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Which psychotherapy?

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their health, and 85% with a non suicidal risk to themselves of others.

Our conclusions were, firstly, that a full-time nominated deputy of the RMO, who had to be a junior doctor, was an acceptable system which paradoxically prevented more senior practitioners having a role in S52. Secondly, there was a need for pilot audit studies such as these to identify valid audit parameters, and clarify the 'numbers' issue. Thirdly, despite the informal outcome it was reassuring to note that good grounds for detention were clear despite the informal outcome.

We are currently unsure as to the reasons why patients destined to become informal are on S52 longer than those further detained, but it appears likely that any attempt to reduce the average duration of S52 in this group will result in more people being detained for longer.

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Which psychotherapy?

DEAR SIRS

The paper 'The future of psychotherapy services' (*Psychiatric Bulletin*, March 1991, 15, 174-179) carefully side-steps the question of which psychotherapy services should be developed for which type of patient. It blandly states that 'psychotherapy' is the main or adjunctive treatment for a long list of psychiatric disorders. For most of these the authors are presumably referring to behavioural-cognitive and similar problem-solving psychotherapies which have been effective in many controlled studies (apart from personality disorders, for which little has been of help). Fewer than 2% of consultant psychotherapists are expert in such effective methods, 98% being trained in dynamic methods with far less controlled research to show their value. This imbalance is risible. The authors express a commendable desire for audit and the use of performance indicators, but these are no substitute for controlled trials.

The article suggests that consultant psychotherapists should be responsible for a full range of psychotherapy services, but they have rarely played such a role. Behavioural-cognitive methods have usually been developed by general adult psychiatrists, nurse therapists and psychologists rather than by consultant psychotherapists. The appointment of psychiatrists as consultant psychotherapists (behavioural) may be blocked on the grounds of too little dynamic training, though very few consultant psychotherapists have adequate behavioural cognitive experience.

Posts with a Special Interest or Special Responsibility in Psychotherapy are less suitable for dynamic

therapists (due to their length of training) than for Specialists in Behavioural Cognitive Psychotherapy. Posts which train and meet service needs in behavioural cognitive psychotherapy can be well integrated with general adult psychiatry.

We welcome the President's initiative in setting up a group to examine the training and appointment of specialists in behavioural cognitive psychotherapy and the representation of such interests in the College.

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Revival of Psychotherapy Section, Irish Division

DEAR SIRS

I would like to report on the revival of the Psychotherapy Section of the Irish Division of the Royal College of Psychiatrists. A meeting was held in Ardee, County Cavan on 22 March 1991. Speakers were invited to outline the current psychotherapy training in Ireland.

Dr Michael Fitzgerald spoke on training South of the border. There are Master of Medical Science degree courses in Psychotherapy and Family Therapy in Dublin and, although in great demand generally, the interest from general psychiatrists has been poor. Support from child psychiatrists in child psychotherapy training has been more substantial. Representations have been made to College to put pressure on the scheme for General Adult Psychiatry, but this had not borne fruit. Dr Fitzgerald hoped that the revival of the Psychotherapy Section would provide a forum for concentrating on these issues, and making further representation to improve training.

Dr Alderdice spoke about current training North of the border. He was more optimistic about the interest of general psychiatrists and felt that the role of the Psychotherapy Section should be more one of providing a forum for academic presentations and co-ordination of different interests. Although there had not been a meeting of the section, the situation with regard to training had improved in recent years with the appointment of a consultant psychotherapist.

Debate on whether the needs and interests of the North and South differed to such a degree that there should be separate sections ensued. This has been an issue for the Royal College in Ireland because of the differences in hospital services and training schemes. There is a separate Northern Ireland Section of the