Conclusion

There have now been two Telephone Conferences in the Trent Region and evidence suggests that they are a possible alternative to visiting speakers or central educational meetings, both of which provide problems for psychiatrists working in relatively small, isolated units which seem likely to provide the pattern for future work. In order to fulfil their purpose as providers of Continuing Medical Education, it is important that a programme of lectures should be worked out, covering a range of topics fulfilling the needs of the psychiatrists who require updating in various aspects of their specialty. The Royal College of Psychiatrists is concerned with the training of future psychiatrists but has not neglected the need for CME. The Telephone Conference may be an additional means of fulfilling that role.

ACKNOWLEDGEMENT

I am indebted to Messrs Merck who offered hospitality at each of the hospital centres.

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A Comment on 'Bridges over Troubled Waters: Services for Disturbed Adolescents'

(A review by Peter Horrocks in *Health Trends* (1987), **19**, 15–17)

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The Hospital Advisory Service (HAS) was created in 1969 as a result of anxiety and embarrassment about the quality of long-term care for the elderly, the mentally ill and the mentally handicapped in England and Wales. The Scottish equivalent followed later. Since its inauguration, groups of multi-disciplinary specialists have visited hospitals, assessed practice, discussed shortcoming, offered advice and published reports. In recent months the HAS has received a brisk debate in the *Bulletin* of the College. Its function, and indeed the need for its existence, has been questioned. It is against that background that Peter Horrocks, Director of the NHS Health Advisory Service, has chosen to review existing psychiatric services for adolescents in England and Wales.

In the course of routine work it had become increasingly clear to the HAS that services for adolescents were being provided in an inconsistent, piecemeal fashion in the majority of Health Districts. "Difficult" young people perceived as disturbing by others and young people who are disturbed within themselves were causing quite disproportionate acrimony between professions and between organisations. The treatment and care they received seemed less related to real need than to the willingness of one or other organisation to accept responsibility. It was decided to investigate and to make recommendations. The conclusions were based on a visit to three English NHS Regions, 10 other Health Districts, one District in Wales and one in Scotland. In all, 50 individuals took part in the visits. Over a period of 18 months a number of multidisciplinary teams looked at existing services and the result is a 96 page Report making 107 specific recommendations. The main message was that adolescents frequently fall uncomfortably between provisions made for children and adults respectively.

Two issues emerged repeatedly. One was the need for the various agencies to stop 'buck-passing' and instead to collaborate to provide a co-ordinated service for young people. The other was the desperate need for more training and education about adolescents, not only for those specialising in the field, but also for those who meet adolescents only in the course of more general work.

The HAS discovered that very high quality services existed but these were out-numbered by others which were unduly selective, allowing misplacement of some young people and turning away others as "not our responsibility".

There was general agreement among the investigators that, while psychiatrists needed to take direct responsibility for the management of only a small proportion of disturbed adolescents, a greater psychiatric contribution to the assessment procedures of other agencies was badly needed.

The report makes a plea for a broad range of treatment options. How sensible. It is implicit, of course, that there be competence in the whole range of treatments provided but it is not spelled out how that can be achieved. It is a serious deficit in the training of adolescent psychiatrists.

It is 40 years since the first psychiatric services devoted entirely to adolescents came into being. Twenty-three years have elapsed since the Government Circular HM 64/4 first drew attention to the shortage of services for disturbed adolescents and their recommendation that there be 25 beds per million population. The response of Hospital Boards to the document in the next few years was so minimal that by 1967 they were formally requested to submit plans or explain why they did not have any and what they were doing about it.

The beneficial impact was that in the two decades that followed the number of units increased so that by 1981 there were 63 in existence that dealt, if only in part, with

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adolescents. Today relevant concepts and trusted techniques exist. There are textbooks and journals whose subject matter is devoted entirely to adolescents. Things have improved.

But what about the serious deficits outlined by the Peter Horrocks team and other reports? What can be done? The Health Advisory Service has no executive function. It simply provides advice. Action must come from elsewhere. In many parts of the country the adolescent services have to compete with demands for adult psychiatric services. The lack of initiative from adult psychiatrists is precisely the reason that the Ministry of Health had to lean on Regional Hospital Boards 20 years ago. The current absence of response from the psychiatric profession and the Health Boards to the HAS Report would indicate that unless there is Government initiative, the scandalous shortage of adolescent facilities in parts of the country will continue.

But apart from developing new resources the document draws attention to another serious issue, namely the need for more training facilities. Until now the Child and Adolescent Psychiatry Section of the Joint Committee for Higher Psychiatric Training has rightly devoted its energies to improving training in child psychiatry. In contrast, the training for adolescent psychiatrists remains seriously flawed. The constant stream of trainees seconded for six month periods to the Edinburgh Adolescent Service illustrates the existing shortage of training facilities in England and Wales. Newly appointed consultants in adolescent psychiatry may still receive only six months full-time training in their own speciality! Because of their limited training and lack of opportunity to master existing techniques and concepts, inevitably such specialists need to be ultra-selective in the services they provide.

To overcome the problem it may be that the training of adolescent psychiatrists has to become separate from that of child psychiatrists, but with foresight and initiative that outcome can be avoided to the benefit of both groups. We as a profession have the remedy in our own hands.

In the meantime we must thank the HAS for highlighting long-standing inadequacies in the psychiatric services for disturbed adolescents in terms of resources and the need for more training.

Cheadle Royal Hospital Prize

An annual prize of £500 will be awarded for research at consultant level. The competition is open to all consultant psychiatrists in the North West Division of the College, excluding full-time senior academic staff. Material published in the previous year may be included, as may previously submitted research for a higher qualification, provided a substantial amount of the work has been done while in a consultant post.

The adjudicators will comprise the Professors currently Heads of Department at Liverpool and Manchester Universities, together with the Medical Superintendent of Cheadle Royal Hospital.

Entries to be submitted to the Chairman of the North West Division of the Royal College of Psychiatrists by 31 March 1988.

Study Team on Quality of Community Care

The Richmond Fellowship and MIND have joined forces to set up a Study Team on the quality of community care. Both organisations are concerned at the lack of services for those leaving mental hospitals.

The Study Team will parallel the Griffiths Review. Sir Roy Griffiths is concerned with the organisation and management of community care and with finding more effective and efficient ways of spending existing money. The Richmond Fellowship/MIND Study Team will look at how an effective community care service can be developed for mentally ill people and then calculate a reasonable cost for such a service. It plans to issue a report in April 1988 to complement the Griffiths Review. The Richmond Fellowship/MIND call for evidence to be provided to the Study Team. Its secretary is Chris Heginbotham, National Director of MIND, 22 Harley Street, London W1N 2ED (telephone 01 637 0741).

Correction

Accountability and Delegation. J. H. Henderson. (Correspondence, *Bulletin*, October 1987). In paragraph 8 beginning "The 1959 Mental Health Act...." the second reference to the "Responsible Medical Officer" was incorrectly printed as "Registered Medical Officer". This, too, should read "Responsible Medical Officer".

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