

patients towards better compliance, an aspect obviously lacking in hospital-based care.

Studies repeatedly demonstrate that patients and their families prefer community treatment and people with serious mental illness are entitled to treatment that will facilitate the lives they choose to lead out of hospital. Moral and financial arguments are inadequate defences against a commitment to community care. We as psychiatrists must be realistic in our management of patients with serious mental illness. I believe this will involve some form of community legislation to treat and supervise at home towards better compliance and quality of life. In this respect it is CPA that is just "window dressing".

KATE LOCKWOOD, *Registrar, UMDS/SE Thames Rotation*

Sir: In Dr Lockwood's first paragraph, she acknowledges that guardianship has been used successfully in the past. What will community treatment orders (CTOs) achieve that guardianship has not? Further, Dr Lockwood acknowledges that patients are often sent on extended leave while on section 3, providing clinical teams with the opportunity to continue treating vulnerable patients while in the community. Again, what will CTOs achieve other than further erosion of our patients' civil liberties?

Dr Lockwood is wrong to say that when patients on the care programme approach (CPA) relapse, "they are re-admitted under section 3 of the Mental Health Act (MHA), often after a period of deteriorating mental health". The findings of our research on the CPA (Pierides *et al*, 1993) show that patients who are carefully supervised after discharge are re-admitted less often, with less use of the MHA, less police involvement and for shorter hospital stays. If additional resources are not identified so as to facilitate what is essentially a blueprint for good community care, then yes, the CPA will be seen to be "window dressing".

We agree with Dr Lockwood that we should commit ourselves to both episodic and continuing care . . . this is the point of CPA!

If Dr Lockwood is looking for community 'clout' (sic) she will not get it from yet more legislation. Finally, Dr Lockwood should not be looking for compliance (sic) in her patients but for collaboration. Her suggestions might otherwise be seen by her patients to smack of arrogance.

PIERIDES, M., ROY, D. & CRAIG, T.K.J. (1993) The Care Programme Approach (Abstract) Preliminary Results One Year After Implementation In An Inner City Hospital. Presented at Community Care: making it work, Institute of Psychiatry, 16 November 1993.

M. PIERIDES and C. CASEY, *UMDS of Guys & St Thomas' Hospital, London SE1*

### SANELINE

Sir: SANELINE is a national telephone helpline for anyone coping with mental illness, and in the 18 months the line has been open, over 150,000 people have attempted to call. As well as supporting callers through periods of distress, SANELINE volunteers offer practical help from the database which has over 12,000 entries of local mental health services. In May 1994, SANELINE will be taking to the road, and visiting ten major towns and cities to publicise the service to potential callers, service providers and mental health professionals.

Since we have been open, many people have come forward with offers of help. We have over 100 solicitors who have agreed to give 30 minutes of free legal advice over the telephone, and a growing number of consultant psychiatrists willing to take referrals for second opinions from our callers.

We would very much like to extend this part of our service, and hope to build up a network of psychiatrists around the country.

CARYL WRIGHT, *SANELINE Manager, 2nd Floor, 199-205 Old Marylebone Road, London NW1 5QP*

### Singers from Nottingham

Sir: Regarding the report of the 4th Annual Scientific Conference for Senior Registrars in Psychiatry from David Castle (*Psychiatric Bulletin*, 1993, 17, 764), I always knew that I worked in a cultural centre, but not only was Professor Patricia Casey a registrar in Nottingham but the two Irish senior registrars are in fact one a lecturer and one a senior registrar both working in Nottingham. Obviously, all those of you with admirable singing voices should look to a place on the Nottingham Higher Training Scheme.

MIKE HARRIS, *Nottingham Healthcare Unit, Mapperley Hospital, Nottingham NG3 6AA*