regular weekly session. Notes are kept in the CPNs file and a copy of all letters go to the GP. Permission is always obtained from the GP before a home visit.

This regular commitment has proved very popular with the CPNs. Such a service would seem ideally suited to senior registrars since not only are they sufficiently experienced to provide the necessary support for the CPNs whilst having hospital service commitments which are not unduly heavy, but they also stand to gain valuable experience in community and team work.

P. C. THOMAS

Shenley Hospital,
Herts.

Doctors and counsellors—collaboration or conflict?

DEAR SIR

I would like to congratulate Audrey Newsome on her excellent article 'Doctors and Counsellors—Collaboration or Conflict?' in the July *Bulletin*, p 102.

Working as Fellow in Community Psychiatry for the last two years, my experiences confirm most of her observations. In addition to my established role of working with the unique neighbourhood workers (housewives acting as 'barefoot' social workers) in the Craigmillar district of Edinburgh, I have increasingly found myself involved in collaboration with other counsellors in the Edinburgh area, derived from many different groups. I have little doubt that it is not only feasible but highly desirable to maintain a symbiotic relationship between para-professional counsellors and hospital psychiatric services.

We need each other! Our work is not only complementary but frequently overlaps. Yet, until the ivory towers of the hospital psychiatric services are prepared to let down their defences and promote communication and shared support with the counsellors, this symbiosis cannot take place.

Some of our patients are better suited to peer-group counselling and support in a non-medical setting, and some of their clients are in need of psychiatric support, and occasionally a counsellor needs reassurance that a client is not psychiatrically ill.

By having a 'free-floating' psychiatrist, accepted both by the hospital staff and in regular familiar contact with the counselling services (including area team social workers, of course), it is possible to allow much freer interchange of patients and clients, and of ideas, training and support—to the benefit of hospital staff and counsellors, as much to the clients themselves.

Thus in one section of Edinburgh at least it has been possible to promote more community counselling support and back-up than hitherto for former psychiatric in-patients and out-patients. For the counsellors working with wife-battering and other difficult problems, there has been the opportunity for more psychiatry back-up and liaison with hospital staff.

I have not found the issue of confidentiality to be a particular problem—always seeking patients' or clients' approval before referrals are made in either direction; nor have I found GPs objecting to this shared approach to a difficult and demanding population.

JUDY GREENWOOD

Royal Edinburgh Hospital
Edinburgh

Senior registrar training

DEAR SIR

I have read with interest the review on Senior Registrar Training in General Adult Psychiatry by Robert Fieldsend of the Warneford Hospital in the August *Bulletin* and was glad to note the importance he attaches to the training opportunities for Senior Registrars.

When I was Head Social Worker at the Child Guidance Training Centre, where I worked with and also taught Senior Registrars, I was interested in this aspect, and now, in my capacity as Principal Consultant to a Social Services Department, I am much involved in the area of staff development for Social Workers. I therefore understand Dr Fieldsend's concern that he and other Senior Registrars should be given as many learning opportunities as possible. However, it disturbs me greatly that in this interesting article the consideration of patient needs does not get any mention. It seems to me regrettable that the needs of the learner are stressed to such a high degree, whereas the needs of the receiver are not. My post is one that focuses on client needs. Who in the adult psychiatric setting deals with the needs of the psychiatric patient?

ILSE J. WESTHEIMER

Abbey Mill House
Reading, RG1 3BH