think we need to encourage nurse trainers to similarly review their teaching.

I recently became aware that student nurses at a local college were being taught about ECT by being shown a BBC film made in 1983. The same college does not currently involve any medical staff in their teaching on ECT. The film included information, not revised, including indications for unilateral ECT, the position of the electrodes, describable seizure length and the incidence of memory disturbance. Much more disturbing than this, however, were scenes (historically interesting no doubt) of patients, and a series of animals, receiving ECT without anaesthetic.

We all have a responsibility to be teaching nurses the most up to date knowledge available. This is of paramount importance when dealing with the emotive subject of ECT about which there are so many unhelpful myths.

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The development of a generic psychiatric in-patient facility

Sir: I feel that the experience that I have had over the past three years of developing combined psychiatric in-patient treatment for all patients over the age of 16 may be of interest to those working in the more isolated areas of the community.

The original 20-bedded ward, part of an acute general hospital re-build, was designed for psychiatric patients over the age of 65. With the advent of care in the community, the commitment for offering service close to the patient's own home, and the development of long-term nursing home beds, we felt we would pilot a scheme in which all psychiatric patients over the age of 16 could be admitted locally. Our only caveat was that aggressive, violent patients would be admitted directly to the intensive care beds in the central unit at Cheltenham.

The Cirencester population served is 38,000 of whom over 16% are elderly. It is a country area of several market towns, farming, service and light industry forming the principal occupations. We already had a thriving resource centre, with a committed day hospital and ECT facilities. With the total support of all staff a pilot scheme was instigated. The trust agreed to fund small structural alterations, enabling us to use our beds more flexibly, and with the loss of one bed. We designated 14 beds to the elderly and five for the adult patients.

Our review after a year showed we had treated 117 adults, of whom only four had had to be admitted to Cheltenham, and they had been transferred back after a short stay. A complete range of illness had been treated, the length of stay perhaps a little shorter than might have been expected, and we had offered some short-term asylum care. All other objective targets had been achieved, and the subjective reports from staff, patients and relatives had been very good. Patients mixed well, and all gained from the mixed therapeutic milieu. Of course, the cost of pharmacy and catering had risen, as expected, but care had been achieved with no increase of staff numbers.

The trust, encouraged by these results, agreed to the permanent change of use of the ward. Purchasers agreed to pay for the service, and the Mental Health Commission was satisfied at the last visit. We feel that a generic psychiatric ward in either a community or small general hospital unit may be the way forward for offering a quality psychiatric service to an isolated community.

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Defeat Depression Campaign: attitudes to depression

Sir: We are grateful to Professor Priest for his response to our article (*Psychiatric Bulletin*, 1994, **8**, 573–574) (572–573), criticising the methodological basis of the College's Defeat Depression Campaign. As he points out, he does not answer the theoretical objections which we consider fundamental and serious, well established in the field of epidemiology, public health and medical anthropology. We are surprised that he agrees the experimental method is not appropriate, but then justifies the campaign on which it is based.

If the credibility of the MORI results are doubted by Priest himself, we have difficulty understanding his paragraph outlining plans to 'correct' one (just one) impression revealed in the MORI survey: that of antidepressants being addictive. As we noted in detail there is evidence in public health research that such 'impressions' are unstable, contextual and

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