

The family tell him I am a doctor from the University but he is unimpressed. We learn that he is not eating, taking his medication, going to the toilet and is no bother. The family is not harsh with him. As we go I see him look from under his eyebrow at the strange little party which intruded on his personal space.

Trips out of Harare are quite beyond my usual experience. The district we visit is one of the more fertile, but there are places which are dry, where malnutrition and malaria are rife, where it is 20 kilometers to the nearest clinic where one nurse serves 10,000 people and the nearest hospital is 100 kilometers on a dust road, where one doctor may serve over 100,000 people.

Over the weekend I retreat to a first world lifestyle in our university house, with our fridge, our television, our maid. Harare is a beautiful city with a

perfect climate. We shop in well stocked supermarkets, the children are well schooled, the restaurants and cinemas cater for all tastes.

What shall I achieve in the third world? It will not be much but it has been important to look; not just the glance of passing through, but time to stare and get under the sense of order and over the disbelief that such poverty can coexist with such wealth; to see the value of the extended family and of the lack of grasping expectation

It is good fun to practise psychiatry here; I would recommend it strongly. There is good opportunity for service and research but a lot of frustration if you expect too much; even more than at home I feel like a voyeur. Perhaps the only achievement is coming and spending time here, everything else is ephemeral. To come, make relationships, however fleeting, that sense of human fellowship; these things have the most value.

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## Conference briefings

### National Health Service funding for trainee child psychotherapist posts

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The Jubilee Room at the House of Commons on November 5th would seem a suitably explosive venue to launch a campaign to obtain organised funding for trainee child psychotherapy posts. A working lunch was sponsored by the Child Psychotherapy Trust and the Association of Child Psychotherapists, and hosted by Emma Nicholson, MP, a Vice-Patron of the Trust.

The proceedings were opened by Joan Lestor, MP. She pointed out that the Cleveland Report, the Children Act and The Health of the Nation all stress the need for prevention and treatment in children with emotional disturbance; although sexual abuse and physical abuse receive a higher profile, emotional abuse can be equally damaging.

The Chair of the Child Psychotherapy Trust, Dilys Daws, emphasised the urgent need for psychotherapy for children, describing theirs as a lesser-developed profession. There are currently just over

240 child psychotherapists working within the UK and a further 70 students; the vast majority of these are concentrated in the London area, with only two in Scotland and one in Wales. Ms Daws pointed out that theirs is the only profession in the NHS who have to fund their own training, despite psychotherapists being vital specialist members of multi-disciplinary teams. There is a lack of organised funding and the average cost of training a child psychotherapist is £24,000 spread over four years. The campaign aims to secure funding that will allow the training of an additional 250 therapists over the next ten years, at a cost of £12 million a year at 1991/92 prices.

Miranda Feuchtwang, Chair of the Association of Child Psychotherapists, supported these aims and informed the meeting of a new training school in Scotland and a provisional training school being set up in Birmingham.

A number of distinguished guests made contributions to the discussion, the main additional speakers being Lord Rea, Louis Blom-Cooper and Martin Pick. The National Society for the Prevention of Cruelty to Children stressed that the mental health of the nation depends on its young and therefore child psychotherapy is not a luxury. Louis Blom-Cooper drew attention to the relevance of psychotherapists to the Children Act, in particular to ascertaining the wishes of children, and stated that Social Services and Health professionals needed to work in tandem. Both Lord Rea and Martin Pick felt that early treatment made sense from a long-term economic viewpoint as well as a mental health one.

It was felt to be essential to inform managers, NHS purchasers and providers, social services, education and voluntary groups of the relevance and importance of child psychotherapy. Emma Nicholson, MP, arrived with some solid proposals for influencing Government and it is hoped that the next step will be a report describing the nature and work of the profession, and making specific recommendations.

Finally the representative from the Royal College of Psychiatrists, Dr Nick Temple, lent support to the campaign and emphasised that the Royal College recognised child psychotherapists as valued, specialised and highly trained colleagues.

## No twisted thought without a twisted molecule\*

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There can be no doubt that schizophrenia is associated with a variety of neurophysiological disturbances and disordered cognitive functioning. But we are only beginning to identify which brain areas are involved and to discover how abnormalities in these areas are related to abnormal psychological processes. This symposium, organised by Drs David and Cutting, offered an opportunity to learn about the work of both psychologists and psychiatrists in this field. Diverse research presented ranged from PET studies to the analysis of home videos, from epidemiological work to studies of cognitive performance.

Many of the issues addressed have concerned psychiatrists since 'schizophrenia' was first delineated. Does the term refer to a clearly distinguishable illness, or merely to a collection of symptoms? Professor Murray suggested that schizophrenia is a syndrome which may arise in adult life or be neurodevelopmental. Maternal influenza may be one important cause of the latter. But, in the view of Dr Goldberg, there is a lack of neurophysiological evidence for any subgroup, which argues in favour of considering schizophrenia as a single illness.

Can we speak of a 'primary' neurophysiological lesion? Dr Early related schizophrenic symptoms to PET results suggesting left striatopallidal hyperactivity. Dr Liddle had used PET to demonstrate underactivity in the prefrontal cortex in

schizophrenics who have impaired ability to initiate activity. Drs Hemsley and Goldberg implicated the hippocampus in abnormal memory and integration of information. Dr Cutting proposed a right hemisphere dysfunction in schizophrenia.

Is there a basic cognitive deficit that underlies all of the symptoms of schizophrenia? Dr Frith discussed impairments in the schizophrenic patient's 'theory of mind', that is, the metarepresentation of one's own and others' beliefs and intentions. Dr Hemsley suggested that the basic disturbance is a failure to use redundant perceptual information in cognitive tasks. Dr Nuechterlein presented data on persistent abnormalities of sustained attention in schizophrenics, which may be an enduring indicator of schizophrenic vulnerability. An unusual and moving presentation from Dr Walker, using home videos, revealed early abnormalities in motor development and expression of affect in children who later developed schizophrenia.

There were many other excellent presentations. Different cognitive mechanisms were proposed for hallucinations, delusions and delusional misidentification syndrome. Abnormalities of memory and visual information processing, and the slowness of cognitive function in schizophrenia were also discussed.

This conference offered a comprehensive view, but no easy consensus of opinion. While advances are being made in integrating the 'bio' and the 'psycho' of schizophrenia, much remains to be discovered about both the disordered brain, and the disordered mind.

\*An International Symposium on 'The Neuropsychology of Schizophrenia', held at the Institute of Psychiatry, London 10-11 October 1991.