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

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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.

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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.

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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.