the real and theatrical worlds has no value. Just because opera utilises a musical, abstract framework, whose characters seem larger than life, is no reason to dismiss it as a fruitful area for psychological study.

Opera releases us from reality, and give us the possibility of exploring aspects of ourselves through the experience of the theatre and reinterpretation of various works. A friend who is closer to the literary world than myself suggested that Dr Morris might find it helpful to look at the end of Act II, scene ii, in *Hamlet*, where the prince plans to use the apparently false environment of the theatre to manipulate his audience in the following way:

> "I have heard, that guilty creatures sitting at a play.
> Have by the very cunning of the scene,
> Been struck so to the soul, that presently
> They have proclaim'd their malefactions.
> For murder, though it have no tongue, will speak
> with most miraculous organ. I'll have these players,
> Play something like the murder of my father,
> Before mine uncle. I'll observe his looks,
> I'll tent him to the quick: if he but blanch
> I know my course."

Shakespeare, *Hamlet* (Act II, scene ii).

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Review of 'Working Out' by Colin Godber

DEAR SIRS

I am writing in response to Colin Godber's reference to Dr Alastair Macdonald's contribution to the 'Setting up and Running Community Psychogeriatric Teams' seminars (*Psychiatric Bulletin*, 1991, **15**, 526–527). I found Dr Godber's comments both unfair and incorrect. I think it is very sad that someone who has little understanding of a subject, and, who is apparently unable to ask for more information, responds in such a flippant way.

Dr Macdonald's contribution was not intended to be an evaluation of our service – it was a description of how successful a team can be implemented, by using the skills of a multidisciplinary team, of which the consultant is a core team member.

We now have three community mental health teams for the Elderly in the Guy's & Lewisham Trust, and we are fortunate to have working within the Mental Health Unit enlightened consultants, who are able to acknowledge the skills of other professionals. To a certain extent there is a blurring of roles; however, people use their core professional skills, which is why the work is so successful. There has been no overall evaluation of the total service but there have been smaller projects which indicate its effectiveness. Perhaps if there were sufficient funds made available a more comprehensive evaluation could be made.

In response to the poverty of links with GPs and geriatricians, I suspect that even in Dr Godber's catchment area, he has better working relationships with some GPs than others. In the quality of assurance exercises that have been completed by the teams, the majority of GPs are satisfied with the service. Many attempts have been made by the psychiatrists to improve links with geriatricians – efforts continue although success is limited.

We are all trained to carry out team assessments, including the consultants. All cases are discussed and the consultants, as core team members, take an active part. All team members carry a caseload and are responsible for co-ordinating and/or implementing interventions, planned by the team. Within the team internal referrals are made for further specialist assessment and/or treatment. This ensures that the clients receive the best service that we are able to offer.

I could go on – our service is innovative and creative and has certainly helped many clients and carers; it has moved away from the more traditional approach.

Perhaps Dr Godber would like to be enlightened by a visit to one of the teams!

BARBARA GREY (Mrs)

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on behalf of Community Team for Mental Health in the Elderly (C)
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DEAR SIRS

Having read Mrs Grey's letter, I would like to express my regret that my comments on Alastair Macdonald's account of the Lewisham community psychogeriatric team have clearly caused distress to him and his colleagues. By trying to condense too many points into too few words, I allowed my disagreement with aspects of the model and his description of it to come over as criticism of the service and his contribution to it, which was clearly unfair. I suspect that I would have reacted much less sourly had I heard his presentation live at the seminar rather than reading it in print. Had I been in that audience I could have sought clarification on the references to "by-passing general practitioners" and "vexed relationships with geriatric services, general practitioners and social services" which gave me a picture of a team cohesive within itself but not with others caring for its client group. Given some of the answers subsequently provided by Mrs Grey, I would have worded my review differently and placed more emphasis on Alastair's perceptive analysis of roles, relationships and morale within the team.

I am afraid that my proximity to the editor's deadline prevented by making such enquiries before writing, although this does underline the problem of

assessing anecdotal descriptions of services without the benefit of independent evaluation, a not uncommon phenomenon in the psychogeriatric literature. The incorporation of that ingredient in the account of the York service which opened the book had, therefore, for me given it a head start. I am grateful to Mrs Grey for redressing that balance and hope that she might guarantee me "safe conduct" if I take up her invitation to see the service at first hand.

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Hand-written appointment letters

DEAR SIRS

The results of a six month study to test the hypothesis that hand-written out-patient appointments increase attendance at first child psychiatric appointments are reported. The study follows observations made by Hillis & Alexander (1990) that personalised letters, as opposed to an appointment card, increased attendance at first adult psychiatric out-patient appointments.

The study was carried out in the Department of Child and Family Psychiatry, Edinburgh. The catchment population of 130,000 children aged between 0 and 14 years generates 900 referrals per year. Thirty-two patients entered the study, each being allocated to one of two groups on a random basis to exclude bias. The first group were sent hand-written letters offering an out-patient appointment. These were signed by the author. The second group were sent an almost identical typed letter, written on behalf of the author, and signed by the team secretary. All appointments were sent out within two weeks of referral, and all first appointments offered within one month.

The non-attendance rate for patients sent hand-written letters was 29% (4 out of 10), and for those sent typed letters was 28% (5 out of 13). Of the patients 28% (9) contacted the author before their first appointment to seek an alternative time, as the one offered was not suitable. Seven of these patients were from the hand-written group.

The conclusion from this small study is that hand-written first appointment letters do not increase attendance at first child psychiatric appointments.

It was interesting to note the number of patients that contacted the author before their first appointment to arrange an alternative time. The majority of these patients were from the hand-written group, raising the possibility that patients feel more able to contact the clinic if they have received a hand-written letter. Perhaps a hand-written letter has offered them a more personal first contact with the clinic than a typed letter. This would have to be tested in a larger study.

Non attendance is still a highly complex and unclarified issue. It is unclear why so many patients do not attend (36% failed to attend their first appointment in one study, Jaffa & Griffin, 1990). It is also unclear whether referral agents are aware of the services that are provided, and whether they adequately prepare patients before they attend, as by discussing fears patients may have.

Perhaps there is a need for a more flexible service, where patients suggest suitable times before an appointment is sent out. This could cost effectively be achieved with a stamped addressed post card or a telephone call, both of which will be cheaper, than paying for a therapist who is waiting for a non-attendance.

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Monitoring the Children Act, 1989

DEAR SIRS

A committee has recently been formed to monitor the working of the Children Act, 1989 as it affects legal issues in relation to children. As the College representative on the committee for Inner London boroughs, I would find it helpful if child psychiatrists could let me know of any problems they encounter in the working of the Act, and in particular delays in cases being heard in court, or difficulties in preparing reports within the time-scale required.

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Planning Mental Illness Units

DEAR SIRS

I am undertaking a small piece of research at the University of York into the planning of Mental Illness Units.

I should be very grateful for comments from any Fellow or Member of the College who has recent experience of planning such a Unit, especially if they consider that there are lessons for those who write National Planning Guidelines.

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