

agreeing with the general thrust of the paper, I must challenge their statement that provision for all patients with special needs for continuing care and challenging behaviours could be provided away from mental hospital sites.

As a forensic psychiatrist, I see chronically psychotic patients who pose intractable management problems such as violence or inappropriate sexual behaviour. These are referred to the forensic service because they cannot be safely managed within an acute DGH unit or a continuing care hostel in the community. Unfortunately, the needs of these patients are not well met by regional secure units, with their emphasis on shorter term, medium security care. A recent survey of patients in Broadmoor Hospital from the South Western Region (Smith *et al*, in preparation) indicated that a significant number no longer required treatment in conditions of maximum security. However, in the absence of local facilities catering for chronically disturbed psychotic patients, they remained inappropriately in a special hospital.

There may only be very few patients requiring long-term medium security in each district. However, these patients' needs are considerable and should not be overlooked. If one accepts that there is a need for both a degree of security and a comprehensive range of back-up facilities to ensure a reasonable quality of life, it is unrealistic to assume that community units isolated from other services can provide these.

I find it hard to envisage anywhere but a hospital campus, albeit much reduced in size and redesigned, possibly organised on a sub-regional or regional basis, being able to provide the necessary care for this group of patients.

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References

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DEAR SIRS

We too are concerned about the currently inadequate residential and rehabilitative provision for people with special psychiatric needs in both continuing care and challenging behaviour contexts. Action rather than rhetoric is required, and there remains great scope for the introduction and application of diverse and imaginative solutions to the many problems

facing affected individuals, their carers, health authorities, social services departments, and policy makers. In the event, some authorities may well establish provision on mental hospital sites. In doing so they will have accepted the well known pitfalls of such a policy, in particular the professional isolation inherent in small remote sites, the danger of institutionalisation, and worse, the potential for even greater neglect of this group in a descending spiral of low morale, high staff turnover and inevitably declining standards of clinical care in the absence of quality control and peer review. Such is the stuff of Enquiries.

The central issue is that the work of caring for people with intractable severe mental illness appears to be an unattractive occupation, personally demanding, lacking in status, and unrewarding financially and as a career. The practical result is a major problem in recruiting professionals of all disciplines to provide the appropriate mix of skills and high quality treatment for this group.

It is imperative that steps are taken to seek to ensure the attraction, recruitment and training of professionals from all disciplines to work with people with severe and chronic mental illnesses as this is likely to determine the quality of services provided. Management systems must be appropriately supportive of such staff and staff-patient ratios ought to be weighted not only by physical dependency but also by psychological dependency. Career planning, regular staff appraisal, and financial incentives may be required to avoid rapid turnover of staff and 'burnout'. It should be a requirement of clinical training that some time be spent in the care of people with chronic mental illness. Efforts should also be made to encourage clinical research in the area of chronic mental illness as this serves to develop critical awareness of the related problems as well as serving as a stimulus to improve standards and encourage innovation.

The quality of the care provided to people with chronic mental illness is a crucial measure of the adequacy of mental health service provision. By this yardstick present provision is failing.

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Audit of admissions to a psychiatric intensive care unit

DEAR SIRS

We would like to describe our findings from two surveys of admissions into a psychiatric intensive care unit at the North Wales Hospital. Opened in