

MELZER, D., HALE, A. S., MALIK, S. J., *et al* (1991) Community care for patients with schizophrenia one year after hospital discharge. *British Medical Journal*, 303, 1023–1026.

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#### Developing training themes from HRH's delivery

SIR: The Collegiate Trainees Committee welcome HRH The Prince of Wales's interest and depth of understanding in a thoughtful and provoking address to the College on its 150th anniversary (*Journal*, December 1991, 159, 763–768). The Committee wishes to develop some of the Prince's comments, particularly in relation to training.

We welcome HRH's emphasis on the holistic approach to healing and the need to emphasise the physical, mental and spiritual aspects of healing in the training of doctors in general and psychiatrists in particular. Religious and spiritual factors influence the experience and presentation of illness and a multi-ethnic perspective is essential in the management of psychiatric disorders in a multicultural society. This should be reflected in psychiatric training and, although many psychiatric units have close links with representatives of different religions and cultures, few psychiatric training schemes involve a formal input.

In the current climate of health care in Britain, we are concerned about diminishing opportunities for psychiatric trainees to learn from the specialist skills of other allied professionals, mainly as a result of reduced numbers of psychologists, social workers, and occupational therapists in psychiatric services. We welcome the Prince's comments on closer liaison between health and social services and see such joint work and training as helpful in developing a more holistic approach.

HRH highlighted the division between biologically orientated psychiatrists who were over-reliant on physical and chemical modes of treatment, and psychotherapists who solely use psychological treatments. We think it is important that such an impression must be seen against a backdrop of limited resources – especially for the development of psychotherapeutic treatments within the National Health Service. Good training enables an eclectic approach, but poor training and time restraints may lead to more 'medication focused' consultations, hence further distancing the psychiatrist and his or her patient from an holistic approach.

HRH identified the lack of public exposure to mental illness in the media. We consider that the

potential for misportrayal of mental health issues and psychiatric practice exceeds that of many other branches of medicine. We feel that psychiatrists as a profession should be prepared to be more active in media liaison and we are concerned that presentation skills, from conducting a case conference through to lecturing and media skills, have been largely ignored in the training of psychiatrists. We understand that the Public Education Committee of the College is attempting to address some of these problems by teaching psychiatrists how to talk to the media.

HRH brought attention to several areas of changing service provision which have important implications for psychiatric training. With increasing numbers of chronically ill patients being discharged from long-term beds and fewer beds being available for acute care, an increase in emergency presentations to psychiatric hospitals, accident and emergency departments and police services is to be expected (Department of Health, 1989). Emphasis thus needs to be given in training on how to manage psychiatric emergency consultations and, in planning such services, the supervision and safety of trainees who man them is a priority. Psychiatric training must address the changing needs of the community and its health service. Community psychiatry, liaison with general practitioners, closer work with social work departments, and the voluntary sector all require greater attention. Closer training links between general practitioners and psychiatrists will be of help, and such links should be reciprocal. We would also encourage trainees to visit and learn about models of service practised in other areas of the country and beyond.

We hope that psychiatrists will not ignore the challenges put forward by HRH's address.

DEPARTMENT OF HEALTH (1989) *Caring for People*. London: HMSO.

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SIR: I would like to add some comments to the wise remarks of the HRH The Prince of Wales (*Journal*, December 1991, 159, 763–768) regarding the current and future roles of psychiatrists. Most of us are aware of the biopsychosocial theoretical framework