

Glasgow group, referrals were directed to the appropriate medical staff as necessary. When the Newcastle group ended, in September 1988, there was concern that media interest in child abuse might cause difficulties. This was when our group started. I left as community care proposals were beginning to be discussed at local level.

In future, government policy may provide the impetus to effective liaison between local authorities and health service staff. Each will need the services and skills of the other. Joint meetings will no longer be seen as a valuable option but as a priority. This may be enhanced by the media turning from its focus on child abuse to that of community neglect of the mentally ill.

HELEN ANDERSON

Clackmannan County Hospital  
Alloa FK10 2BE

#### Reference

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### *A social network in a psychogeriatric day hospital*

DEAR SIRs

I would like to describe the development of social network in a new psychogeriatric Day Hospital since its inception. Patients developed close ties with other patients or staff while in-patients which continued when they attended the day hospital.

The patients developed a small closely knit group at the day hospital and later kept in telephone contact, began to visit each other, and perform activities such as shopping, entertainment etc. together. If geographically separated they maintained letter or telephone contact. Despite the concept of confidentiality, a lot was learnt about patients who declined in their mental state or who defaulted from attendance, from other patients in this network.

Once discharged, patients often dropped in to visit fellow patients and staff. If a patient was readmitted to a psychiatric bed or elsewhere for medical reasons, other patients would visit him/her. The whole phenomenon evolved to include patient's relatives who often became closely involved in this network.

As many of the patients are single, separated or widowed, this social network, which was supportive and stabilising, persisted after discharge, perhaps indefinitely. It also enhanced compliance with treatment and made it easier to refer patients to other facilities away from the day hospital if their friends were already attending there.

Although the development of such a social network in a psychiatric day hospital has been reported (MacMillan & Shaw, 1966) it appears to have been forgotten and not used to its fullest advantage.

A. K. SHAH

Whittington Hospital  
Dartmouth Park Hill  
London N19 5HT

#### References

- MACMILLAN, D. & SHAW, P. (1966) Senile breakdown in standards of personal and environmental cleanliness. *British Medical Journal*, ii, 1032–1037.

### *Psychiatrists in potentially dangerous situations*

DEAR SIRs

Dr Philip Marshall is to be congratulated on his courageous attempt to "talk down" a potential suicide threatening to jump from a high building (*Psychiatric Bulletin*, March 1991, 15, 147–148). I was quite horrified that Dr Marshall did not appear to be attached to the fire service platform, except by holding on to the rail "like grim death". Surely the fire service could have fitted him with a harness, such as is used by rock climbers, and belayed (secured) Dr Marshall to the platform with rope slings, karabiners, etc.

Had I been in Dr Marshall's position (literally and metaphorically), there is no way that I would have agreed to be lifted to lethal heights without such protection, even if I had to go home and collect my own rock climbing gear first!

Dr Marshall's account raises important questions about the extent to which psychiatrists should put themselves in physical danger at the request of outside agencies. I recently received a request from a GP to go to the home of a paranoid schizophrenic patient who was at the time threatening his brother and the police with a large knife. Not having the bravery of Dr Marshall, I am afraid I refused to attend the patient until he was disarmed and safely in police custody. Fortunately, the GP accepted my view that we should not put ourselves at risk unnecessarily; before our conversation, he had been willing to attend himself, taking with him his GP trainee.

It seems that from the first day at medical school, doctors are inculcated with the belief that they must offer help, whatever the circumstances, at whatever cost to themselves, their family and friends. The longer I practise medicine, the more inappropriate this seems, especially in a branch