

Patients are more likely to read these books if they are readily available, i.e. can be handed out at the end of the interview, and if the books are tailored to match the patient's particular level of sophistication, type of depression and its treatment. It also helps if the psychiatrist indicates that at the next session some time will be spent going over any questions raised by the self-help book. It pays to be thoroughly familiar with each book so that, if necessary, specific chapters can be prescribed for reading and any misinterpretations countered.

The psychiatrist himself can learn much about

depression and how to communicate with his patient about the problem from these books and they would make good background reading for trainees who are beginning to diagnose and manage depression in its many presentations.

The list outlined obviously is not exhaustive but hopefully sufficiently comprehensive for most of the depressed patients the psychiatrist is likely to treat. If I have missed any books that would be considered essential by other readers, I would be grateful to be informed about these.

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Trainees' forum

Child observation during attachment to a child psychiatry unit: a registrar's experience

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Child observation forms part of the training of psycho-analysts and child psychotherapists (Bick, 1964; Brafman, 1988). The trainee visits a neonate weekly at home for one to two years and spends one hour on each occasion in 'free-floating' observation. The material is written up after each session as a detailed narrative account, which is discussed and interpreted in seminar groups. Both observing and interpreting are regarded as important elements of training (Rustin, 1988). Although Anthony (1968) wrote "Observing children is almost our main business in child psychiatry", formal observation is rarely undertaken by child psychiatry registrars. This article describes the benefits and difficulties of such an undertaking.

Setting up the project

During my child psychiatry attachment, I was allotted a fortnightly session with Mrs Marta Smith, a Tavistock-trained child psychotherapist. A description by Mrs Smith of infant observation during her training interested me and I decided to undertake short-term child observation with supervision from Mrs Smith.

A 22-month-old boy, A.H. attending a local Social Services nursery, was selected and permission was obtained from his parents and the Social Services Training Section. Ten half hour observation periods with corresponding supervision times were arranged. I chose a pre-work time, to prevent overlap with

clinical duties. I was worried initially in case I forgot observational details (notetaking is proscribed) or that my presence would annoy staff and distress A.H.

During observation

Had I not recorded my feelings prior to observation, I might have forgotten my early anxieties. I was given continual support by the nursery staff; A.H. and the other children regarded me as a temporary staff member. Soon I was thoroughly enjoying my times at the nursery. A.H. evoked many feelings, from curiosity about his background to pleasure or pain caused by his behaviour. The following extract (written on A.H.'s second birthday) shows the observational technique.

"He was building a bus from plastic bricks, being very methodical in this, concentrating hard and taking no notice of anyone around him. He was wearing a nappy and jumper but no shorts. Two older girls began talking about him.

'A's got a nappy on, why?'

'Because he's a baby.'

'No, he's not a baby, he's had a birthday.'

A.H. curled up in a ball, only looking up when a boy of his own age began ripping pictures off the wall. He then stood up, pointed at him and stared at the nursery nurse until she had chastised the child."

A.H. seemed aware that he was now two years old and needed to show other people that he was 'grown-up'. Even the presence of his visible nappy did not deter him in this attempt. Previously, he had broken nursery rules flagrantly. Later I discovered that his parents had separated the week previously, providing another possible explanation for this sudden maturity of behaviour.

After observation

I found it difficult to 'let go' of A.H. (akin to termination in psychotherapy). Sublimation perhaps

caused me to undertake a research project derived from some of A.H.'s observed development. My background reading was done after the sessions, making them truly experiential.

Comments

During the six month registrar post I acquired additional experience to that offered routinely. I extended my knowledge base and planned related research. Also useful was the experience of working in a community setting. The increased awareness and understanding of my emotional responses to events during observation was helpful, particularly in the psychotherapeutic setting. This pilot project suggests that such observation may be relevant, interesting and a valuable option to offer during child psychiatry attachments.

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