illness. It is possible to address such basic needs systematically and so facilitate the operation of caring services in promoting mental health.

WOODY CAAN
Audit Team
CAROL WAYLETT
Welfare Rights Unit

The Maudsley Hospital
London SE5 8AZ

References

CAAN, W. (1993) Case or consumer? The value of patient feedback to mental health services. In *Clinical Audit 1993*, pp. 13–14. London Department of Health.

JONES, P. B., BEBBINGTON, P., FOERSTER, A. *et al* (1993) Premorbid social underachievement in schizophrenia. *British Journal of Psychiatry*, **162**, 65–71.

LEARY, J., JOHNSTONE, E. C. & OWENS, D. G. C. (1991) Social outcome. *British Journal of Psychiatry*, **159**, (suppl. 13), 13–20.

THORNICROFT, G. (1991) Social deprivation and rates of treated mental disorder. *British Journal of Psychiatry*, **158**, 475–484.

'Out of working hours' emergencies with learning disabilities

DEAR SIRS

Typically it is a Saturday afternoon. An 'on-call' general medical practitioner has been called urgently to the residence of a young man with learning disability, either his own family home or a community house. His parents or carers say he has "gone berserk" and is "out of control". He has been smashing everything in his own room, or breaking up the house, throwing objects at the people there, or aggressively hitting out at those around him.

The doctor who has been called finds the parents or carers are feeling distraught, frightened and helpless. Unable to obtain Social Service Department support, the doctor telephones the consultant psychiatrist for learning disabilities and requests admission to hospital. Attempts to temporise by giving the patient sedation or neuroleptic drugs and by counselling the patient and carers usually fail as, after the doctor has gone, a resurgence of the violence, anxiety and distress often occurs within a few hours.

In 28 years as a consultant I have seen this sequence often enough for it to be a "Saturday afternoon syndrome". In the past, admission to a hospital was generally easy to arrange, but is now increasingly a matter of prolonged negotiation, delay, and even acrimony, as NHS units for learning disabilities are run down or disappear. Usually, social services facilities have neither the vacancy nor the staff to cope with such a patient. The police are hesitant to act, preferring to see it as a medical responsibility.

The removal of the patient from his residence to hospital is the inevitable practical solution. Frequently the patient can be persuaded to go into hospital informally where he usually settles down and within a few days is welcomed back home.

General practitioners and consultant psychiatrists are often asked to assist in cases of acutely disturbed people with learning disabilities. Purchasers and providers need to be aware of the requirement to have specific provision for emergency short-term respite care for the assessment and treatment of people with learning disabilities as part of a comprehensive community service.

D. A. SPENCER

Meanwood Park Hospital
Leeds LS6 4QB

Cognitive behavioural psychotherapy

DEAR SIRS

While welcoming Stern's call for psychiatrists to have greater training in cognitive – behavioural psychotherapy (*Psychiatric Bulletin*, January 1992, **17**, 1–4) we were surprised at the suggestion that "psychologists are waiting in the wings in this country but already therapeutically active in the USA" in respect of this treatment. This model of treatment has long been in the mainstream of clinical psychology and, for many clinical psychologists in the UK, it is a familiar and frequently used approach. A recent survey of clinical psychologists found that 48% of British clinical psychologists come from the behavioural and cognitive traditions as opposed to 29% of US clinical psychologists.

We feel well placed to provide such therapy and to train and supervise other professionals as our first degree course provides a sound basis in learning theory and cognitive psychology and our three year post-graduate clinical training course includes extensive training in the application of the cognitive – behavioural approach.

MARIE QUAYLE
PETER SCRAGG
on behalf of the Broadmoor
Clinical Psychology Department

Broadmoor Hospital
Crowthorne, Berkshire RG11 7EG

Reply

DEAR SIRS

It should be remembered that my article was written for the *Psychiatric Bulletin* with psychiatrists in mind. I did not mean to diminish in any way the sterling work done by psychologists in the field of behavioural and cognitive psychotherapy in this country. I personally have always enjoyed working alongside psychologists.

In my perhaps overly dramatic metaphor of "psychologists waiting in the wings" I was hoping to warn psychiatrists that in future it may be psychologists who take centre stage in psychotherapy.

RICHARD STERN

Springfield University Hospital
61 Glenburnie Road
London SW17 7DJ

Staff culture

DEAR SIRS

I read Dr Green's article on the role of staff culture (*Psychiatric Bulletin*, 1993, **16**, 111–112) with much interest. That such a culture inevitably acts as a powerful therapeutic agent has long been recognised, as witness the development of the therapeutic community movement. Similar factors have also been recognised in the manufacturing industries and have led to the concept of total quality management, a model which is being increasingly applied in health care institutions.

It is important to acknowledge that hospital culture can act equally for good as for ill. It is the role of the hospital manager, and indeed the Clinical Director of any hospital department, to set a clear vision for the service in the light of advice from colleagues of all disciplines and, of course, guidance from the relevant research. Once a goal is set, every position within the service must be seen as contributing to its achievement. In this way, counter-therapeutic cultures can be changed and all professionals can be seen to be pulling in the same direction.

I agree with Dr Green that such processes are far from easy, and the use of an independent facilitator is often essential. This should not, of course, deter us from tackling the really important issues which ultimately influence our patients.

GRAHAM RIDLEY
Director, Clinical Services

Hobson Park Hospital
Traralgon, Victoria 3844
Australia

Research into alternative treatments

DEAR SIRS

I have noticed a recent upsurge in public interest in alternative medicines. This has been particularly evident among the management and nursing staff in the NHS Trust where I am currently working which recently made a substantial financial outlay in the purchase of "essential oils" for aromatherapy and for staff training in this subject.

There is, however, a dearth of well-conducted, published research on non-orthodox healthcare particularly aromatherapy. I find it difficult to understand how health service funds can be justified on a form of therapy which, despite being rooted in ancient history, is without a scientific basis.

Following such research we may be in a position to adopt a truly holistic approach to medicine and psychiatry, for example, through the use of "alternative" therapies in conjunction with the wide range of treatments already available.

C. MITCHELL

George Eliot Hospital
Nuneaton CV10 7BL

Tea with Alzheimer

"And how is your dear mother?", she asked, "We were at school together, you know", she went on. For about the seventh time in about as many minutes I explained, or tried in vain to explain, that it was my sister she was at school with and not my mother and that, alas, both were long since dead. It was in this bizarre, surrealistic vein that the conversation continued.

It was virtually impossible to reconcile the elegant, gregarious hostess I remembered from decades ago with the Scarfe-like caricature that was all that remained after the devastation of age and dementia had exacted their toll. Nor could I reconcile the small, functional, sanitised ward, which was now her home, with the tastefully appointed apartment in which she had served tea at our last meeting.

Is there anything I could get for her to make her life more comfortable I asked as I rose to leave. "Comfortable!", she exclaimed, allowing for the first time a note of querulousness to creep into her voice. "I'm very comfortable in this hotel, thank you very much." She regained her composure and glanced round the ward and added. "You see, I meet new friends here every morning, and every afternoon they all come to my tea parties."

HENRY R. ROLLIN
Emeritus Consultant Psychiatrist
Horton Hospital, Epsom