certainly increased my general medical knowledge, while giving a more realistic cross-section of psychiatric illnesses. The GPs were pleased to have a physician with a psychiatric background, and referred a large number of their patients to me. Consequently, the percentage of "straightforward, successful" treatments was considerably higher than the more difficult cases who tended to become psychiatric out-patients or in-patients. I was also able to impart some of my clinical skills to my colleagues.

For myself, I acquired a different perspective and a considerable amount of useful experience which has been very helpful when coordinating treatment with other specialists. I am currently employed in a health maintenance organisation of managed medical care, Group Health, and as a geriatric specialist with the local community mental health centre in Kitsap County, Washington State. Both these positions are out-patient oriented, with minimal hospitalisation, and my background in general practice has been very helpful. By way of comparison, some of my American psychiatric colleagues have much greater experience in training in the psychotherapies, but sometimes this was at the expense of general medical experience. Eventually, one hopes, a satisfactory blend of training will be achieved for most general psychiatrists, with additional training in specialised areas.

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Health Service staffing in child and adolescent psychiatry

DEAR SIRS

In 1987 the North East Thames Child and Adolescent Psychiatrists Committee began to collect data on manpower within Child and Adolescent Psychiatric Departments and Child Guidance Clinics within the region to look at the levels of staffing and trends. There was a great deal of concern about the gradual erosion of staff from the service at a time of increasing demand on the specialty. Dr Black's paper on consultant manpower in the region (*Psychiatric Bulletin*, January 1989, **13**, 32–35) outlines areas of particular increased demand, e.g. child sexual abuse, effects of marital breakdown, forensic work, liaison services, drug abuse, child care proceedings, etc.

At the same time changes have taken place in the organisation of other disciplines which in the past had a major role in service provision within child and adolescent psychiatry or child guidance. Educational Psychologists are now almost exclusively employed within the School Psychological Service with a resultant loss of their clinical time. The loss of the Psychiatric Social Worker and the frequent employment of generically trained social workers under direct social services management being placed in clinics has meant a change in the nature of their input. In many instances posts have been lost, for example in West Essex four out of six posts. There has been no corresponding increase in manpower provision by the Health Service whose contribution has remained largely static, at least since 1984, the earliest year for which I have figures. In December 1988 there was an establishment of 36 consultant posts for the region, population 3·75 million (one post per 140,000 population). There were seven WTE consultant posts vacant for over four months, some as long as two years. In one district a locum has been in post for 14 years. One of the Regional Adolescent In-patient units is closed; there is no alternative provision in the interim until it reopens. This has resulted in the loss of 20 beds and staff.

Only 10 out of 16 districts have any junior staff. Of these, only three have both senior registrar and registrar, two a senior registrar only, four a registrar only and six neither.

There is very little manpower to support the consultant sessions. The next largest group of professionals in this region are child psychotherapists (27.2 whole time equivalents) who may or may not be organised in the district to work together with the consultant. Regionally there are also 1.5 WTE clinical assistants, 2.4 WTE clinical psychologists, 7 CPNs, 26.5 nurses and 11.3 administrative staff. (These figures do not include services provided by two Special Hospital Authorities geographically located within the Region.)

This is a specialty struggling to meet an increasing demand on its time with decreased resources, making an increasing burden on fewer staff. Given that 10–20% of children suffer from psychiatric disturbance depending on whether they live in rural or inner-city areas, the resources compare very poorly with those available for adult mentally ill or physically ill children.

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Local Government Finance Act, 1988 –mental impairment and poll tax

DEAR SIRS

Most general practitioners and psychiatrists are, sooner or later, going to be confronted with the dilemma of certifying someone as suffering from severe mental impairment at the request of Community Charges Registration Officer in respect of a person who is seeking exemption from liability to

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