Of course, social workers are unencumbered by a supervising professional body like the GMC with its considerable legal powers.

PAUL BRIDGES

United Medical and Dental Schools
Guy's Hospital
London SE1

Group therapy with sex offenders

DEAR SIRS

I was most impressed with the account of two years of 'A Community Treatment Service for Sex Offenders', by Dr Mendelson *et al* (*Psychiatric Bulletin*, October 1988, **12**, 416–419).

I thought the readership would like to know of a programme on treating similar patients with group psychotherapy which has been running since 1971 at the Portman Clinic. An account of this clinical research has been written up in 'Application of Group Analytical Psychotherapy to those with Sexual Perversions', a chapter that I wrote for a book edited by Terry Lear, entitled *Spheres of Group Analysis*, and published by Leinster Leader Limited, Nass, Co. Kildare, in 1984. These include selection criteria, composition of these groups, type of leadership and important themes which tend to appear when working with these patients.

Obviously, the technique used by Dr Mendelson and colleagues is a different one, although the early hurdles and the rewards are very much like the ones we encounter in our own work. The description of their treatment confirmed our own findings, when treating similar patients by group psychotherapy at the Portman Clinic. This is an NHS out-patient setting which deals with patients suffering from sexual perversions and who engage in acts of criminality and delinquency.

I would very much welcome a chance to get to know of other professionals in the field who are working in group therapy with similar patients. Those who are interested in exchanging ideas, problems and experiences with other professionals may like to know that the Portman is considering organising a forum for this purpose.

In addition, the Portman Clinic will be offering a series of supervisionary work which will be advertised in this *Bulletin* later this year.

ESTELA WELLDON

Portman Clinic
London NW3

A hospital drugs review system

DEAR SIRS

In the long-stay psychiatric hospital regular appraisals of medication are desirable to ensure that in-patients are not receiving drugs inappropriately. At Meanwood Park Hospital, Leeds, with over 300 mentally handicapped patients, a review system has been devised and has been operating for two to three years. Each week a different ward or NHS community outreach residence is taken in turn for a weekly drugs review meeting attended by the psychiatric consultant and registrar, the staff pharmacist, and a nurse with knowledge of the patients. The patients' prescriptions are examined in turn, alterations are agreed, and entries made in the clinical records. Student nurses can attend the meetings. The advantages of the system are:

(a) It ensures that all patients have a periodic review of their medication at least once in every three to six months. Ten to 20 patients can usually be covered in about an hour.
(b) It encourages face-to-face communication between medical, nursing and pharmacy staff.
(c) It helps consistency in prescribing to be achieved.
(d) It enable doctors, nurses and pharmacist to learn from each other and to benefit from the pharmacists' detailed knowledge of drugs.
(e) It brings to light issues which may need to be covered by hospital in-service teaching programmes or an information hand-out.

DOUGLAS A. SPENCER

Meanwood Park Hospital
Leeds

Private sector psychiatric services

DEAR SIRS

Your December 1988 issue carried an open letter to the President objecting to the inclusion of a session on private sector psychiatric services in a scientific meeting of the College. I found the views it expressed narrow-minded and self-contradictory.

One of the consequences of nationalising health care delivery systems in the UK has been to stifle innovation and diversity in health care. Part of this has arisen through national and regional constraints placed on service design, especially on the building and redevelopment of hospitals and health centres. This has been compounded through the competition which has arisen between psychiatric and other medical services for scarce resources, a competition in which psychiatric services have tended to do badly. Not surprisingly, since few district or regional health authorities have psychiatrists as members while virtually all have members who reflect the interests of more general medical services.

One key feature of private sector services is their ability to respond to the wishes and needs of their patients. The potential for diversity which this implies makes these services a natural test ground for new approaches to service delivery. Natural

experiments are happening and surely the evaluation of the effectiveness of these services is thus as proper an area for scientific study as any of the more common subjects at psychiatric scientific meetings.

The implication from the fact that individuals working in these services are interested parties seems to be that they are thus incapable of scientific rigour. This is fatuous, since all researchers are interested parties as far as their research is concerned. It is also inconsistent with the suggestion that the College "would be better to follow up its previous support for an improved NHS". This seems to argue for a partisan campaigning stance without serious consideration of the question of whether the vast majority of patients would be better served if psychiatric services were provided independently of the NHS, for example in a "contracted out" system. Such an attitude would seem unworthy of a Royal College.

GYLES R. GLOVER
Department of Community Medicine
Charing Cross and Westminster Medical School
London SW1

DEAR SIRS

Following the session on Psychiatry in the Private Sector, of the College's Meeting (26 October 1988), Dr Appleby and others wrote to the President of The College. "The point is whether or not this particular session should be given by implication academic status equivalent to the other session topics, such as psychiatric genetics or community care . . ." (*Psychiatric Bulletin,* December 1988 **12,** 554). Dr Appleby and the others who signed that letter to the President, who were conspicuous by their absence at the session, may be unaware that one of the most important papers delivered at the Quarterly Meeting 'A Locus on Chromosome 5 for Schizophrenia' by Robin Sherrington, Hugh Gurling *et al* (1988) was supported, among others, by The Priory Hospital. Dr Mark Potter, one of the co-authors, held a Priory Research Lectureship at University College and the Middlesex School of Medicine, at the time that this work was done. This very influential paper, which was recently published in *Nature,* must be regarded as one of the most important papers in the world psychiatric literature of 1988.

The Priory Hospitals Group supports research at two other medical schools – Charing Cross and St Bartholomew's Hospital. The Priory contributes £100,000 per annum to fundamental psychiatric research. It also provides an opportunity for three registrars to gain experience in research methodology in academic departments.

The Royal College of Psychiatrists was founded to improve the care of psychiatric patients, enhance teaching and support research. The Priory Hospital is accredited by the College for the training of registrars and is making its contribution to the NHS by this and by training nurses from teaching hospitals.

The President, in his reply to Dr Appleby, suggested that those who signed the letter to him might "ask questions and discuss their particular concerns". Surely the College is a proper place for open debate. After all, the College has been at the forefront of campaigning for scientific freedom in Russia.

DESMOND KELLY
The Priory Hospital
London SW15

Reference

SHERRINGTON, R., BRYNJOLFSSON, J., PETURSSON, H., POTTER, M., DUDLESTON, K., BARRACLOUGH, B., WASMUTH, J., DOBBS, M. & GURLING, H. (1988) Location of a susceptibility locus for schizophrenia on chromosome 5. *Nature,* **336,** 164–167.

Discharge refusers

DEAR SIRS

We all know the trouble we often go through to bring some patients into hospital. In some cases, it might require the services of a hospital doctor, a GP, an Approved Social Worker, an ambulance crew, *and* the Police, not forgetting the tearful, pleading relatives.

It can be equally difficult to get a patient *out* of hospital, when the multidisciplinary team is satisfied that the patient no longer requires in-patient treatment, and that, in their view, he or she has been adequately prepared to cope with life in a residence outside hospital.

I have known patients who have refused to leave hospital for (a) their own homes; (b) hostels; (c) a residential care home; and (d) a group home. I would like to give brief case histories of three of these patients by way of illustration:

Miss J. A., aged 23, was admitted following several episodes of physical aggression at home. A shy, self-conscious, non-assertive young woman, her sudden violence was totally out of character, and was her reaction to the persistent hallucinatory voices tormenting her with discussions about her, and commenting on her every action. With medicinal treatment and occupational therapy, she rapidly settled down. Some three months into her admission she was considered for weekend leave, but her parents refused to have her, and have consistently maintained that they no longer wanted her home because she kicked her pregnant sister in the abdomen during the acute phase of her illness. Accordingly, we introduced her to a local hostel and she spent a few hours a day, two to three days a week, at