Correspondence

'Bridges over Troubled Waters'

DEAR SIRS

I am very concerned about some of the points made in Dr Peter Wells' short article 'Cut Price Adolescent Units that meet All Needs and None' (*Bulletin*, September 1986, **10**, 231–232). I am particularly worried that the generally dismissive views expressed of the HAS Report, *Bridges over Troubled Waters* might allow our fellow professionals to ignore some important and quite radical proposals in that document.

It would be very unfortunate if our colleagues in Social Services and Education, who also work with disturbed adolescents, were encouraged to believe that the medical profession do not take the HAS Report seriously. I would agree with Dr Wells that the Report is naive in one particular respect, in that the writer of the Report did not grasp the political nettle, and make a firm statement about the need for extra finance.

Having said that, however, there is much that should be taken notice of by all of us in the Report. Above all is the powerful and repeated statement, quite radical in its implications, about the need for a comprehensive service for disturbed adolescents. It recommends that such a service can only be provided by co-operative planning and liaison between Health, Social Services, Education and the Voluntary Sector, and that such planning should be conducted at all levels of administration. Only by liaison and planning at the highest levels in the various agencies concerned will it be possible to ensure that there are no gaps in a comprehensive service through which a difficult adolescent, or one with a poor prognosis, could slip through. The Report continually returns to the need for joint planning, joint research and even to joint finance for adolescent services.

Dr Wells' anxiety that there will be explicit pressure on NHS adolescent units to admit all kinds of psychiatric problems needs to be examined carefully. It is well known that those adolescents with a formal psychiatric diagnosis form only a tiny minority of the vast numbers of disturbed adolescents in the community. It is also likely that it is that tiny group of disturbed adolescents that require a more medical approach to their treatment, and possibly in-patient treatment in an NHS adolescent unit. The bulk of the disturbed young people in the community probably require something much less medical, and are in fact best treated and helped in the community and not in hospital-based or NHS adolescent units. This is not to say that there are not many doctors and nurses who can offer the very best service for behavioural and emotional disorders. But many other professionals are just as skilled and could, with help, training and support from adolescent psychiatrists and their colleagues, provide as good a service to a much larger number of adolescents, and in surroundings that do not carry such overtones of medicine and madness.

Most child and adolescent psychiatrists use a dynamic, developmental model of personality and of psychiatric disturbances. They see behaviours and disturbances as an expression of the interplay of nature and nurture, and such an understanding underpins the various treatment approaches that we use. A family or dynamic orientation must be a *sine qua non* when attempting to understand the psychiatric problems that come to us, whether these problems are of an emotional, conduct, behavioural or formally psychiatric kind. It is only by applying such a dynamic understanding even to the most difficult of psychotic problems that a proper diagnostic formulation can be made, and appropriate plans for treatment prepared.

The diagnosis of acute psychosis in adolescence is an extremely serious and difficult matter, and such a diagnosis needs to be made with great caution, and only by a child and adolescent psychiatrist who has experience of these rare conditions, and who is aware of the implications of such a diagnosis. I view with the gravest concern the suggestion that the suspected psychotic adolescent should be passed to an adult psychiatrist for observation and diagnosis, and possibly treatment in an adult ward; not least because it is likely that a totally different conceptual approach will be employed by an adult psychiatrist.

I see the future of NHS in-patient services for adolescents as becoming inevitably more orientated towards the treatment of the more serious formal psychiatric categories. If these groups of adolescents are at present felt to be often unresponsive to treatment, then it is our responsibility as psychiatrists to find ways of treating them and caring for them more effectively. For the bulk of disturbed and disturbing young people suffering from conduct, behavioural and emotional disorders, they will be increasingly treated in the community, or in jointly staffed establishments, with the support and guidance of child and adolescent psychiatrists and the health care workers. This is nothing new, except that there must now be an active commitment from all the agencies concerned to work together to plan and create comprehensive interlocking services for disturbed adolescents.

A. J. HARBOTT

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The clockwork parrot

DEAR SIRS

As you have given Dr Horrocks two opportunities to answer my original letter (*Bulletin*, May and June 1986, **10**, 115 and 145) and have now published a rather unexpected letter from one of our former students (*Bulletin*, September