## PATIENTS' ALLOWANCES

DEAR SIR,

The discontinuance of the system of pocket money paid by psychiatric hospital authorities and its replacement by Non-Contributory Invalidity Benefit paid by the Department of Health and Social Security led to delays at this hospital in patients receiving their moneys. At the same time patients not entitled to this allowance but to Supplementary Benefit were also in difficulties because of irregular visits by officers of the Social Security section, and delays produced by the fact that the Social Security office serving the hospital is not that serving the patients' home addresses.

Other psychiatric hospitals may be interested to know that the Joint Parliamentary Under-Secretary of State, Department of Health and Social Security, who was approached about the problems, wrote that 'An arrangement was made whereby a visiting officer from the Social Security Office calls at the hospital at least once a week to deal with claims from new patients or any other social security problems that may arise. This should avoid any delays in the future . . . .' At the same time the District Management Team have allowed patients to accrue a debit pending their benefit being paid.

ASHLEY ROBIN

*Runwell Hospital,*
*PO Box No 3,*
*Wickford, Essex SS11 7QE.*

## COLLABORATION BETWEEN GENERAL PRACTITIONER AND PSYCHIATRIST

DEAR SIR,

Dr Tredgold's contribution on improving co-operation between psychiatrists and general practitioners (*News and Notes*, March 1976) contained a great many valuable suggestions on ways in which such co-operation can be improved at the level of the experienced general practitioner and the consultant psychiatrist. He did not, however, mention the way in which attitudes of one branch of the profession towards another become laid down during our training, and perhaps if we could improve the ways in which trainee general practitioners and trainee psychiatrists work together during their training period then co-operation would be considerably easier in the future.

The staffing in the trainee grades in this Department is divided equally between trainee psychiatrists and doctors who spend six months in the Department as part of their three-year general practitioner training. Seminars are held by the tutor in psychiatry in which both groups of trainees participate equally. This appears to be of benefit to the trainees of both disciplines, particularly as the trainee general practitioners have all done at least six months in general practice by the time they come to this Department. The general practitioners are able to gain from the psychiatrists' extra experience of psychiatry and in turn can contribute a great deal to broaden the outlook of the psychiatrists.

The benefits from this approach are already being seen: the general practitioners who have been through this scheme and have become principals in general practice in this area, as well as being able to liaise with the psychiatrist they have been working with for at least six months, are able to cope with far more psychiatric morbidity without the necessity for referral to the psychiatric services.

D. STORER

*Doncaster Royal Infirmary,*
*Doncaster DN2 5LT.*

## PSYCHIATRIC ATTITUDE QUESTIONNAIRE

DEAR SIR,

I recently circulated the above questionnaire with the co-operation of the Royal College of Psychiatrists to a large sample of its membership. Many replies have now been returned to me and I would like to thank all those who have kindly co-operated with this work for their assistance. I would very much appreciate it if those who have not yet returned their questionnaire would do so, even if they are not prepared to complete it, so that I may have a high return rate and thus make the results more valid.

MORAG MELVIN

*University of Sheffield Department of Psychiatry,*
*Whiteley Wood Clinic,*
*Woofindin Road,*
*Sheffield S10 3TL.*



https://doi.org/10.1192/S0007125076307326 Published online by Cambridge University Press