

The Department of Transport has to consider the possible consequences of a disaster due to a driver suffering from mental illness at the wheel of a heavy goods vehicle.

The working party has found it difficult to make recommendations to the Department about the psychiatric disorders which would contra-indicate driving for this group. We also find it very difficult to strike a balance between ensuring the safety of the public without being over-restrictive and perhaps unnecessarily harsh in our recommendations. We would not wish to deprive a driver of his livelihood, if we felt there was a good chance of his complete recovery after treatment.

BRIAN WARD  
Secretary,  
Public Policy Committee

### ***Information on lithium treatment***

DEAR SIR,

I am gathering material for a detailed and fully documented *History of Lithium Therapy*. I have already written to many of those whose work has been of major importance in establishing lithium treatment as a major therapeutic modality in modern psychiatry, but I would be most grateful for the courtesy of your columns to make a wider appeal to your readers for information, personal reminiscences, documents, photographs, correspondence, etc., which may have historical relevance and usefulness to me in my task. Naturally, all such material will be acknowledged, handled with the greatest care, and returned unmarked in due course. All confidences will be respected.

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### ***Guidelines to staff on confidentiality***

DEAR SIR,

I very much regret that Mr Leslie Rodericks feels our Guidelines on Confidentiality imply disparagement of lay staff in hospitals, (*Bulletin*, July 1980, p 109). This was certainly not intended.

Although our guidelines were written for medical records staff, medical secretaries, ward clerks and Patients' Affairs staff, the opening paragraph states a policy which in fact applies to *all* staff, medical, nursing, administrative, clerical, domestic.

The original demand for such guidelines, and the first draft, came from our Medical Services Officer who had herself been a medical secretary for many years. We discussed all of the difficulties Mr Rodericks mentions in his letter, and hoped that the production of the guidelines with its implied

policy statements would stimulate *all* staff to think about confidentiality, both seniors and juniors. Because as Chairman I felt that our records and clerical staff played such an important part in the maintenance of confidentiality, and in the production of the guidelines, I included the names of their representative members in my original letter, and had hoped that they would be published.

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Records and Confidentiality Sub-Committee  
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### ***Training in psychotherapy***

DEAR SIR,

It has been suggested that the Tavistock Clinic should provide training in psychotherapy for psychiatrists who wish to go beyond an introductory level but do not seek an advanced sub-specialty training such as our current 4-year full-time Course. We are therefore thinking of arranging a course for experienced psychiatrists, post-MRCPsych, and probably for senior registrars and consultants wishing to strengthen the component of psychotherapy within their general psychiatric work. The course might involve attending one afternoon weekly for at least two years; and might consist of a reading seminar plus small supervision groups of about three members.

Before pursuing plans it is crucial to have a reliable estimate of the number of psychiatrists who might wish to join such a course. I should therefore be very grateful if any potential members would get in touch.

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### ***Political dissenters in Russia***

DEAR SIR,

On 17 November 1978, the College at its Quarterly Meeting passed unanimously a motion (which I proposed) stating in part that the College 'reiterates its concern over the abuse of psychiatry for the suppression of dissent in the Soviet Union and applauds the courage of those Soviet citizens who have taken an open stand against such abuse'. It then expressed 'its admiration and support' for Drs S. Gluzman, A. Voloshanovich and V. Moskalkov, and Mr A. Podrabinek, and 'for the brave work in Moscow of the Working Commission to Investigate the Use of Psychiatry for Political Purposes'.

Since the beginning of this year the Soviet authorities have launched a severe assault on the Working Commission. Dr Voloshanovich, who emigrated in February, reported on the first stage of this at a press conference organized by the

College in March (*Bulletin*, May 1980, p 70). But since then the arrest of Vyacheslav Bakhmin has been followed by that of two more Commission members, Leonard Ternovsky (a Moscow doctor, in April) and, again, Alexander Podrabinek (in June). The two remaining members, Felix Serebrov and Irina Grivnina, have been threatened with serious consequences if they continue to issue the Commission's invaluable *Information Bulletin*.

In the face of these grave developments the College has not yet issued any public statement. Bearing in mind Dr Voloshanovich's statement that the Commission 'is deeply appreciative of all the support it has received from abroad over the last three years: this has had an important effect', could I now call on the College to speak up strongly in the Commission's hour of need? I hope that our officers will take speedy action, and that individual members will write letters

of support for the Commission (to Felix Serebrov, Ozernaya ul. 27, kv. 109, Moscow, 119361 USSR), and of protest to H. E. the Soviet Ambassador, 18 Kensington Palace Gardens, London W8, with copies to President Brezhnev, The Kremlin, Moscow. Such letters can if numerous, mitigate the sentences to be handed out soon to Bakhmin, Ternovsky and Podrabinek, and reduce the chances of further arrests. They will also, indirectly, help to prevent an increase in the continuing Soviet practice of interning dissenters in mental hospitals on non-medical grounds.

The whole matter is urgent.

HAROLD BOURNE

(on behalf of the Working Group on the Internment of Dissenters in Mental Hospitals)

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## Reviews

**The Therapeutic Community in Day Care—A Guide to Planning.** Edited by Raymond Blake and David Millard. Association of Therapeutic Communities. 1980. £1.00.

This pamphlet would appear to indicate that 'Therapeutic Community' as a treatment concept is now entered upon the third phase in the life of an idea; after revolution and recantation, rehabilitation. At one level the paper is about the social and psychological rehabilitation of people with mental disorder who display diminished social competence. At another level it is rehabilitative of the concept of Therapeutic Communities in the sense that its expressed purpose is to convince planners and administrators in local authority social service departments and voluntary groups of the value, economics, style and rationale of Therapeutic Communities.

The paper was written by members of a working party of the Association of Therapeutic Communities as a summary of the themes of a Day Conference held at the King's Fund Centre in 1978. It begins by briefly reviewing national policy in relation to the mentally ill, drawing attention to the statements in recent Government publications regarding their emphasis on the need for the provision of low-cost day and residential accommodation. After indicating the scale of the problem with reference to the numbers of patients being discharged from mental hospitals, it suggests the need for a complementary scheme to reinforce a network of care for people being referred to Social Service Departments by psychiatrists, general practitioners and social workers.

Arguing for recognition of the necessity to differentiate needs and services, three models of psychiatric day-care are discussed: a supportive or resocializing model for apathetic psychotics, a re-educative model for unsophisticated personality disorders and a reconstructive model for articulate sufferers of moderate to severe neurosis, personality dis-

order or psychosis in remission. Conceding that the first two models approximate in style more to 'therapeutic community approach' and only the last to 'therapeutic community proper', the authors stress that the aim of all three models is to enable the individual to achieve a sense of personal responsibility, a conscious verbal recognition of gains made during the process of interactions in the community and a translation of those gains into action outside of the community.

Having earlier lamented the tendency to rate some professional skills above others, the authors proceed to devote the rest of the paper, that is half of it, to the work of a 'reconstructive' St Luke's Centre in Chelsea, leaving the reader to exercise his imagination as to the activities of the resocializing and re-educative centres in the same borough. The account of the experience of the St Luke's Centre, if not amounting to a do-it-yourself guide, nonetheless in eight pages takes the reader through a well organized informed discussion of the issues involved in setting up and running a day care centre in rented shared premises. It covers planning and economic considerations, an outline of the developed programme, selection and continuing mutual assessment of clients, involvement of families and a section on the selection and training of staff. It ends by indicating where and from whom further information may be obtained.

While in these financially straitened times initiatives are difficult to contemplate, if one accepts the economics presented by this paper then, as the situation facing psychiatrists and their patients worsens, the package solution offered by the authors may go some way towards relieving an embattled service.

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