

the receiving hospital. It should be borne in mind that this concern must be appropriate to each individual defendant and not merely because he happens to be in custody (which is not necessarily related to the gravity of the offence). In the case we described the person was admitted to the acute admissions (open) ward and although the question of security was raised by the Home Office it did not become a particular issue. A review of the prisoners transferred from our local remand prison under the provisions of Section 48, Mental Health Act in the last six months reveals that most, but not all, went to some form of locked facility. However, over half (12/21) were admitted to the intensive care ward rather than the Regional Secure Unit or a Special Hospital. Nonetheless, it is recognised that most defendants will require some degree of security, at least in the early phase of their admission. As Dr Smith and her colleagues point out (Smith *et al*, 1992) Regional Secure Units (and, I would add, other admission facilities) should be resourced to a level that allows them to operate just below full capacity and thus have the reserve to accept, at short notice, section 48 admissions that by definition require urgent treatment.

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Reference

SMITH, J. *et al* (1992) Transfers from prison for urgent psychiatric treatment: a study of section 48 admissions. *British Medical Journal*, **304**, 967–969.

The profession of adult psychotherapist in the NHS

DEAR SIRS

I am a clinical nurse specialist in liaison psychiatry, currently doing psychotherapy training at the Tavistock.

I was delighted to read Dr Temples' article (*Psychiatric Bulletin*, February 1992, **16**, 116–119) concerning the development of a new profession of trained lay psychotherapists.

As the paper points out, there is an increase in demand for psychotherapy within the NHS. A new profession with a recognised training and career structure is vitally important to ensure that sufficient treatment resources are available to meet the demands. Trained lay psychotherapists would complement work done by people in the core professions who specialise or have an interest in psychotherapy but do not necessarily have a formal training.

The article outlined a strong argument for a new profession along the lines already established in

child psychotherapy. It also recognised there would be possible recruits from nursing for the new profession. A list of core professions were suggested that might constitute a working party to take the matter further but I was disappointed to find that nursing was not included. This seems ironic as nursing is by far the biggest core profession involved in psychiatry. I wondered what logic was employed when drawing up the list or whether unconscious processes were at work.

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Junior publications in 'The British Journal of Psychiatry'

DEAR SIRS

A publication record can be an important determinant of career success for junior doctors (*Psychiatric Bulletin*, 1991, **15**, 478–480). But how does one publish in a major journal while in an everyday, regular clinical post? To identify the factors contributing to successful authorship I have reviewed three years publications (1989 to 1991) in the *British Journal of Psychiatry* and present data on those whose authors include British and Irish junior doctors not in identified research or academic posts. It is hoped lessons can be drawn from this study of previous success.

'Major' papers (*papers, annotations, reviews etc.*). Of 619 major papers within the study period, 92 (14.9%) include a junior doctor as an author. The average number of co-authors in addition to the index junior was 2.4.

In 50 papers (54%) one or more university academics were co-authors. Only 14 (15.2%) had neither an academic nor a consultant as a co-author.

Of the juniors publishing major papers, 60% were senior registrars – the others were in lower training grades.

Of these papers, 5% were case reports/case conferences and 8% review articles. The other study designs divided approximately equally between retrospective, prospective and cross-sectional studies.

Brief reports. Of 211 brief reports over the same three year period, 73 (34.6%) had a junior author. The average number of co-authors of the index junior was 1.2. In 21 (28.8%) brief reports the co-authors include at least one academic.

Of the juniors, 41% were senior registrars and the others were in lower grades.

Of the study designs, 83.5% were of a case report and literature review nature.

Sole authors. Publications of which the junior doctor was the sole author were 18 brief reports and nine papers. Four of the nine papers were reviews.

Lessons for aspiring authors. For the junior trainee seeking to publish in a high quality journal such as the *British Journal of Psychiatry*, a case report in the brief reports with an average of 1.2 co-authors is a realistic aim.

To publish a major paper the junior should be prepared to recruit an average of 2.4 co-authors, include a university academic in at least half of his successful submissions, and expect to wait until he is in higher professional training before seeing his name in print.

If, for pressing career reasons or personal vanity, a trainee wishes to be the sole author of a publication he should consider a case report or a literature review.

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The use of yoga with psychiatric patients

DEAR SIRS

I have received an enquiry from a psychiatrist working in a mental health centre in Israel, enquiring about the use of yoga with psychiatric patients.

For some years an experienced yoga teacher has given class patients attending the Psychiatric Day Hospital here in Southampton. There has been no assessment of the beneficial effects, but it is notable that many patients choose to continue yoga practice after leaving the Day Hospital.

The enquiry prompts me to ask whether any colleagues have experience in the use of yoga with psychiatric patients, and if so whether there is any body of knowledge about the usefulness of this

approach, particularly with acute in-patients and psychotic illness.

I should be pleased to put any colleagues with such experience in touch with Dr Weiser.

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Predicting non-attendance

DEAR SIRS

Dr Woods' article (*Psychiatric Bulletin*, January 1992, 16, 18–19) concludes with the suggestion that psychiatrists make incorrect assumptions about patients before seeing them. This may well be true, but it is not demonstrated by the findings he reports.

The study design he used encourages the doctors surveyed to commit themselves to making a judgement about the likelihood of attendance by offering only one neutral response ("Don't know") out of five possible alternatives. The respondents may have felt obliged to give an opinion even though this is not their usual clinical practice.

In order to reach the conclusion he made the researcher would have had to limit his study to involve only those psychiatrists who claim an ability to predict non-attendance, rather than taking a more general sample. This would have been more meaningful, interesting and informative.

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August Bank Holiday

The College will be closed from 7.00 p.m. on Thursday, 27 August and will re-open at 8.00 a.m. on Tuesday, 1 September 1992.