

Psychiatry is 'a rapidly evolving specialty' and psychiatrists 'should adopt more locally directed responsibilities'. Presumably it is for these reasons that community psychiatric nurses are so favoured and out-patient clinics viewed with suspicion. The notion that psychiatric illness can be prevented by staff travelling around in cars in larger numbers and more frequently is a profound one, but it is not insusceptible to investigation.

(v) There is an inquisitorial aspect to the Director's attitudes. Thus 'it is no longer the privilege of authorities to cloak the shortcomings of their services in secrecy' and 'Those who call for (the) abolition (of the HAS) [i.e. ourselves] . . . might wish to speculate on the potential acceptability of the replacement inspectorate which would undoubtedly be imposed instead'.

We have noted these opinions with interest. We urge any psychiatrist who is invited by Dr Horrocks to become part of an HAS team to read this exchange of views before coming to a decision.

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Bridges over Troubled Waters

DEAR SIRS

I am writing to you as Chairman of the Association for Psychoanalytic Psychotherapy in the National Health Service, an association with a membership of some 200 professional staff of all disciplines in the NHS. Our Council has recently been considering the report of the Hospital Advisory Service called *Bridges over Troubled Waters*, which deals with services for disturbed adolescents.

There is much to commend in this Report, notably the emphasis on the importance of organisation and integration of adolescent services. There is certainly a need to plan and organise services in a more coherent and integrated way and this is quite unexceptionable. However, we have found deficiencies in the report so glaring that it would be a grave disservice to the needs of this group of patients were it permitted to proceed unchallenged, possibly to become a blueprint for a future national service.

We think this is a very biased Report and some of this bias may arise from the membership of the Steering Committee which produced it. This Committee included two nurses and two social workers but only one psychiatrist, and could not be expected to represent the varied approaches to adolescent problems which exist in adolescent psychiatry. There was no child psychiatrist on the Steering Committee which is surprising in view of the fact that it is child psychiatrists who treat the majority of patients up to the age of 18, especially of out-patients. Obviously only a small proportion of adolescents who need treatment are admitted to residential units.

There was no psychotherapist of any colour on the Steering Committee and certainly no-one who could represent the psychoanalytic approach. This too is most surprising in view of the fact that most of psychiatrically dis-

turbed adolescents present problems that are not amenable to physical methods or behavioural approaches.

It is probably a reflection of the membership of the Steering Committee that the Report does not contain the word 'psychotherapy' in any of its 77 pages. The closest it comes to a mention of psychotherapy is in paragraph 4.24 where it says "some of the adolescents felt the lack of 'someone to trust'. A confidante type of support worker not attached to any service who would listen and not pass information on to parents or other workers would fulfil a very important role for young people who often felt they had no-one". The provision of psychotherapy for all age-groups in the NHS is clearly grossly deficient and we consider this Report to be negligent in not drawing attention to this lack as far as adolescents are concerned. We believe that it is not simply a support worker, but a trained psychotherapist that adolescents need as part of the team concerned with their psychiatric care.

In our opinion an even more serious criticism of the Report is the view that it presents of adolescent disturbance as something that arises out of the blue during teenage years. There is no indication of any understanding of the antecedents of adolescent disturbance. The majority of disturbed young people have a history of emotional problems at earlier ages and every child psychiatrist is only too aware how often the disturbance has been overlooked. There is absolutely no mention in the Report of the importance of child psychiatric services preventing disturbance during adolescence or at an even later age.

We also think the report is unrealistic and misguided in its recommendation that every adolescent unit should have an eclectic approach. To expect every adolescent unit to provide a total psychiatric service flies in the face of common experience which has taught us that units which admit to being eclectic commonly fall between every possible stool, whilst units that have a more coherent approach tend to be more successful. We are in complete agreement that every Regional Health Authority should aim to provide a "total psychiatric service" but it is quite unrealistic to expect every specific unit to provide one.

We are not seeking to promote psychoanalytic psychotherapy as the sole method of treating adolescents. But we do believe that psychotherapy is important in helping a disturbed adolescent come to terms with himself and that the provision of psychotherapy should be a central part of any plan for adolescent services. Moreover we believe that psychoanalytically-informed psychotherapists can also help staff members cope with the difficult tensions which arise in an adolescent unit.

Finally, the appendix to the Report lists organisations and individuals who have provided oral or written evidence to the Committee. This gives the impression that these organisations support the conclusions of the Report and we have found this is very far from the truth. Many of those listed have already expressed serious differences and object to the whole tenor and conclusions of the Report.

Association for JOHN STEINER
Psychoanalytic Psychotherapy in the NHS Chairman