Correspondence

Less severe mental illness

Sir: Increasingly, the term 'severe mental illness' is being used as a euphemism for schizophrenia and manic depressive disorder. Unsurprisingly, it has given rise to the notion of 'less severe mental illness'. This phrase tends to act as an umbrella for illnesses as diverse as depression, anxiety–phobic disorders, eating disorders, obsessional states and personality disorders.

We would like to distance ourselves from the phrase 'less severe mental illness', not least because it is not! In terms of life-disruption, personal and family distress and the general impact on society, neurotic and personality disorders can be just as severe as schizophrenia. Indeed, in terms of response to treatment, it's hard to understand how the term 'less severe' can even be considered.

We fear that the use of the term is patronising to the distress of our patients, may unduly influence the research-funding bodies and, most hurtful of all, impact on the attitude of colleagues towards those of us who work particularly with these patient groups.

We would suggest that the term be dropped and that psychiatrists, as doctors, use internationally-established diagnoses.

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Integration of psychiatry and psychotherapy

Sir: The editorial 'Integration of Psychiatry and Psychotherapy' (*Psychiatric Bulletin*, August 1996, **19**, 465–466) has remained on top of my desk for several reasons. Not only because it was a lucid and, as expected, interesting read (vintage Jeremy Holmes) but also because it perhaps did not really have the last word on this important subject, nor identify completely the 'landmarks' which led to the *Guidelines for Psychotherapy Training as Part of General Professional Psychiatric Training* being implemented. Certainly the first landmark was indeed like a newly erected cairn which guided the way on unexplored paths (the first woman and also the first psychotherapist as President), and the second landmark (the College Guidelines) has undoubtedly already influenced for good the basic training of general psychiatrists, as any member of the Central Approval Panel or Court of Electors would recognise.

As Dean, I am well placed to note the innovative ideas that have emerged as a result of these requirements of the Court of Electors being made a mandatory requirement on training schemes. These have included the apointment of psychotherapists, the sessional commitment of cognitive–behavioural therapists, the orientation of a psychotherapy department towards the training needs of senior house officers (SHOs), and the appropriate involvement of general psychiatrists with interest and expertise in psychotherapy.

However, writing as a former Chairman of the General Psychiatry Section, is there a part of the story missing? My local enquiries which I undertook for a paper at the Joint Meeting of the General Psychiatry Section and the Psychotherapy Section showed clearly that *prior* to the foundation of the College, the Royal Medico-Psychological Association had recommended such training for general psychiatrists and over subsequent years Council had in general supported these recommendations, but not made them mandatory.

Jeremy Holmes is no doubt correct in saying that there were several reasons for this reluctance, although not all psychiatrists are trained at the Institute and some, like myself, were influenced greatly by Desmond Pond's leadership at 'the London' where in the late sixties the 'splitting' between British psychiatry and psychoanalysis was fortunately less apparent. Certainly the debate in those days as to whether psychotherapy could be carried out at all unless a personal analysis had been experienced seems curiously archaic from a present standpoint. No doubt there was, and is, an unnecessary splitting still enshrined in Holmes' question: "Is it really possible to combine psychiatry and psychoanalysis when their 'feel' is so very different?"

Nevertheless for most general and community psychiatrists is this not an outdated critique? Most psychiatrists are using psychotherapy skills – Cinderella (supportive therapy) did get to the ball and counselling skills, as well as cognitive and brief dynamic therapy, are now familiar training requirements.

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