

### ***Future nursing participation in the appointment of consultant psychiatrists***

DEAR SIRs

There has been considerable discussion in our Division on the topic of nursing participation in medical appointment committees in the specialty of psychiatry. Though opinions differ, the Division has asked me to write to you to sound out opinion in the profession generally.

The composition of consultant appointment committees is statutorily limited. Any change allowing the inclusion of a nursing member at such committees would have to be made by the Department of Health in the relevant statutory regulations. To achieve such change we would need a concerted initiative on the part of the psychiatric profession.

Judging by the discussion held within our Division there are a significant number of consultants (myself included) who feel that modern psychiatric treatment methods are so crucially dependent on team work, co-operation and shared responsibility between medicine and nursing that it is becoming essential to have a responsible nursing voice on senior medical appointments (and vice versa). May I, through this letter, use your columns to invite comment from those of similar and opposite views? If it proves that there is a significant body of opinion in favour of changing the regulations, I hope that this correspondence will put like-minded people in touch to mount an approach to the Department of Health.

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### ***Secure facilities for adolescents***

DEAR SIRs

I was interested to read the article 'The Need for Secure Provision for Adolescents within the NHS' (*Bulletin*, October 1984, 8, 198–200).

The Secure Adolescent Unit for the North-West Regional Health Authority (The Gardener Unit) started admitting in-patients (20 beds), age-range 13 to 18, from mid-January 1985.

The delay in in-patient beds opening, which I initially found so frustrating, has in fact meant that I have had to work closely with caring agencies and district health facilities and consider ways other than admission in trying to tackle successfully the problems that 'disturbed' adolescents can present.

This has highlighted for me many of the issues addressed by the Working Party and in particular has helped me to distinguish those adolescents who can, with a service input from a Regional unit, be helped without the

need for in-patient admission and those who need care and treatment within a secure in-patient health setting.

*Legislation:* In my own practice, working with Social Services departments within the Region, I would agree that the amendments in Child Care legislation of April 1983 are leading to more referrals to the NHS. My work within the Prison Service would also lead me to suggest that there are a small, but nonetheless significant, number of psychotic adolescents aged between 16 and 18 who have come into conflict with the Law and who find themselves within the penal system. This group, I would envisage, could be admitted to our Unit under Sections 35, 36, 37 and 38 of the Consolidated Act.

*Nature of security:* Our own security will be compatible with that of some, but not all, of the Adult Regional Secure Units, but I would very much support the authors' view that the security and care is dependent on adequate numbers of well-trained staff.

*Criteria for admission to a secure NHS facility:* Adolescents referred to date have displayed either a psychotic illness or features of a mixed emotional conduct disorder. A significant number of the adolescents are of below average or dull-normal intelligence and often show a range of minor physical handicaps. Behaviours giving rise to concern to the referring agency have included risk to self and others, substance dependency, inappropriate sexual behaviour and fire-setting.

*Needs and location of the Unit:* Our Unit is sited on the campus of an adult psychiatric hospital, located in an urban area. We are adjacent to an open adolescent unit and teaching staff are shared between the Units. I value the links with the adolescent unit and with other specialist Regional units.

*Legality of secure detention:* This area has proved exceedingly complex. Advice has been sought from many sources, but the opinions received have often conflicted. It would appear that admissions will be about equally divided between those subject to the Consolidated Mental Health Act and those subject to Secure Care Orders.

*Further problems and conclusions:* It is fairly apparent that many of the adolescents who have been referred have had considerable help and treatment in the past and so I in no way underestimate the task we have set ourselves if we are to try and help these youngsters within a secure health setting. Some youngsters may be some distance from home and incorporated into our Unit are two flats where families may stay, so that we can, particularly with the younger adolescents, work with the total family. I had some reservations about the willingness of families to be thus involved, but experience so far has been positive.

In trying to cater for broad categories of disturbed adolescents it appears inevitable that our mix of in-patients may at times prove problematic in that I could foresee us having some adolescents for a short in-patient admission where, for instance, a psychotic youngster was at least temporarily proving difficult to manage within the district health setting. There will be other youngsters where our commitment to them is more long-term and here I recog-