

males and females. The social class findings thus did not explain the sex differences.

It would thus appear that the experiences at Ashmore House and the MHAC are similar. This similarity is reinforced when the source of referrals are compared. In Lewisham, GPs refer the bulk of patients seen each year, with self-referrals forming the next largest group. In Lewisham the proportion of self-referrals rose over the past 2–3 years but has always formed 15–20% of all new referrals. In Ashmore the self-referrals began at a high level and have risen, being 20–26% of all referrals. The Ashmore self-referrals form a slightly high proportion but one of approximately the same order as that found in Lewisham.

It is gratifying to see that other Community Mental Health Centres are monitoring new services and that in Ashmore, at least, the experiences are similar. It is hoped that centres will report any monitoring findings especially in view of the potential dangers of repeating the USA experiences in the UK which has been indicated in a recent survey of new CMHCs in this country (Sayce, 1987).

JED BOARDMAN
NICK BOURAS

Medway Hospital
Gillingham ME7 5NY

References

- BOARDMAN, A. P. & BOURAS, N. (1989) Self-referrals to a community psychiatric clinic. *Psychiatric Bulletin*, **13**, 490–492.
- HUTTON, F. (1985) Self-referrals to a community mental health centre: a three year study. *British Journal of Psychiatry*, **147**, 540–544.
- SAYCE, L. (1987) Revolution under review. *Health Service Journal*, **97**, 1378–1379.

Funding and planning of child psychiatric services in the NW Thames Region

DEAR SIRS

Questionnaires were circulated to all consultant child and adolescent psychiatrists in the North West Thames Region in mid-1988. So as to increase the response the same questionnaire was again circulated in early 1989. Out of 46, 29 responded.

The following questions were asked:

(1) *In what unit of management is the child psychiatric service?*

Since respondents might work in more than one district allowance was made for this.

The choices were: psychiatry; acute; community; other.

Virtually all our respondents were able to identify their unit(s) of management. Of the 29 who

responded, all but two reported that they were managed in either a psychiatric, community or acute unit. Of the remaining 27, 24 worked in one district only, and three worked in two districts. None worked in more than two districts. Of the 27 who worked in the first district 20 were managed in one of the above units, while the remaining seven were in split units of various combinations. Of the three who worked in a second district, two were fully managed in a psychiatric unit, and one in a community unit.

Since these questionnaires were circulated, it is likely that some units of management will already have changed again.

(2) *In the district(s) in which you work is it possible to identify the percentage of the total health service budget, and/or the percentage of the psychiatric budget, spent on child psychiatry?*

Only eight felt able to say that they could identify any budgetary details. Six of the eight positive respondents gave further information. They reported the following percentages of the child psychiatric budget to the total psychiatric budget: 0.9%, 1.0%*, 1.5%, 2.7%, 7.0%, 7.7%, which are extremely low and indicate that child psychiatry as a specialty is seriously underfunded. It is surprising to find that although all the percentages of the total budget spent on child psychiatry were well below 10%, there was an eightfold difference between the highest and the lowest cases.

(3) *If not, have you attempted to achieve this? (i.e. budgetary figure)*

Of those who were unable to identify a budget answers were almost equally divided between 'yes' and 'no'.

Comments make it clear how difficult it is to get these figures. However, since this is a vital piece of information, it is in the interests of all child psychiatrists to make determined attempts to extract budgetary information from administrators.

Only three of our respondents were budget holders. Holding the budget gives some control over the service, and it is suggested that all child psychiatrists need to consider carefully and urgently whether they should not now be seeking to take responsibility for such control.

MICHAEL BLACK

3a Gayton Road
Hampstead, London NW3 1TX

*Partial costing only. Percentage figure includes contribution from psychiatric unit, but not that of community unit which was not available.

Services for pregnant drug users

DEAR SIRS

London *et al* (*Psychiatric Bulletin*, January 1990, **14**, 13–15) report results of urine drug tests on pregnant