Correspondence

NHS Health Advisory Service special project on services for disturbed adolescents

DEAR SIRS

I believe your readers will be interested to know that the NHS Health Advisory Service is mounting a special project on services for disturbed adolescents. The background to the project is that existing provision has been found by the Health Advisory Service (and others) to be uneven, fragmented and sometimes grossly deficient. A recurring feature has been poor communication and co-ordination between the various agencies and considerable professional isolation of individual services.

During the first half of 1985, a series of special multidisciplinary visits will be conducted throughout England by the Health Advisory Service to assess existing services provided by health and local authorities. A seminar on the subject will be held and the project will culminate in the issue of a guidance document for the use of individual authorities, on the lines of the very successful *Rising Tide*.

I would be grateful if you would draw the attention of your readers to the project. More importantly, I would like them to be aware that the multidisciplinary steering committee formed to oversee the exercise would like to receive the views of interested individuals or groups on existing services; examples of 'good practice'; and on the way in which better services might be achieved in the future.

I shall be very grateful for your help. All correspondence should be directed to: Dr Peter Horrocks, Director, NHS Health Advisory Service, Sutherland House, 29–37 Brighton Road, Sutton, Surrey SM2 5AN.

PETER HORROCKS

NHS Health Advisory Service,
Sutton, Surrey

The continuing saga of community psychiatric care

DEAR SIRS

As one who is a community psychiatrist of many years' standing, I would like to join the current and resurgent wave of enthusiasm about the psychiatric care and management of the mentally ill in the community.

We described and discussed already in the mid-1960s the possible roles and functions of a community psychiatrist, then a new concept and not universally accepted, as well as the establishment and function of a Community Psychiatric Nursing Service.

Papers were published on how we saw the shift of psychiatric management from hospitals to the community, a move considered inevitable in times to come and now slowly taking shape.

However, until comparatively recently we were told by authorities there were not many community psychiatrists in existence and the few voices that did speak out made little impact on the powers that be to develop the areas of community psychiatric management, rehabilitation and care. Furthermore, the large cost involved was often quoted as the reason for the tardy development which did take place. Indeed, community psychiatric care is not a cheap option and should not merely be considered when money needs to be saved.

At present the contemplated closures of some of the large psychiatric hospitals have given a new impetus to the establishment of psychiatric facilities and services outside hospital. It is somewhat unfortunate that mainly due to these closures the urgent need for community psychiatric services has become highlighted. We have consistently maintained that a large number of psychiatric disabilities have always been in the community and required help and support, many of whom either came only temporarily in contact with the hospital services or not at all.

Let us hope authorities will pursue the path of expanding these community psychiatric facilities, and services and government will be more willing to make available the necessary finances.

Locally we were more fortunate in the gradual development of various services for the mentally disordered outside hospital. I would like to describe very briefly some of our more innovative services, if only to stimulate responses from your readers.

We have had in operation for some years an Assessment and Rehabilitation Team Service in which various professional disciplines from Health, the Local Authority, the Department of Employment and Voluntary Agencies have come together to help the mentally ill. This service has been divided into two sections, one deals with the assessments and is led by the community psychiatrist, the other is work placement orientated and is conducted by a senior social worker. Cross membership between the two sections was considered essential from the very beginning.

We considered of great importance direct contacts with employers and the latter in turn were encouraged to approach the team whenever they had any difficulties with any of their previously mentally ill employees. The consent of the individual involved was, of course, always sought first and was rarely, if ever, refused.

Such two-way communications and easy access to advice were thought to have kept a number of people in employment who otherwise would have been dismissed, whilst some employers given that kind of professional assistance, were prepared to accept someone they would not have otherwise considered for employment. Strictest ethical codes and confidentiality were observed at all times.

It is well known that occupation in its widest sense is not only ego strengthening to the patient but may act prophylactically by preventing recurrences of mental illnesses or at least postponing or ameliorating them in quite a number of