**Further development**

Supervisors became more skilled in the way they reported back and were less often felt to be as punitive or oppressive. Some of the more senior supervisors began to intervene directly, for instance to point out where an adolescent had not been given an opportunity to answer a question. This more direct and immediate intervention was recognised as more in keeping with the 'true' practice of live supervision as seen in family therapy.

Although the supervision had been concerned mainly with items of behaviour, there began to be increasing emphasis on process. On one occasion the supervisor was able to point out how staff, holding firmly the hands and arms of an adolescent, had contributed to escalating disruption rather than diminishing it.

After three months, the initial improvement has been maintained and our impression is that the role of supervisor can be transposed from family therapy to the community meeting.

**Further extensions**

Some of the nursing staff who had previously run therapeutic groups as co-therapists, have differentiated their roles into therapist and live supervisor. The unit staff run seminars for helping professionals on a range of topics and live supervision has been used by some of the seminar leaders.

**Comment**

The staff of Hill End Adolescent Unit are finding ways to extend use of live supervision and believe that this model might be applicable in other settings and organisations.

ACKNOWLEDGEMENT

I would like to thank Matt Ellis who suggested live supervision of the community meeting.

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# *Review*

**Dementia in Later Life: Research and Action.** Report of a WHO Scientific Group. London: HM Stationery Office. 1986. Pp 76. SwFr 10.00

This 74 page booklet, published by the World Health Organization as one of its technical reports, is based upon the deliberations of a scientific group which met for seven days to consider the various aspects of dementia in old age, and to point the way towards solving some of the problems. For problems apparently surround the classification of dementia, nor do cross national agreements over how the dementia syndrome might be reliably identified or its severity graded, exist. There is, however, agreement that dementia presents a major health hazard, even it appears, in third world nations.

Epidemiological research has been patchy, and concentrated largely in Northern Europe, North America and also in Japan where, unusually, dementia due to cerebral infarction predominates. Most progress has been made in identifying the neuropathological and neurochemical bases for Alzheimer's disease, now recognised as the commonest cause of dementia in most countries. The chapter on causes presents a comprehensive and coherent account of these aspects, supported by a large number of carefully selected references.

Other chapters are devoted to prevention and treatment; to coping with dementia; to the need for international collaborative research and to overall strategic issues. The authors of the report urge the establishment of core criteria for diagnosis; epidemiological studies aimed at early case detection; continuing multidisciplinary and collaborative biological researches into causality; systematic evaluation of present and proposed therapeutic approaches; study of the coping strategies adopted by families which contain a demented patient and, perhaps predictably, resource allocations which more truly reflect the size and importance of this problem, and the potentially horrendous financial and social cost of doing nothing.

I enjoyed reading this booklet, which I found very informative and worth its modest cost (SwFr 10.00, about £4.00) for the chapter on causes and the references alone. There is little that deserves criticism, except perhaps that it should have been published earlier, and one wonders why nearly three years elapsed between the meeting and the date of publication.

G. BLESSED

*Newcastle General Hospital*
*Newcastle upon Tyne*