interviewed after their suicide. She wonders if the nurses held the same views before their patients' deaths and if this could be relevant to the patients' subsequent suicides.

Similar but slightly differing views have been offered by other researchers concerning in-patient suicides. Farberow *et al* (1966), in a study of suicides among Veterans Administration patients, labelled some of these patients as having "dependent dissatisfied personalities". They made insatiable demands on staff for special attention and in the end alienated themselves from professional help. Similarly, Flood & Seager (1968) found many of those psychiatric patients who committed suicide had difficulty in settling into hospital and accepting treatment. Many took their own discharge, and in some instances, staff commented that their symptoms were "put on". Morgan & Priest (1984), in another study of suicides among psychiatric in-patients, describe a process they label as "terminal or malignant alienation". In the last few weeks of their lives, a considerable number of their patients lost support from important others. In many cases the ward staff became critical of their behaviour, describing it as provocative, unreasonable and over-dependent. Again, staff perceived these patients as "putting on" or magnifying their disabilities in order to gain attention.

It is important that all staff working with psychiatric patients should be aware of this process of "malignant alienation" and should recognise that it may have serious consequences. Working with demanding and chaotic patients imposes enormous strains on nursing staff in particular. Staff need a time and place to express and to try to understand their negative feelings towards these patients. A weekly staff sensitivity meeting, with an outside facilitator, should provide a suitable venue for such discussion.

Another useful preventive measure is the concept of an "at risk" register. At St Mary Abbots, each of the three consultant led multidisciplinary teams draws up a list of patients who are seen as vulnerable, liable to do themselves harm in one way or another and who are not in proper contact with the service. The register helps us to focus our attention on those at risk. It is reviewed each week in the ward round. Appropriate action is decided upon and then fed back to the meeting at a later date.

Finally, the psychological impact of a suicide on the in-patient unit has been analysed by Bartels (1987). He outlines a four stage process a unit goes through: shock, recoil, post-trauma and recovery. He suggests how members of the community can support and help each other in the event of such a tragedy. Staff may face a dilemma between feeling the suicide is unavoidable, hence freeing themselves from self-blame but resulting in feelings of helplessness and therapeutic nihilism, or feeling the team has made some sort of an error and is to blame, whereupon some individuals may feel overwhelmed with guilt. Here a psychiatric post-mortem, or unit review of the death, may help staff gain a clearer perspective on what has happened. Such a review also helps us to correct and identify short-comings in the service and hence improve our standards of care.

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Training in psychogeriatrics

DEAR SIRS

The findings of Watson & Jolley (*Psychiatric Bulletin*, September 1989, **13**, 514–516) on higher specialist training in the psychiatry of old age and the yield of consultants make encouraging reading. Those of us who sit on Advisory Appointment Committees may hopefully look forward to relief from the grim ritual of making no short lists or appointments from a field largely comprised of locum consultants with no senior registrar training of any kind.

The recommendation of JCHPT 1987 that serious career minded psychogeriatricians should spend more than one year and preferably two in the specialty leaves me with a certain amount of unease. This recommendation should never be allowed to militate against the option of a senior registrar having a one year affair with the specialty which might lead on to a stronger commitment to a further year living together before the final marriage. Our rotational training schemes of one year in West Lambeth over the last six years have yielded three consultant psychogeriatricians with two senior registrars intent on following a career in the psychiatry of old age.

Psychogeriatrics, like Guinness, is an acquired taste; those who wish to imbibe must not be discouraged if they wish to become serious career minded drinkers!

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