

et al., 1979). The mode of action of levodopa in senile dementia therefore remains uncertain.

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caring whether this oblivion is temporary or permanent. Hence Propetia. (Seager, 1978).

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SAMARITAN CONTACT AMONG PARASUICIDE PATIENTS

DEAR SIR,

We were interested to read the paper by Drs Greer and Anderson (*Journal*, September 1979, 135, 263–68) concerning Samaritan contact prior to parasuicide. Their findings confirm a study we reported to the International Association of Suicide Prevention in Helsinki 1977. In a controlled study we compared knowledge of Samaritans amongst patients admitted to hospital for parasuicide with a group matched for age and sex in the ward at the same time for other reasons. The table demonstrates the widespread public knowledge of Samaritans, also identified in a National Opinion Poll carried out at the behest of Samaritans (Who?), a reasonable knowledge of what Samaritans offer (What?), and an ability to contact the organization as demonstrated by a request for precise information (How?). Fourteen per cent of parasuicides had made contact with Samaritans on previous occasions (Past) but only 4 per cent had contacted them prior to the present episode (Now). See Table page 588.

It is suggested that there is not only a diminished ability to seek help when under stress and a cultural reluctance, demonstrated by a class variation, in asking for support. There is also support for the growing view that the classical 'cry for help' is a less important factor than the seeking for immediate oblivion as a response to overwhelming stress without

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DEAR SIR,

I read Steven Greer and Marion Anderson's paper on Samaritan contact among parasuicide patients (*Journal*, September 1979, 135, 263–68) with particular interest as I performed a similar study myself three years ago. Although time and opportunity limited the number of patients I interviewed I would like to say that I too found the degree and accuracy of knowledge of the Samaritans to be substantial, and it does seem that ignorance must be a negligible reason for choosing parasuicide rather than Samaritan contact.

My questionnaire also included questions as to who, if anyone, the patient had discussed his unhappiness with in the period immediately prior to the parasuicide act. I found a marked difference between the younger and older age groups (50 per cent of my group were under 25, 54 per cent of Greer and Anderson's were under 30) in that, while the over 25's had sought help from numerous sources such as family, friends, doctors, social workers and priests, few of the under 25's had discussed their problems with anyone, although many had expressed the retrospective wish that they had been able to do so.

The paucity of contacts made by the under 25 group while in distress, coupled with the preponderance of this group and the stated desire by most of them that they would have liked to talk to someone at the time, is an aspect that causes concern particularly as this is a function that the Samaritans see themselves fulfilling. One might have feared that it was a 'middle-class, middle-aged' image of the Samaritans that deterred young people, but not one person stated such a view to me, and a study conducted for the Samaritans did not find this either (*The Samaritans, Report and Accounts*, 1975/6). Special 'youth lines' have only had limited success.

It must be more than adverse attitude to the

Samaritans that deters young people from contacting them if, as it appears, they do not seek help from anyone. In fact 25 per cent of clients who called the Samaritans in 1975 were under the age of 25 and this proportion has continued to increase. The large proportion of young people in the parasuicide group must therefore reflect rather the large number of young people in despair. Impulsive action or genuine desire to die explains why some do not seek help, but I too found the feeling common, as in the older group, that they 'ought' to be able to cope. The young people seem to add to their isolation by viewing the world as hostile, and perhaps the world using its own standards considers their problems to be less important.

It does seem that society will tolerate an overdose while regarding the perhaps more logical act of seeking help as a failure to cope. It is to be hoped that the sensitivity, availability and appeal of the helping agencies (including the medical profession) to young people will increase and that the Samaritans in particular, with the advantages of confidentiality and 24 hour availability, will continue in their efforts to persuade young people, by ensuring that a contact receives acceptance and concern, and that to contact them, far from being an admission of failure, is a more valuable and less dangerous option than an overdose.

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Table to Seager and Oram's letter page 587
Percentage of original population

	<i>Who? were Samaritans</i>	<i>What? are Samaritans</i>	<i>How? are they contacted</i>	<i>Past Referral to Samaritans</i>	<i>Now Referral to Samaritans</i>
Test (N = 144)	92	64	48	14	4
Control (N = 133)	90	68	59	4	N/A
National Opinion Poll	92	67	77	2	N/A