

The methodological problems of designing such studies are considerable. Selecting criteria for the control condition is particularly difficult. 'Standard hospital care' has been used in a number of studies but, as Braun *et al* point out, this differs greatly from place to place and is extremely difficult to characterize. Defining the patient population studied is no easier. Diagnosis is a very poor predictor of disposal. Some workers² have used a psychiatric opinion that the patients 'required admission' as a key criterion for admission to the study, but there is evidence that this is far from reliable. For example, Mendel *et al*³ found that it depended on the experience of the doctor making the decision and whether the patient arrived at the clinic after hours. Feigelson *et al*⁴ found that it depended on the facilities and staffing of the emergency clinic. The patient's clinical state is far from being the only factor that determines the judgement that the patient requires admission. Also, there have been two studies in which patients judged to require admission have been randomly allocated (with very few exceptions) to treatment in hospital or at home,^{5,6} and in both studies most of the patients allocated to home were treated there successfully. This further questions the usefulness of the criterion.

It will be a long time before we are able to allocate patients to in-patient, out-patient, or day care according to well-researched criteria. Until then it will have to be done intuitively. I suggest that the careful study of the factors that influence those intuitive decisions may suggest better ways of selecting patients. That would be an important step towards answering some of the pressing questions Mr Vaughan raises.

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DEAR SIR

Whilst we agree with Mr Vaughan's (*Bulletin*, October 1983, 7, 184–5) wish for more planned research and evaluation in the field of day care, we find the negative viewpoint of this article disturbing. There are to be found in it the same sweeping generalizations and untested assumptions of which he is so critical, and one is left wondering what Mr Vaughan actually wants from day care.

On the one hand, Mr Vaughan criticizes the fact that day hospitals have developed in a diverse way, but then in conclusion praises the flexibility and uniqueness of day care. We would hope that this diversified range of services provided by day hospitals reflects the need of a particular community and patient population, rather than the ideas and personality of an omnipotent consultant.

Mr Vaughan feels that it is unfortunate that few day hospitals include the patient's family in the treatment process, but continuing in the vein of his article, what evidence has he to show that this would be beneficial? Of course, in the real world one tries to involve the family as much as is possible, but we cite this as an example of the confusion provoked by the article.

As nurses, we find his assumption that 'nursing staff transfer into day settings and simply bring institutional ideas with them' particularly insulting. It is this kind of sweeping generalization which does further damage to working relations between Social Services and health service staff and is demoralizing to nurses. Is he not aware of the fact that nurses in their training have had their theoretical knowledge and work experience in day care and community settings increased, as laid down by the UKCC? Furthermore, when qualified it is a positive decision for a nurse to move into day care. This move can be taken as a rejection of those same institutional ideas which Mr Vaughan claims nurses carry with them. Is he also aware of the ever increasing qualifications and experience required of a nurse for a post in day care? It seems not.

From his article it would seem that Mr Vaughan is unhappy about the way in which day care has developed and how its continuation is likely to be haphazard. Perhaps it would have been a more useful exercise for him to make positive suggestions on how the difficulties presented by the current system to researchers, could be overcome, rather than casting an air of pessimism over the day care services.

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Impressions of a locum at Belgrave Square

DEAR SIR

Throughout September 1983 the *British Journal of Psychiatry* was without an editor, and I was informally asked to be Acting Editor. The work was interesting and

sometimes instructive, but the premises at Belgrave Square filled me with dismay.

Previously I had only visited the College as a member of the Editorial Committee or some other group function and had enjoyed talking with others over a light lunch served in the Warren Suite. However, I found that no such facilities existed for the routine visitor and I had to go out to find a sandwich in an overcrowded pub or café; even the nearest of these was some distance and, in pouring rain, I decided to endure the hunger pangs until I returned to the relative hospitality of British Rail at 6.0 pm. On one occasion I had the pleasure to meet a visitor who had just arrived from Singapore; he had many questions about psychiatry in Britain, as I did about psychiatry in Singapore, so we wrapped ourselves in waterproofs and found our way to the pub where there was nowhere to sit down.

Although I enjoyed the work and found congenial company with the staff in the office, I found 17 Belgrave Square to be a lifeless, unsociable institution; the only 'facility' being an automat dispensing undrinkable coffee in the attic (actually just outside the Journal office); few people found their way to it. Surely something could be done about this? Room could perhaps be found for a catering company to set up a small self-financing cafeteria where people could meet and talk and get to know each other; I would also propose a sort of senior common room where visitors could be taken to enjoy a good cup of coffee and perhaps meet other office holders of the College.

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Improving management skills and the management process

DEAR SIR

As anticipated, the Griffiths Report¹ has recommended that clinicians should be involved more closely in the management process. It has also suggested that there should be a review of how far management training of different staff groups, including clinicians, meets the needs of the service.

Some years ago, Peter Hill and I initiated courses in basic management skills for senior trainees in psychiatry (*Bulletin*, July 1981, 5, 123). The response to these has been overwhelming and we have extended them to other doctors and to longer courses. However, there are still insufficient appropriate basic management courses to provide training in the types of skills that the Griffiths Report recommends.

There appears to be little discussion, let alone consensus, about who should provide the training. It is doubtful whether organizations like the King's Fund will expand their already

full programme. Some Regions have grasped the nettle and are organizing courses for clinicians, usually at newly appointed consultant level. Others are less interested, the Regional Training Officer not having clinician management training as part of his brief. Enquirers at such Regions are advised to attend courses at national training centres or those run by independent management consultants. Some of these courses are excellent, but in addition to being expensive, others may not tackle problems of relevance to clinicians or to local issues. Many are aimed at instilling a lot of facts, but provide very little in the way of skills training. I suspect that there are many doctors around the country who have had bad experiences of management courses and who have spread the word amongst their colleagues.

It is therefore important that doctors become more involved in the development of courses in management skills. I have received enquiries from one University Department and several individuals about establishing courses, local enquiries having drawn blanks. There is now a small network of individuals able to provide short basic courses in management skills, and I would be interested to hear from anyone who would like to run a local course, or who would like to know more about established courses. An estimate of the demand for this training and examples of difficulties experienced in obtaining it, would be helpful when negotiating for funds, and planning future courses.

Perhaps it is now time that the College started to pay more attention to this aspect of training—all consultants are going to have to be 'managers'. It might well be an appropriate area of training in which the College itself might become involved.

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REFERENCE

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'Mental Handicap Services—The Future'

DEAR SIR

I would like to convey to you my personal appreciation of this document (*Bulletin*, July 1983, 7, 131–4) which, in my opinion, is one of the most progressive on mental handicap that has been published by the College. The principles and general philosophy are in keeping with modern thinking on the subject, and it is indeed a pleasure to welcome these proposals for future services for the mentally handicapped.

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