Primary care psychiatry

Sir,

The discussion paper by Michael Shepherd 'Primary care psychiatry; the case for action' (June *Journal*, p.252) was fascinating but also disappointing. Intervention studies received little mention, despite the title, and the same was true of the accompanying editorial (June *Journal*, p.223).

Since the early work which demonstrated the crucial role of consultation skills in the detection of psychiatric illness,[1] it has been shown that successful intervention can improve the detection and management of psychiatric illness by general practitioners.[2,3] A fruitful approach to further research lies in cooperation between general practitioners and psychiatrists in order to explore the consultation skills used by general practitioners for the management of a range of common disorders such as depression and alcohol dependence. Following from this, effective interventions can be designed to improve the management of patients presenting with such problems without recourse to secondary referral.

In Sheffield a collaborative relationship has been established between the departments of general practice and psychiatry with the joint appointment of a consultant psychiatrist with a special interest in primary care. This is an example of effective cooperation which is already in operation in order to develop interventions in primary care, rather than simply making further observations.

LINDA GASK
DAVID HANNAY

Department of General Practice
Medical School, Beech Hill Road
Sheffield S10 2RX

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2. Gask L, Goldberg D, Lesser AL, Millar T. Improving the psychiatric skills of the general practice trainee: an evaluation of a group training course. *Med Educ* 1987; **22**: 132-138.
3. Gask L, McGrath G, Goldberg D, Millar T. Improving the psychiatric skills of established general practitioners. *Med Educ* 1988; **21**: 362368.

GPs' response to request for information

Sir,

Unlike Drs Whitehead and Sanders (letters, July *Journal*, p.305), I was not at all surprised at the low response rate from their letters to general practitioners, although the return of four blank forms does appear meaningless.

Among the daily mountain of mail, much of it unsolicited, it is not uncommon for general practitioners to receive requests for information about patients for clinical trials. It is not, as the authors assert, a simple matter of deleting one of the two statements. Their request requires a receptionist to withdraw the relevant patient's notes and perusal to be made by the general practitioner in order to answer their form correctly.

Drs Whitehead and Sanders express their surprise at the low response rate because their letter was directly concerned with the welfare of a patient in our care. This is certainly true but does not mean that their trial will benefit the particular patient. I feel it is most unlikely that the wellbeing of their population of healthy young male volunteers is going to be improved by taking part in their clinical trial. Under the circumstances it may not be unreasonable to get a 33% response rate.

N G SNOWISE

Combe Down House
Combe Down, Bath BA2 5EG

Fellowship of the RCGP

Sir,

I have only just had the opportunity to read the thoughtful editorial by Denis Pereira Gray on fellowship of the Royal College of General Practitioners by assessment (May *Journal*, p.182). Will there be any way of distinguishing honorary fellows from fellows by assessment? As the RCGP is concerned about patient participation, I believe 'consumers' should be able to distinguish between those who have served the College well and those who have achieved the 'highest possible standards'. Alternatively, perhaps the RCGP is intending that all honorary fellows will eventually undergo assessment?

J S DOWDEN

Belconnen Health Centre
Canberra 2616, Australia

Organizing medical aid for the Soviet Union

Sir,

The week beginning 18 August 1991 was momentous for all of us, owing to the changing events in the Soviet Union. I have made several visits to the USSR, and eastern Europe, and recently entertained our Intourist guide from our tour of Moscow, Leningrad and Siberia on her much sought visit to the UK. Medicines are now almost only obtainable on the black market. She explained that the shelves of hospitals and pharmacies are empty, and that medical equipment is either inadequate or broken.

Boris Yeltsin in his book *Against the grain* wrote in his preface 'I wish to donate the earnings from this book to the campaign against AIDS in the Soviet Union. The lack of disposable syringes, and other essential instruments in our hospitals has already led to a number of tragic cases of children being infected with AIDS.'[1] Reports now suggest things are far worse.

I would like to see the British Medical Association, the Royal College of General Practitioners and other medical organizations collaborating with medical organizations in the Soviet Union to plan a programme of real practical aid. This should deal with short term shortages, and long term plans, both organizational and constructional. The government, the pharmaceutical companies and makers of medical equipment should also be involved to help the needs of the Soviet people. They have earned this with their courage.

D A GREGORY

13 Claremont Street
Spital Tongues
Newcastle upon Tyne NE2 4AH

Reference

1. Yeltsin B (Glenny M, trans). *Against the grain*. London: Pan, 1990.

RCGP photographs

Sir,

In 1992 the Royal College of General Practitioners is to publish a book commemorating the 40th anniversary of the founding of the College in which it will review aspects of the history of the College to that time. This book will be reproduced without cost to the College membership but we hope that it will be supplied to every fellow, member and associate of the College.

I am writing to ask for help from readers in identifying photographs of the College and the people and activities associated with it at any time during the last 40 years. I would be most grateful if readers who have photographs they think might be suitable for the book, which they would be willing to lend until after publication, would write to me at the address below.

DENIS PEREIRA GRAY

Royal College of General Practitioners
College Publications
9 Marlborough Road
Exeter EX2 4TJ