vious occasions. It is one which is likely to involve many disciplines in its resolution and where any one type of management is unlikely to solve every problem. Thus efficient coordination is a priority, as it is with baby battering. It is clear that the social worker's role in this enterprise is a central one, and we must therefore work to make his or her position a tenable one. The psychiatrist will be an essential part of the team in these cases, but it will be very seldom that he will be able to undertake treatment as a solitary enterprise.

A. R. NICOL

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CORRESPONDENCE

TRAINING IN PSYCHOTHERAPY

DEAR SIR,

May I draw the attention of members to the unsatisfactory state of affairs which exists in our profession concerning the definition of and training in 'psychotherapy'?

We as a speciality are somewhat tardily trying to put our house in order in respect of our 'psychotherapeutic' expertise, and one solution seized upon with a sigh of relief in some areas is to split off the 'psychotherapeutic' function and project it into a 'Consultant Psychotherapist'. There, safely contained, it can petrify, never introjected, and an anxiety-free 'Consultant Psychiatrist', never experiencing the pain of growth that internalization brings, can rest assured that the non-'psychotherapeutic' *status quo* of his unit will remain. A further splitting follows, namely the absurd attempt to divide those patients who require 'psychotherapy' from those who do not. These splitting mechanisms are thoroughly unhealthy, both for ourselves and our patients.

Surely every general psychiatric unit and every general Consultant Psychiatrist should be able to offer and be involved in a broad range of therapeutic activities, including 'psychotherapy'. Are we next to see Consultant Psychiatrist (Behaviour Therapist), or Consultant Psychiatrist (Pharmacological Treatments) being appointed? An increasingly sophisticated client will not forgive us our trespasses as casually as we forgive ourselves, and encouragement to the staff of every unit and every general Consultant Psychiatrist is needed to increase his self-knowledge and healing expertise; possibly accreditation procedures could be used to promote these aims. What seems to be needed is individual or group experiences as a patient for Consultants and training grades alike.

Any attempt in the profession to regard 'psychotherapeutic' expertise as separate from self-knowledge and development will fail.

PETER KELLETT

Minsmere House,
Ipswich Hospital,
Heath Road Wing,
Ipswich, IP4 5PD.

MEDICAL STAFFING

DEAR SIR,

I have read with interest the article in *News and Notes* for October 1975 entitled '"Norms" for Medical Staffing of a Psychotherapy Service for a Population of 200,000'. I am both irritated and saddened to note that this article makes the same assumption which seems to be prevalent at the moment throughout the medical profession, that our hospitals are staffed exclusively either by Consultants or by Junior Doctors in trainee posts.

There must be very few hospitals outside the teaching centres that would be able to function if hospital staffing did not also include the non-training grades of Clinical Assistant and Medical Assistant, and yet their contribution is rarely acknowledged or considered and provisions for their special needs are rarely made.

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My own experiences within the hospital service may have some relevance here. In 1963 I was invited by the Consultant in charge of the Department of Psychological Medicine for the Blackburn Hospital Group (Dr Maurice Silverman) to join his team as a Clinical Assistant, with certain specific and special interests. I was at first working two sessions weekly but over the years this has built up and I am now working nine sessions weekly. I did not attend either the Institute of Psychoanalysis or the Society of Analytical Psychology or the Association of Psychotherapists or the Institute of Group Analysis. I did however attend very many courses at financial cost to myself and of course undertook such training privately.

In addition to these duties I also deputize for another Consultant here. This obviously involves me in a great deal of extra work, there is no acting-up allowance or any other recognition of this situation.

There must be many other Clinical Assistants and Medical Assistants giving similar service in our hospital and many of them must be women, since the special needs of women working in medicine have only recently come to be recognized and acknowledged. It seems sad to me that an article that states, 'Whatever the need for specialized psychotherapy may be, the requests from general practitioners and other sources for psychotherapeutic help for their patients steadily mounts and far exceeds the capacity of the psychiatric services to respond to them'; and which then goes on to consider the special role of psychiatric nurses, social workers, psychologists and non-medical psychotherapists, nevertheless completely ignores any possible role for Clinical Assistants and Medical Assistants in the training of future psychotherapists.

MARGARET C. WATKINSON

Briarbank,
13 Merlin Road,
Blackburn,
Lancashire.

NATIONAL DAY CARE PROJECT, 1974-77

The National Institute for Social Work has undertaken the above project, which is sponsored by the Joseph Rowntree Memorial Trust. The aim is to make a national study of the day care facilities provided by both statutory and voluntary authorities for adults over 16 in a representative sample of areas in England and Wales. The aspects of day care to be investigated in each sample area include:

1. Types of facilities provided (e.g. day centres, day hospitals, rehabilitation centres, etc.).
2. Types of users catered for (the main groups include the elderly, the mentally ill, the mentally handicapped, the physically disabled; the smaller groups include offenders, drug addicts and those in family care centres). Rates of usage and kinds of activities provided.
3. Types of service providers in relation to staffing ratios, skills of staff and training backgrounds.

The specific aims of the study are to examine current provision for day care in England and Wales; to elucidate the process of initiation and maintenance of policies; to analyse the day-to-day practices; to examine the implications for the training and organization of staff; and to describe the experiences of managers, staff and users.

For the purpose of the project a day-unit is a form of communal care which has care-givers present in a non-residential or non-domiciliary setting for at least 3 days per week and which is open for at least 4–5 hours per day.

The Institute will shortly be approaching consultant psychiatrists with responsibilities for day hospitals in thirteen sample Area Health Authorities in England and Wales in the hope that they may agree to the interviewing of the sister-in-charge and randomly selected samples of staff and patients, in an effort to provide a national picture of day hospitals. The same procedure will be followed with day centres for the mentally ill run by social service departments and voluntary agencies. The information collected will concentrate on the experience of working in or using day care for the staff and user respectively.

The Research and Public Policy Committees of the Royal College of Psychiatrists consider this to be a worthy project and recommend that College members who are invited to take part should be encouraged to give it any assistance in their power.

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