Beneficial delusions?

DEAR SIRS

Gary Hosty in 'Beneficial delusions' (correspondence, *Psychiatric Bulletin*, June 1992, **16**, 373) raises the question of whether intervention can be justified in cases where the individual finds hallucinations and delusions to be life-enhancing. I hope that the consensual answer from the psychiatric profession is a resounding "no". The purpose of psychiatric intervention, especially against the patient's will, can only be to relieve suffering on the part of the patient, or stress which he or she may be inflicting on his family and society at large and where there is a reasonable expectation that our intervention will be effective in producing a happier state of affairs. To give any other response would bring us dangerously close to endorsing the kind of abuses of psychiatry that obtained in the old Soviet Union.

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Management training for overseas trainees

DEAR SIRS

I was dismayed to read the article by Mbwambo and colleagues (*Psychiatric Bulletin*, June 1992, **16**, 352–354) on the training of psychiatrists for the developing world. It is inappropriate to advocate training psychiatrists to be administrators. "Administration" is keeping the ship on a course determined by someone else. However, management is a proactive process requiring decisions about where an organisation is going, strategies for achieving stated goals, implementation of the strategies and evaluations of the outcome (Waters, 1985).

While trainees in the United Kingdom have begun to embrace the concept of management training (Junaid, 1992) too it is necessary to ensure trainees from overseas recognise the need and receive training in management techniques.

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References

JUNAID, O. (1992) Management training. *Psychiatric Bulletin*, **16**, 366.

WATERS, H. (1985) Management training for clinicians. *British Medical Journal*, **291**, 1294–1295.

Training and support for research in developing countries

I wish to support Guinness' (1992) views about the training of psychiatrists for work in developing countries. Recently the need has increasingly been felt (Tantam, 1990; The Royal College of Psychiatrists, 1990) but very little has been done practically.

Guinness recommends planning research before arrival on site in the developing countries. This seems to be based on her rather optimistic view that agencies like WHO play an important role in consultation and support for such work. As far as I know, suitable funding and support for research in their own countries by third world psychiatrists get even less attention than suitable training.

These issues have assumed more significance since the advent of training programmes like the Overseas Doctors Training Scheme which assume that trainees will return to their countries after completion of their training. The lack of relevant training and inability to find suitable support for research in the developing world are important factors that force the trained psychiatrists to stay in this country, thus defeating the reason for their training (Patel & Araya, 1992).

I wish one could see greater collaboration between the trainees and institutions responsible for their training to resolve these issues. It would open new vistas for research and clinical practice, and perhaps also enable Western psychiatrists to gain valuable insights into disorders rarely encountered in the UK.

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References

GUINNESS, E. A. (1992) Pattern of mental illness in the early stages of urbanisation. *The British Journal of Psychiatry*, **160** (Suppl. 16).

PATEL, V. & ARAYA, R. (1992) Trained overseas, unable to return home: plight of doctors from developing countries. *Lancet*, **339**, 110–111.

TANTAM, D. (1990) Training psychiatrists for work in the East of Africa. *Psychiatric Bulletin*, **14**, 406–409.

THE ROYAL COLLEGE OF PSYCHIATRISTS (1990) Statement by Council on psychiatric practice and training in British multi-ethnic Society. *Psychiatric Bulletin*, **14**, 432–437.

DEAR SIRS

There are three alternatives for promoting fruitful contact between first and third world psychiatrists in training and research. One is to design more relevant courses for overseas trainees. The different cultural context is the challenge. Clinical presentations, work loads, feasible treatment options, models of service provision are all rather different. The returning trainee will inevitably face major adaptation as Dr Farooq says.

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