robots, computer control and microprocessors will confront present-day assumptions about higher education and vocational training. The trend towards professionalism has recently also been accompanied by a swing against its costliness and depersonalized approach, and there has been a loss of faith in professional capacity (the widespread interest in prevention embodying some such doubts). Otto and Holloway's contribution on assessing work problems applies just as much to the psychiatrist as to anyone else and should be read by all who struggle to find a modus vivendi in multidisciplinary teams. Others deal with legislative approaches to mental health and work, as well as problems of redundancy and retirement. Are we really heading for permanent high levels of unemployment in this country, perhaps as much as 20 per cent by 1991? Some of our assumptions about education, work and leisure as well as mental health care will in that case have to be revised.

The section 'Mental Health of Women and Children' begins with a review of mental health in women by Tirril Harris, who summarizes some of the findings of her joint researches with George Brown on depression in women, particularly their implications for prevention. She argues that more attention should be paid to problems such as the plight of single parents, provision of more part-time employment, more nursery places, and more advice besides the prescription of psychotropic drugs, as well as free contraception.

The central role of counselling is affirmed. Naomi

Richman, from the perspective of child psychiatry, asks whether prevention is possible and concludes that local community action such as the provision of family planning facilities, improvement in fostering and adoption procedures, or the teaching of parenting skills can all be important components of prevention. This section also contains an outstanding paper on child abuse by Judy Hutchings and Dick Jones, who describe their work with families in a most convincing way: theirs is an enlightened fresh approach based on acceptance and non-blaming, using target behaviour programmes which focus on parenting behaviour. The report ends with a quick look at problems which our adolescents face in secondary schools.

MIND is to be congratulated on producing this report, which ranges widely over so many issues in a way that challenges yet on the whole does not attempt to alienate. The result is that it encourages constructive debate instead of fruitless inter-group conflict. Every clinical intervention aims at prevention, whether this concerns the initial symptoms of breakdown, the control of established illness or reduction of chronic disability. This report is therefore relevant to all mental health care professionals and deserves to be read at length.

H. GETHIN MORGAN

Professor of Psychiatry

University of Bristol Bristol BS2 8DZ

## Correspondence

## Experience desirable for the GP trainee in psychiatry

DEAR SIR,

The experience recommended in the guidelines issued by the Joint Liaison Committee (*Bulletin*, June 1980, pp 93-5) must be seen as only one part of the total postgraduate training of general practitioners in psychiatry. Other opportunities arise in training practices and day release courses.

For some trainees there will be no experience in psychiatric hospital posts, for a variety of reasons. This emphasises the importance of the other learning situations, since psychiatric understanding is vital in general practice.

The need for co-operation between regional and local advisers or tutors in psychiatry and in general practice extends therefore beyond the subject of these guidelines, to cover the distribution of experience over all the learning situations available to vocational trainees, and to take account of continuing opportunities for training after estab-

lishment in practice. Responsibility for ensuring this coordination lies with the regional advisers and scheme organizers in general practice.

J. P. HORDER
President

Royal College of General Practitioners 14 Princes Gate London SW7 1PU

## Training course in behavioural psychotherapy

DEAR SIR

It is good to read the College recognizes the importance of experience in behavioural methods of treatment in the training of psychiatrists (March *Bulletin*). At the same time it is not clear how adequately the proposed Institute of Psychiatry course will increase available training resources in anything other than the most limited respects. Two days