

Training programmes

DEAR SIRS

Professor Elaine Murphy (*Psychiatric Bulletin*, June 1991, 15, 367) is rightly concerned about the community aspects of training of post-graduate psychiatric trainees. The community care strategy for the development of services for people with mental handicap in Wales has been in implementation since 1983 (Welsh Office, 1983), and therefore the training as part of psychiatry of mental handicap has also been adopting and developing according to these changing needs of the service.

In the past seven or eight years I have been involved in developing the mental handicap aspect of the rotational training programme for psychiatric trainees in West Glamorgan. A large component of experience and training for the registrars/SHOs has been in the community-based services, out-patient clinics, social services hostels, training centres, schools, clinical and educational psychologists and community mental handicap services, in a multi-disciplinary setting.

A training programme has been developed, is constantly reviewed and revised with the help of feedback from trainees and the other members of the multidisciplinary team:

- (a) Out-patient clinic work in a multi-disciplinary team setting, with community psychiatric nurse, social worker, clinical psychologist (whenever relevant), patient and his/her family, staff of school, adult training centre, occupational therapy etc., assessment, treatment if necessary. Out-patient follow-up work with some patients
- (b) individual assessment, history taking, treatment and follow-up of a few patients (up to six patients)
- (c) accompanying consultant psychiatrist on domiciliary consultations for assessment/treatment/advice
- (d) accompanying community psychiatric nurses on their visits to patients' families (home visits), adult training centres, social service hostels (two in West Glamorgan), group homes and other residential facilities for mentally handicapped patients
- (e) participating in individual patient plans at Llwyneryr Unit
- (f) attending lectures/seminars/workshop days in community care services is part organised by the Professor of Psychiatry of Mental Handicap in Cardiff. Registrars also take part in the medical audit meetings of Mental Handicap Services
- (g) regular visits to special schools to observe assessment of mental handicap and problems by school panels/educational psy-

chologists, under clinical medical officers' supervision.

- (h) psychological assessment, behaviour modification techniques, sessions with clinical psychologists in mental handicap

I am sure training programmes in various parts of the country are being developed in an innovative way to provide exciting, challenging and stimulating experience and learning situations as community care strategies develop and the old large institutions shrink and ultimately disappear. The medical and clinical audits will have vital roles in such developments, provided the required resources in funding, technology and manpower are safeguarded.

Most of us involved in provision of service and training needs are optimistic that the College will respond to these challenges with broad based approval teams and feed back from the trainees and the service providers as well as regular ongoing discussions, seminars and dissemination of information regarding the evolving needs of trainee psychiatrists and service provision.

Some of the issues of training raised by Julie Sanders (*Psychiatric Bulletin*, June 1991, 15, 371–372) should be addressed positively in developing innovation training programmes with our colleagues in social services, education, voluntary services etc. Perhaps the College could provide guidance, advice and direction in these new developing training programmes and services.

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Reference

WELSH OFFICE (1983) *All Wales Strategy for the Development of Services for Mentally Handicapped People*. March.

Women and mental health

DEAR SIRS

The Editor of *The British Journal of Psychiatry* should be congratulated on producing a supplement (May 1991) on the topic 'Women and Mental Health'. It is timely to examine aspects of psychiatric disorder in women. The 18 female and 10 male authors addressed a wide range of pertinent issues. I am concerned that 24 of the 28 contributors are based in London, 21 from the Institute of Psychiatry or the Maudsley, and only two of the female contributors were based outside London. At this international conference, only one of the published papers came from overseas.

There are a number of conclusions which may be drawn. First, the selection of papers for publications is biased; the rest of the United Kingdom and