

results are assessable, one-third of the patients seemed to gain considerable benefit, one-third some benefit, and the remainder dropped out or were not helped – similar proportions to the rest of psychiatry. In addition psychiatrists, psychologists and MSWs were supervised in ongoing therapy and medical students too if they opted to 'have a go'.

In the new era of purchasers and providers, will psychotherapy be seen as a worthwhile option? Perhaps the more robust therapies (behavioral, cognitive, M & J sex therapy), but what about the exploratory-interpretive therapies?

From the point of view of a general practice purchasing services, particularly in an inner-city area, it is likely to be more cost- and time-effective to underpin the assessment and management of two units of schizophrenia rather than one identity crisis in an anxious young adult and one couple whose marital relationship is deteriorating. But, if psychoneurotic, psychosomatic and psychosexual problems are not referred for consideration of psychotherapy, doctors in training will not learn about conditions which affect over 10% of general practice patients.

The only good blown by this ill-wind is that psychotherapists of all allegiances are, at long-last, getting together, even if only in the pursuit of mutual survival. Sadly, it is difficult to see that psychotherapists, at the 'soft' end of psychiatric practice, will have the muscle to be an effective pressure group once the financial chips are down.

It would be an immense loss to patients if psychotherapy ceased to be practised in the public sector and returned, as years ago, to being solely private.

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Day care

DEAR SIRs

Drs Orrell & Johnson (*Psychiatric Bulletin*, September 1992, 16, 540–542) have helpfully drawn attention to the problem of the ageing cohort of long-term psychiatric day patients and the lack of appropriate day care facilities for elderly people with a functional mental illness. However, their implication that research into day centres is lacking is surely false. Studies have repeatedly shown that the populations served by day hospitals and day centres are often very similar, calling into question the value of the distinction (Holloway, 1988). It may not be possible to generalise the finding of Brewin *et al* quoted by Orrell & Johnson that day hospitals are more effective than day centres at meeting the needs of long-term attenders: what is important in meeting need is the quality of the liaison between the day

unit and the rest of the mental health service system (Holloway, 1991). Day centres that are "client-oriented" in their management practices have been shown to be characterised by a more personal approach to clients' problems and a warmer quality of interaction between staff and client when compared with "institutionally-oriented" centres. In a study of "under-attendance", it was the more chronically disabled referrals who terminated contact prematurely with a day centre that emphasised talking therapies.

An important multi-centre study has been carried out of the role of psychotropic medication and 'day treatment centres' (long-term day care facilities) run by the Veterans' Administration in the USA in the aftercare of recently-discharged schizophrenic patients (Linn *et al*, 1979). All centres improved social functioning compared to the drug-only condition. In addition, centres that delayed relapse and reduced symptoms were characterised by lower patient turnover, an emphasis on occupational and recreational therapy as opposed to talking therapies and a "sustained non-threatening environment".

Despite Government policy that has, since the publication of *Better Services for the Mentally Ill in 1976*, stressed the role of day hospitals in acute psychiatric care and the day centre as the source of long-term social support, the bulk of long-term day care is still provided by the National Health Service. In an era of increasingly scarce resources, the future funding by the NHS of what is quite clearly 'social care' (albeit of demonstrable value to patients' clinical state) must be very vulnerable. In the light of the health/social care dichotomy, purchasing health authorities may well seek to reduce spending on psychiatric day care and transfer responsibility for long-term day care to Social Services Departments and the voluntary sector. Unless appropriate mechanisms are developed for coordination between the psychiatric and social services and monies are ring-fenced, services for patients with chronic psychiatric disabilities may well deteriorate following implementation of the Government's community care reforms.

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