



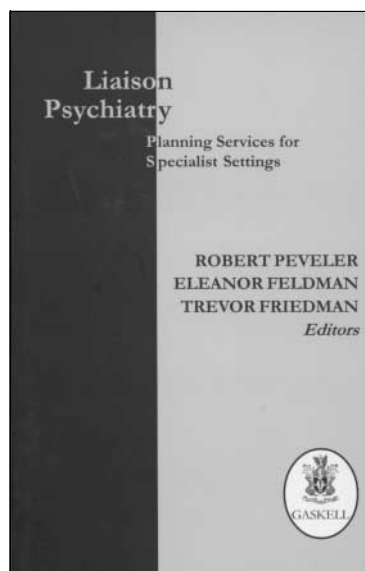
columns

encourage young doctors to take up psychiatry as a career it most definitely is not. Nobody wants to perpetuate the archetypal arrogant consultant, but this report loses the plot. Image matters. The image of the future psychiatrist created here is one of a doctor cum civil servant who must not only be competent, but must be all things to all women and men, provided only that the managerial boat is not rocked. It may be too much to hope that a second edition will remind us that psychiatry is a medical calling of high purpose and that the needs of patients are paramount; that any psychiatrist may on occasion be called on to speak out, even under threat, on behalf of patients or to support colleagues who do so. Blandishments here about good relationships within teams are all very well, but they gloss over the reality of final clinical responsibility and pale in comparison with the sheer punch of an earlier guideline: 'Life is short, and art long; the crisis fleeting; experience perilous, and decision difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals cooperate' (Hippocrates, 450 BCE). O tempora! O mores!

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Liaison Psychiatry. Planning Services for Specialist Settings

Edited by Robert Peveler, Eleanor Feldman and Trevor Friedman. London: Gaskell. 2001. 216 pp. £30.00 (pb). ISBN: 1-901 242-47-1



As the focus of psychiatry has moved from hospitals to the community, the speciality of liaison psychiatry has developed to meet the psychological needs of patients in the general hospital. However, there is a risk that neither acute nor mental health trusts see liaison psychiatry as a priority in the competition for resources. Indeed, despite College recommendations, there are many general hospitals without a dedicated liaison psychiatry service.

This book is an important weapon in the battle for funding. The first chapter sets the scene by detailing how to compile a case of need for service development. This is supplemented by practical tips, such as the importance of personal and professional relationships in making a bid. I would also have welcomed an example of a (successful?) business plan to illustrate the advice given.

The book goes on to describe the role of liaison psychiatry in a number of general hospital departments, such as the pain clinic, intensive care unit and maternity wards. In discussing the high psychiatric workload of the accident and emergency department, David Storer refutes the misconception that liaison psychiatry is an 'optional extra'. Other chapters illustrate how this argument applies throughout the hospital.

The book goes further than its title in describing common problems faced by a liaison psychiatry service. I particularly recommend Eleanor Feldman's chapter on the use of the Mental Health Act and common law in the general hospital as a clear distillation of a potentially confusing topic.

The final chapter returns to the biggest obstacle to service development in liaison psychiatry, the issue of 'who pays?'. Both the mental health trust and the acute trust may see it as the responsibility of the other to fund a liaison psychiatry service in a general hospital.

The book highlights the danger that physical illness may be a barrier to general hospital patients receiving good mental health care. Despite having a high level of psychological morbidity, this is a neglected population. *Liaison Psychiatry* will help those who seek to fulfil one of the key aims of the National Service Framework for Mental Health in providing comprehensive mental health care for all.

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miscellany

The Royal College of Psychiatrists is represented on the National Reference Group for a current project to develop national occupational standards in mental health. The project underpins the development of the mental health workforce in helping to raise standards in mental health and forms part of the National Service Framework for Mental Health. The standards will involve all staff groups in mental

health and all age ranges. Both health and social care staff are involved.

The project team are seeking feedback on the standards and also to involve psychiatrists in the field trials. There will also be web-based consultation from July 2002 and consultation events in January 2003. The project team would welcome the involvement of psychiatrists from as many areas and care settings as possible.

If you would like to be involved in the project or to receive regular information and comment on draft standards please contact, by e-mail, MillerWestLtd@cs.com. If you wish to have a more general conversation about the project please contact Karen Hardacre, Project Manager, on e-mail, Hardacre9857213@aol.com; or by tel, 0117 909 6273.

forthcoming events

Keele University, Department of Psychiatry, would like to announce the **Diploma and MSc courses in general psychiatry** commencing September 2002. These are part-time courses for registered medical practitioners. The diploma is suitable for affiliates of the Royal College of Psychiatrists,

general practitioners and all non-training grades and provides an overview of current research and practice based on the MRCPsych Part I examination syllabus. The MSc is for students who achieve a pass in the Diploma, have gained Part 1 MRCPsych or have a non-medical degree or equivalent professional experience. The

MSc is a 2-year course based on the MRCPsych Part II examination syllabus and all students are allocated a personal academic supervisor. For further details on both courses please contact Mrs Tracy Podmore or Miss Louise Alston, Departmental Secretaries, Department of Psychiatry, Harplands Hospital, Hilton