

possible without a knowledge of psychodynamics? Why is psychodynamics, so much sought after in the psychiatric world, eschewed in adolescent psychiatry where it is needed most? What are the implications of this report for training and the future of adolescent psychiatry?

Whatever the answers to these questions, I believe that the HAS Report on the role of psychiatry and psychiatrists is anti-developmental and anti-progressive. The situation today is reminiscent of an era over two centuries ago, when Johann Joseph Gassner, Honorary Physician to the Court of Prince Bishop of Regensburg, was removed from his position. He was widely acclaimed for success in his treatment methods, and equally known for his honesty and sincerity. He was using the early psychodynamic techniques and had lost favour with the authorities.¹

Finally, I would like to respond to the appeal of Professor Goldberg and others in the February 1986 *Bulletin*. Management acted on the recommendations of the Report before studying it themselves. I wrote a detailed response to the 'Review' report producing documented evidence to show it to be a misrepresentation. Independent responses were also written by the clinical staff and the nursing staff of the Unit. These responses were sent to the Region, relevant organisations and individuals. Several spontaneous letters to the Region from ex-staff of the Unit and psychiatric colleagues, who had worked closely with the Unit and knew it well, contradicted the observations and recommendations of the 'Review' report.

After many months, the Region decided to re-open. I remain its Consultant Psychiatrist and Medical Director. There is hope.

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REFERENCE

- ¹ ELLENBERGER, HENRI F. (1970) *The Discovery of the Unconscious, the History and Evolution of Dynamic Psychiatry*. Harmondsworth: Allen Lane/The Penguin Press. Pp 53–57.

DEAR SIRS

Dr Wells and Dr Steiner (*Bulletin*, September 1986, 10, 231–232 and 246) offer criticisms of this report which I would like to defend. Our survey revealed that, with some striking exceptions, services for disturbed adolescents in England and Wales are uneven, piecemeal and palpably deficient in meeting the needs of many young people. The direct contribution which psychiatrists can make is an important element of the overall picture. It was disappointing to find that specialist adolescent psychiatric services were often isolated, unduly selective and failing to provide advice and support to adjacent organisations and disciplines. The 'elsewhere', to which Dr Wells' unit for instance directs psychotic youngsters, is unfortunately not universally guaranteed to provide appropriate treatment and support and it is good to see that Mersey RHA are taking steps to fill the gap.

Dr Steiner and Dr Perinpanayagam (above) regard the Report as biased because it fails to advocate a psycho-analytic approach to the problems of disturbed adolescents. The omission was deliberate: the Steering Committee believed that promotion of any particular philosophy of management could only lead to unproductive internecine argument which would obscure the real needs. Instead, as Dr Perinpanayagam acknowledges, the Report repeatedly advocates eclectic services which offer a range of therapeutic approaches. He must realise too that the intention of our recommendation that psychiatrists should have a primary responsibility for all those suffering from identifiable psychiatric disorder was to encourage greater "inclusivity" and to discourage the exclusion of such young people so frequently found today.

[Because Dr Perinpanayagam's letter refers to earlier criticism of the Health Advisory Service, readers of the *Bulletin* may be led to believe that the Review of the Brookside Young People's Unit which he describes was conducted by HAS. It was not].

Dr Steiner is critical of our failure to analyse the antecedent causes of adolescent disturbance. Such a task was outside the remit of a group striving to plan more rational services. But the Report calls specifically for research into child and family development, for longitudinal studies and for evaluation of preventive programmes.

Bridges Over Troubled Waters provides a clear description of massive unmet need and proposes an organisational and professional framework by which, for the first time, the needs of disturbed adolescents could be met comprehensively. The consideration which the College is giving to the recommendations is part of a national reappraisal of adolescent services which the Report has stimulated. An environment now exists in which psychiatrists can play a major role in adolescent service development and make well-reasoned bids for resources. Time will be wasted if it is devoted to partisan issues or defence of the indefensible current position.

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Psychotic adolescents

DEAR SIRS

We would like to express our concern about one particular issue raised by Peter Wells, Consultant Adolescent Psychiatrist, Macclesfield Health Authority, Young People's Unit, Macclesfield (*Bulletin*, September 1986, 10, 231–232).

It would seem that most of his argument stems from the premise that psychotic adolescents cannot be managed with those having emotional or conduct disorders. We are not clear on what grounds he finds himself able to make this statement. Our own experience—admittedly limited by virtue of the small numbers—would indicate that psychotic young people are well tolerated by their peer