

- BEIGEL, A. (1980) New approaches to the delivery of mental health care in developing countries. *Psychopathologie Africaine*, 17, 262–270.
- CLIMENT, C. E. (1983) Development of an alternative, low cost mental health delivery system in Cali, Columbia. *Social Psychiatry*, 18, 95–102.
- EDGE, H. G. (1983) Mental health care in the developing world. *Tropical Doctor*, 13, 149–152.
- GIEL, R. & HARDING, T. W. (1976) Psychiatric priorities in developing countries. *British Journal of Psychiatry*, 128, 513–522.
- HARDING, T. W. (1980) Mental disorders in primary health care: A study of their frequency and diagnosis in four developing countries. *Psychological Medicine*, 10, 231–241.
- JABLENSKY, A. & HAULI, J. (1983) Mental health at the rural dispensary: The Tanzanian experiment. *Africa Health*, February–March: 13–15.
- SARTORIUS, N. (1980) Strategies for mental health care in Africa. *Trends in NeuroSciences*, 3, 10–11.
- (1988) The mental health programme of the World Health Organization. *Asia-Pacific Journal of Public Health*, 2, 48–58.
- WORLD HEALTH ORGANIZATION (1981) *Social Dimensions of Mental Health*. Geneva: World Health Organization.
- (1982) *Training in Mental Health for Primary Care Workers*. Brazzaville: WHO Regional Office for Africa.
- (1984a) *Mental Health in Developing Countries: A critical appraisal of research findings*. Geneva: World Health Organization.
- (1984b) *Seventh Meeting of the African Mental Health Group*. Geneva: World Health Organization, 1980.
- (1985) *Intercountry Workshop on National Mental Health Programmes*. Geneva: World Health Organization.
- (1986a) *Problems of Mental Health in the African Region: Report of a roundtable*. Brazzaville: WHO Regional Office for Africa.
- (1986b) *Programme for Mental Health in a Country Struggling for Development: The Tanzanian experience*. Geneva: World Health Organization.
- (1986c) *Report of the African Mental Health Action Group*. Geneva: World Health Organization.
- (1987a) *The Community Health Worker*. Geneva: World Health Organization.
- (1987b) *Introduction of a Mental Health Component into Primary Health Care*. Geneva: World Health Organization.
- (1987c) *Leadership Development for Mental Health*. Geneva: World Health Organization.
- (1987d) *Educational Resources for Leadership Development*. Geneva: World Health Organization.

---

*Psychiatric Bulletin* (1990), 14, 36–37

## The Cardiff Liaison Psychiatry Study Group

PETER L. JENKINS, Lecturer, Department of Psychological Medicine, University of Wales College of Medicine, Heath Park, Cardiff CF4 4XN

We decided to evaluate the recommended reading for US consultation liaison fellowships (Mohr & Cohen Cole, 1985). Our group was open to interested doctors who had either passed Part I or who had relevant previous experience. The seminar group met in the evenings every two weeks for six months and all members shared the synopsis and presentation.

Initially there was some scepticism regarding the definition of the role of liaison psychiatrists which the initial two meetings addressed. The origins and relevance of CL psychiatry were wider than expected and Lipowski's 1974 paper was an interesting account defining the development of a role beyond the familiar territory of deliberate self harm. There was comparability between the US and UK but members felt that US style liaison was rarely present in the UK and consultation patchy. The following questions arose from the discussion:

- (a) Is there a demand for such services in the UK?
- (b) Is there the interest and expertise to meet any such demand?

(c) Is this a speciality area?

The various papers on psychotherapy were well received. Most British psychiatrists recognise the widespread deficiencies of training in this area and the application of various dynamic models in the medical setting provoked stimulating discussion, in particular regarding Kohut's 'Self Psychology' (Baker & Baker, 1987). Psychotherapy was felt to be an important treatment modality in the application of a biopsychosocial model. Case discussions clearly illustrated the psychodynamic insights commonly utilised in US practice and these provoked thoughtful discussion (Meyer & Mendelson, 1961).

The need for a liaison role was illustrated by the repeated occurrence of particular clinical problems (e.g. DTs) on certain wards where staff education is clearly needed. Although the acceptability of a staff orientated approach was questioned, its relevance was readily accepted.

The existence of a body of knowledge in areas such as somatisation disorder was felt to support the

concept of liaison as a subspecialty. However, the need for research to include valid and reliable assessment procedures such as operationalised diagnosis and structured interviews acceptable to medical and surgical patients; to aid comparability between studies was stressed.

We finished our meetings with a discussion of 'How To Do a Psychiatric Consultation' (Garrick & Stotland, 1982) which was seen as an example of excellence rarely achieved in UK practice.

Our answers to the questions initially posed were:

- (a) There is a need and demand for consultation and liaison psychiatry in the UK which is currently poorly met.
- (b) Although there is interest in liaison, most members felt that as an initial step increased training, supervision and quality of consultation were required in the UK. Expertise is lacking due to poor supervision, poor data collection and lack of training in non-pharmacologic interventions.
- (c) Some clinical syndromes are over-represented in liaison referrals but it is too soon to decide whether this fact merits the designation of speciality status.

The group wishes to express support for the objec-

tives published by the Liaison Psychiatry Group regarding manpower, training and service organisation in this area of psychiatry. One step towards these might be the organisation of similar study groups in other centres.

#### Study Group Members:

Drs Anne Farmer (Senior Lecturer); Peter Jenkins (Lecturer); Gregory Weppner (Senior Registrar); Alison Linington (Registrar); Sudad Jawad (Registrar); Nahla Jamil (Registrar); Giselle Martinez (SHO); and Mathilde Hernandez (SHO).

#### References

- BAKER, H. S. & BAKER, M. N. (1987) Heinz Kohut's Self Psychology: An overview. *American Journal of Psychiatry*, **144**, 1-9.
- GARRICK, T. R. & STOTLAND, N. L. (1982) How to write a psychiatric consultation. *American Journal of Psychiatry*, **139**, 849-855.
- LIPOWSKI, Z. J. (1974) Consultation-liaison psychiatry: an overview. *American Journal of Psychiatry*, **131**, 623-630.
- MEYER, E. & MENDELSON, M. (1961) Psychiatric consultation with patients on medical and surgical wards: Patterns and processes. *Psychiatry*, **24**, 179-220.
- MOHL, P. C. & COHEN COLE, S. A. (1985) Basic readings in consultation psychiatry. *Psychosomatics* **26**, 431-440.

## Training matters

Further to the article by Neil Holden on Training in Psychiatry in Less Developed Countries (*Psychiatric Bulletin*, October 1989, **13**, 558-560); it should be pointed out that a full report of the WHO workshop referred to is available from the Division of Mental

Health, World Health Organization, 1211 Geneva 27, Switzerland.\* It should be noted that views expressed in the article are those of Dr Holden and do not necessarily reflect the views of WHO nor of the other participants at the workshop.

\*HOLDEN, N. & EDWARDS, E. (eds.) (1989) *Postgraduate Training in Psychiatry: Options for international collaboration*. Geneva: World Health Organization. Unpublished document WHO/MND/MEP/88.7.

---

*Psychiatric Bulletin* (1990), **14**, 37-40

## Conference reports

### 'Royal road to the unconscious'\*

KEVIN O'NEILL, Tutor, Department of Psychiatry, University College Dublin, and St Brendan's Hospital; and JOHN CORISH, Registrar, St Brendan's Hospital, Dublin 7, Ireland

A psychiatric conference on dreams poses a considerable challenge for its organisers due to the breadth of the topic. The approach taken at this one-day conference was to adopt an interdisciplinary format where

viewpoints were included from the perspective of philosophy and literature.

A basic tenet of psychoanalytic theory is that through dream interpretation an understanding of