

- 23 Blake DD, Weathers FW, Nagy LN, Kaloupek D, Klauminzer G, Charney D, et al. A clinician rating scale for assessing current and lifetime PTSD. The CAPS-1. *Behav Therapist* 1990; **18**: 187–8.
- 24 Weathers FW, Keane TM, Davidson, JRT. Clinician administered PTSD scale: a review of the first ten years of research. *Depress Anxiety* 2001; **13**: 132–56.
- 25 Blanchard EB, Hickling EJ, Taylor AE, Loos WR, Gerardi RJ. Psychological morbidity associated with motor vehicle accidents. *Behav Res Ther* 1994; **32**: 283–90.
- 26 Ware JE, Sherbourne CD. The MOS 36-item Short-Form Health Survey (SD-36). I. Conceptual framework and item selection. *Med Care* 1992; **30**: 473–83.
- 27 Blanchard EB, Jones-Alexander J, Buckley TC, Forneris CA. Psychometric properties of the PTSD Checklist (PCL). *Behav Res Ther* 1996; **34**: 669–73.
- 28 Sheehan DV, Lecrubier Y, Sheehan KH, Amorim P, Janavs J, Weiller E, et al. The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *J Clin Psychiatry* 1998; **59** (suppl 20): 22–33.
- 29 Frueh BC, Grubaugh AL, Elhai JD, Buckley TC. US Department of Veterans Affairs disability policies for PTSD: administrative trends and implications for treatment, rehabilitation, and research. *Am J Public Health* 2007; **97**: 2143–5.
- 30 Lee KA, Vaillant GE, Torrey WC, Elder G. A 50-year prospective study of the psychological sequelae of World War II combat. *Am J Psychiatry* 1995; **152**: 516–22.
- 31 Jones E, Palmer I, Wessely S. War pensions (1900–1945): changing models of psychological understanding. *Br J Psychiatry* 2002; **180**: 374–9.
- 32 Jones E, Vermaas RH, McCartney H, Beech C, Palmer I, Hyams K, et al. Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis. *Br J Psychiatry* 2003; **182**: 158–63.
- 33 Hotopf M, Wessely S. Can epidemiology clear the fog of war? Lessons from the 1990–91 Gulf War. *Int J Epidemiol* 2005; **34**: 791–800.
- 34 Giuffra LA, Risch N. Diminished recall and the cohort effect of major depression: a simulation study. *Psychol Med* 1994; **24**: 375–83.
- 35 Eaton WW, Kalaydjian A, Scharfstein DO, Mezuk B, Ding Y. Prevalence and incidence of depressive disorder: the Baltimore ECA follow-up, 1981–2004. *Acta Psychiatr Scand* 2007; **116**: 182–8.
- 36 Wessely S, Unwin C, Hotopf M, Hull L, Ismail K, Nicolaou V, et al. Stability of recall of military hazards over time. Evidence from the Persian Gulf War of 1991. *Br J Psychiatry* 2003; **183**: 314–22.
- 37 Frueh BC, Elhai JD, Grubaugh AL, Monnier J, Kashdan TB, Sauvageot JA, et al. Documented combat exposure of US veterans seeking treatment for combat-related post-traumatic stress disorder. *Br J Psychiatry* 2005; **186**: 467–72.
- 38 Shephard B. 'Pitiless psychology': the role of prevention in British military psychiatry in the Second World War. *Hist Psychiatry* 1999; **10**: 491–510.

100
words

Psychiatry without psychiatrists

Vikram Patel

People with minimal professional training can deliver babies safely and treat life-threatening childhood pneumonia. Are psychiatric treatments more complex for them to deliver? It appears not. A slew of trials and clinical experience, in some of the poorest communities of the world, show that various types of non-specialists can deliver a range of psychiatric treatments with good outcomes at a fraction of the cost. The psychiatrist plans mental health programs, trains and supervises non-specialists, audits the clinical process and provides a referral pathway. Psychiatry without psychiatrists is the reality for the vast majority of persons living with mental disorders today.

The British Journal of Psychiatry (2009)
194, 520. doi: 10.1192/bjp.194.6.520