issues and join organisations to debate and raise these issues at a political level. There is a need to expand the concept of public mental health to include this complex problem of human behaviour and perhaps the College has a role

here. Where such agendas might be usefully discussed by the profession requires consideration.

KOSUTA, M. (1993) Media and the war in Croatia. *Medicine and War*, **9**, 134–140.

UNITED NATIONS DEPARTMENT OF PUBLIC INFORMATION (1994).

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Attitudes of general practitioners and child psychiatrists to treatment methods

Sir: I read Theodore Mutale's methodologically sound paper on the attitudes of general practitioners and child psychiatrists to treatment methods (*Psychiatric Bulletin*, 1994, **18**, 668–669) with interest. I fear it may be a case of the Emperor's new clothes. Although general practitioners now have purchasing power, if the relevant therapies that they choose or prefer are of unproven value for particular conditions then surely this indicates a failure of education and possibly a structural failure to encourage adequate research. Surely the central issue is what treatments are being used for which syndromes and whether these are (a) effective, (b) available and (c) what deleterious effects they may have.

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