

trainee look? In my case I was directed towards the Open Business School.

The Open Business School (OBS), part of the Open University, offers training in management techniques to nationally recognised standards. The Professional Certificate in Management is at MCI level and contributes towards national vocational qualification (NVQ) accreditation at level 4 (if competence in employment is shown). This can be extended to the Professional Diploma in Management (MCII level and NVQ level 5). The modules are studied at home with the textbooks, video and audio tapes provided. There is opportunity to meet fellow students from various industries with regular tutorials and a three day residential school.

Three assignments applying course principles to real work situations are submitted and count towards the final assessment, the other half from a written examination.

The Certificate in Managing Health Services (Cert MHS) is the introductory module for all those working in the health service (NHS Training Directorate, 1993) based on the OBS standard 'The Effective Manager'. It meets the needs of people moving into the operational level of management in the health service for the first time. I studied the course alongside other health care professionals all hoping to develop management skills, and it was a great leveller. Topics included managerial effectiveness and control, decision making, choosing, developing, leading and motivating the team, and organisational structures and cultures.

Completion of Cert MHS confers membership of the Institute of Health Service Managers (IHSM). If enthusiasm continues, further modules are studied for the diploma. I chose 'Managing People', 'Managing Change', 'Information Systems and Information Technology' and 'Managing in the Competitive Environment'.

I exposed my personal ignorances to others but this was a shared experience in a safe environment. I found management training has increased my confidence and increased my understanding in managing myself and the multidisciplinary team, an important skill for psychiatrists.

NHS TRAINING DIRECTORATE (1991) *Management Development for Hospital Consultants*. Bristol: NHS Training Directorate.

— (1993) *MESOL: Management Education Scheme by Open Learning*. Update 4. Bristol: NHS Training Directorate.

PEDLER, N., BURGOYNE, J. & BOYDELL, T. (1978) *A Manager's Guide to Self Development*. London: McGraw-Hill.

KEVAN R. WYLIE, *The General Infirmary at Leeds, Leeds LS1 3EX*

Clozapine withdrawal symptoms

Sir: I read with interest the clozapine withdrawal symptoms described by Drs Palia and Clarke

(*Psychiatric Bulletin*, 17, 374–375) with subsequent correspondence by Dr Meltzer in (*Psychiatric Bulletin* 17, 626). In our 1974 paper on clozapine (Simpson & Varga, 1974), we described patients who developed symptoms in the post drug-placebo period "which may have reflected a withdrawal effect." Symptoms lasted approximately one week and then remitted. In our 1978 publication (Simpson *et al*, 1978), three of seven patients treated "showed severe withdrawal effects within three to six days following clozapine discontinuation." They showed a marked clouding of consciousness, severe emotional withdrawal and muteness, with a quick return of their psychotic symptoms. Two of them were worse than during the baseline period. In all three, their tardive dyskinesia became worse even though this had improved during clozapine use.

We have seen these withdrawal or rebound phenomena on several occasions over the past few years. In uncontrolled studies, we have used anticholinergics to treat this since some of the symptoms appear similar to cholinergic rebound. We would, therefore, agree with Drs Palia, Clarke and Meltzer that clozapine should not be withdrawn abruptly unless absolutely necessary. If it is necessary, we would recommend the addition of anticholinergic medication and if a neuroleptic is needed, then a neuroleptic with anticholinergic properties such as chlorpromazine would be preferable to haloperidol.

SIMPSON, G.M. & VARGA, E. (1974) Clozapine – a new anti-psychotic agent. *Current Theory & Research*, 16, 679–686.

—, LEE, H.L. & SHRIVASTAVA, R.K. (1978) Clozapine in tardive dyskinesia. *Pharmacopharmacology*, 56, 75–80.

GEORGE M. SIMPSON, *Medical College of Pennsylvania, 3200 Henry Avenue, Philadelphia, PA 19129, USA*

Television programmes and psychiatric treatment

Sir: I was interested to read 'Situation comedy compliance' (*Psychiatric Bulletin*, 17, 625). The suggestion that popular television programmes should be used to inform the public of psychiatric treatments in a favourable light is especially important in view of the vast numbers of viewers of these programmes. 'Eastenders' and 'Casualty' can command audiences of 10–15 million per episode, and can undoubtedly influence behaviour and attitudes.

With a long history of largely negative portrayal of the psychiatric profession in the media, the time has surely come for greater utilisation of this important resource by collaborating with scriptwriters and producers of such programmes to ensure that positive messages are received by