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The forms themselves did later mention that the haemoglobin was falling, but the warning was condensed on the left side below the blood parameters at the bottom of the form. Asterisks were not used. By contrast, however, the status 'green' was in block capitals in open space on the opposite side of the page, drawing the reader's eye to it instantly. This patient has subsequently undergone investigation and treatment for anaemia.

This is another example of a false sense of security gained by relying upon CPMS monthly blood counts. Had they been routine local blood tests then medical staff would have, in my view, assessed each form more thoroughly, paying attention to more than one parameter – as opposed to the solitary concern about a fall in white cell count. The CPMS form needs to have a different layout so as to allow for other abnormalities to be drawn to the doctors' attention sooner.

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Driving in Somerset

Sir: I agree that to deprive older people of transport could seriously inconvenience them (*Psychiatric Bulletin*, December 2000, **24**, 469), however, the new General Medical Council guidelines – *Confidentiality; Protecting and Providing Information* (2000) specifically states that

> "The Agency [DVLA] needs to know when driving licence holders have a condition which may now, or in the future, affect their safety as a driver. . . . If patients refuse to accept the diagnosis or the effect of the condition on their ability to drive, you can suggest that the patients seek a second opinion, and make appropriate arrangements for the patients to do so. You should advise patients not to drive until the second opinion has been obtained."

No, I do not want to alienate older people with mild cognitive impairment, but I do feel that we have a duty to the public in assessing and monitoring these people. They can, after all, have a driving assessment arranged through regional test centres if they feel they want to appeal against advice not to drive.

GENERAL MEDICAL COUNCIL (2000) *Confidentiality; Protecting and Providing Information*. London: GMC.

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Urinary detection of olanzapine and its limitations

Sir: Sander (*Psychiatric Bulletin*, January 2001, **25**, 33) is correct in pointing out some of the limitations of urinary detection of olanzapine as a proxy for compliance, as previously described by myself (Coates, 1999, 2000). Currently, only a negative result shows non-compliance, whereas a positive result is open to various interpretations. I am presently studying two ways of potentially addressing these shortcomings, which may prove helpful.

First, I am investigating the quantification of the urinary levels of olanzapine, rather than just using a qualitative test. This should provide more of an indication of the actual compliance when levels are ascertained. Second, the measurement of urinary metabolites, either quantitatively or qualitatively, may lead to a more sophisticated approach in the future. In particular, 10-N-glucuronide is the most abundant metabolite but 4'-N-desmethylolanzapine is correlated to clearance (Callaghan *et al*, 1999) and this may give a better indication of a person's recent compliance.

Currently, however, non-detection of urinary olanzapine remains the best objective test of non-compliance and with these further developments it may prove to be even more valuable in clinical practice.

CALLAGHAN, J. T., BERGSTROM, R. F., PTAK, L. R., *et al* (1999) Olanzapine. Pharmacokinetic and pharmacodynamic profile. *Clinical Pharmacokinetics*, **37**, 177–193.

COATES, J. W. (1999) Urinary detection of olanzapine – an aid to compliance. *British Journal of Psychiatry*, **175**, 591–592.

— (2000) Urinary detection of olanzapine – an aid to compliance confirmed. *Psychiatric Bulletin*, **24**, 316.

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National Service Framework

Sir: As Deahl *et al* (*Psychiatric Bulletin*, June 2000, **24**, 207–210) recently pointed out, whether those considering committing suicide will use NHS Direct, and therefore lower the number of suicides and meet a standard of the *National Service Framework (NSF) for Mental Health* (Department of Health, 1999), is uncertain. How NHS Direct will be used by people for mental health related problems of any nature is also uncertain, even though there is an emphasis on its use for this client group in the NSF.

In order to work towards the implementation of the NSF we carried out a small pilot study in one NHS Direct site to learn more about how people with mental health related problems were using the service. For the period of 1 week we collected data on all mental health related calls to the site. This was done by asking nurses to complete data forms for every mental health call, and by looking at the presenting complaints of all other calls to pick up any that were obviously mental health related. We identified 33 mental health related calls during the week, which accounted for 2.6% of the workload. Given that nurse advisers did not complete a data collection form for every mental health call, and that the data on presenting complaints were unreliable, we were able to estimate that mental health is more likely to account for approximately 4% of NHS Direct's workload.

The 33 calls related to 24 callers, the majority of whom (67%) were calling on their own behalf. Of these 24, 37.5% presented with more than one problem, some of which were complex and time consuming for nurse advisers to deal with. Just over one-third of the calls were prioritised as either immediate or urgent, the same figure not urgent, and the majority (66%) were referred to another service. This differed to all calls received during the study period where 57% were prioritised as not urgent and only 43% were referred onto another service.

The study demonstrated that NHS Direct is being used by people for their mental health problems and already performing one of the tasks in the NSF of enabling this client to contact another service. How well this task is being undertaken is something that needs to be monitored. Work is currently underway to evaluate the £1 million investment the Government has given to ensuring NHS Direct can meet this task, and results will be available shortly.

DEPARTMENT OF HEALTH (1999) *National Service Framework for Mental Health. Modern Standards and Service Models*. London: Department of Health.

Fiona Payne, Senior Researcher, **Lynda Jessopp**, Project Manager, Guy's, King's and St Thomas' School of Medicine

Personal psychotherapy, training and psychodrama

Sir: I read with interest Chris Mace's views on the relevance of personal psychotherapy to training (*Psychiatric Bulletin*, January 2001, **25**, 3–4). As a specialist registrar in general adult psychiatry, I have recently started psychodrama training as my special interest. When Moreno, the founder of psychodrama and philosophical antagonist

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of psychoanalysis, met briefly with Freud in 1912, Moreno said, "I start where you leave off. . . . You analyze their dreams, I give them the courage to dream again" (Marineau, 1989).

Psychodrama is an action method of psychotherapy, working in groups. The unique quality of training is that trainees participate in psychodrama using their own experience. Experimental work of 730 hours must be completed. This is challenging, so personal psychotherapy is mandatory.

Managing the pain of the human psyche, recognising trauma that presents as mental illness, acknowledging that the pain of living can be less bearable than the pain of dying – this is fundamental to psychiatry. Psychiatrists need and have empathy, perhaps too much. We need to be able to bear the most terrifying stories. Everyone has their own. We need resilience as well as empathy for this. If personal therapy can facilitate this it should be considered a recommended part of training and continuing professional development at all stages of our careers.

KIPPER, D. A. (1992) Psychodrama: Group psychotherapy through role playing. *International Journal of Group Psychotherapy*, **42**, 495–521.

MARINEAU, R. F. (1989) Jacob Levy Moreno, 1889–1974. London: Routledge.

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Group psychotherapy training

Sir: The article by Hull and colleagues, 'Group psychotherapy: trainee's perspective' (*Psychiatric Bulletin*, September 2000, **24**, 342–344) gives an interesting and informative account of their experience of group psychotherapy and its place in psychiatric training.

Trainees should also be aware of more formal training opportunities available to them. A number of introductory group courses are run in different centres around the UK under the auspices of the Institute of Group Analysis. They consist of both theoretical seminars and participation in small and large experimental groups. They provide at least three of Yalom's four components of a comprehensive group therapy training cited in the article: a personal group experience, observing an experienced conductor at work and an element of personal therapy (Yalom, 1995). The fourth, supervision of group work, can also often be arranged.

In addition, these courses provide a multi-disciplinary peer group. I would suggest that this greatly increases their value for training. It also highlights the comparative absence of multi-disciplinary learning in much of psychiatric training.

In addition to the route taken by Hull and colleagues, or perhaps in conjunction with it, trainees seeking experience of group psychotherapy should be aware of other avenues available to them.

YALOM, L. D. (1995) *The Theory and Practice of Group Psychotherapy* (4th edn). New York: Basic Books.

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the college

2001: A Mind Odyssey

Sculpture, Bhangra dance, film, playwriting, drama, literature, music and visual arts. These are just a few of the events at the Annual Meeting in July, which will launch 2001: A Mind Odyssey, the College's year-long celebration of the arts, the mind and psychiatry.

Highlights will include the inaugural concert by the College Music Society, conducted by a member of the College, Dr David Kingsley. The orchestra and choir will also perform *Paean*, a piece commissioned especially for the opening ceremony from composer Guy Woolfenden, Head of Music at the Royal Shakespeare Company for 37 years.

During the Annual Meeting there will be an opportunity to view some of the Bethlem Hospital's important art collection at a special exhibition in Central London. For those interested in 20th Century 'icons', the Director of the National Portrait Gallery will introduce the collections at a special reception in the galleries.

The College is working with a number of partners in the arts – the internationally renowned Courtauld Gallery and Royal Court Theatre – to create innovative programmes and new theatre. Films relating to psychiatry will be explored through a festival of films that will premier at the Riverside Studios in West London. It is hoped to replicate this event around the country. Service users will have an opportunity to enter a College art competition. The winning entries will be shown at exhibitions in London and Cardiff. For all events by the College, see the calendar of events below.

2001: A Mind Odyssey is about participation. We hope the celebration's momentum will come from members around the country. Many ideas are currently being explored. Some of the innovative initiatives planned by members are listed below. We hope these will inspire you to organise an event in your area!

- Patients' art exhibition
- The history of psychiatry – an enactment
- Exhibition of psychiatrists' art
- Art exhibitions on mental health
- Music evenings
- Dance workshops and performance
- Arts and the mind – an event at the Birmingham Midlands Art Centre
- An evening of storytelling and ballads
- Poets and pints – poetry by psychiatrists
- Dramatherapy – a one woman show
- Contribution to the Hay Literary Festival
- Culinary treats for school children

Calendar of College managed events

July 2001

Events during the Annual Meeting, in London:

- StrathconaTheatre, a performance by actors with learning disabilities
- Music theatre production by College members
- Exhibition of works from the Bethlem Hospital Art Collection
- Reception at National Portrait Gallery
- College Music Society concert
- Indian music and dance
- Sculpture exhibition
- Arts workshops, talks and sessions

September

- Festival of Film at Riverside Studios, West London
- Courtauld Gallery art workshops: patients and staff from the Child & Family Psychiatric Unit, Brent, Kensington, Chelsea & Westminster Mental Health Trust
- Pottery Residency at Brent, Kensington, Chelsea and Westminster Mental Health Trust

October

- Opening of art competition for service users

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