



columns

second their statement that "management [of transsexual patients] includes . . . the real 'real life experience'" ("cross-living"). In similar vein, Ferguson (2002) recently proposed a 'uniform' national standard of care which stated that "the person will be expected to enter the Real Life Experience" and envisaged hormonal support (for male to female transsexuals) for no more than 3 months unless the patient committed to cross-living full-time.

The use of hormone therapy can sometimes suffice to spare transsexuals the medical and legal consequences of surgery or cross-role living, and accords with the principle of least intervention. The transsexual opting for surgery faces a battle with osteoporosis, yet the authors presented no data about the availability of endocrinological postoperative support.

FERGUSON, B. (2002) Guidance for the Management of Transsexualism, (paper presented to a meeting of the Faculty of Social and Community Psychiatry of the Royal College of Psychiatrists, at the Royal Society of Medicine, London, April 16 2002).

HARRY BENJAMIN INTERNATIONAL GENDER DYSPHORIA ASSOCIATION (1998) *The Standards of Care for Gender Identity Disorders*, 5th Edition. Dusseldorf: Symposium Press.

— (2001) *The Standards of Care for Gender Identity Disorders*, 6th Edition. Dusseldorf: Symposium Press.

MURJAN, S., SHEPHERD, M., FERGUSON, B. G. (2002) What services are available for the treatment of transsexuals in Great Britain? *Psychiatric Bulletin*, **26**, 210–212.

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Access to emergency assessments for adolescent populations

Sir: The article by Corrigan and Mitchell (*Psychiatric Bulletin*, October 2002, **26**, 388–392) provides a valuable contribution to the debate on emergency provision for adolescents with severe mental health difficulties. The authors describe a service offering emergency access 24 hours a day and 7 days a week. In 1995, "Pine Lodge" Young People's Centre in Chester set up just such a service (Cotgrove, 1997). In our experience, at times, an emergency admission adds nothing to the resolution of a young person's difficulties, but can result in a lost opportunity to enhance motivation through careful pre-admission objective setting and care planning. For this reason we perform our own assessment with a

different emphasis which is not simply a duplication of the referrer's.

Alongside emergency admissions, we have continued to take planned admissions of young people with a wide range of complex disorders. However, treating youngsters with different needs within one unit is not without some cost to the therapeutic milieu and ward atmosphere.

It is vital that adolescent populations have access to emergency assessments and for some, immediate admission. However, I suggest that a range of in-patient services are required to meet the needs of adolescents with the most severe and complex disorders. Close working relationships between units, possibly to the extent of common assessment and admission pathways, can avoid fragmentation. Ideally, the service described by Corrigan and Mitchell should be seen as one in a network of services rather than an alternative to other specialist provision.

COTGROVE, A. J. (1997) Emergency admissions to a regional adolescent unit: piloting a new service. *Psychiatric Bulletin*, **21**, 604–608.

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the college

Annual elections – Honorary Officers

Council and Court of Electors

Members are reminded of their rights in connection with the forthcoming elections for the vacancies on the Court of Electors and for elected members of Council. There are four vacancies on the Court of Electors. There are vacancies for two Fellows and two Members on Council. The relevant Bye-Laws and Regulations are printed below.

The nominating meeting of the Council will be held on 24 January 2003 and the last date for receiving nominations will therefore be 21 February 2003. Nomination forms are available from Andrea Woolf.

Extracts from the Bye-Laws and Regulations

Bye-Law XXI The Court of Electors

...
The Court of Electors shall be composed of:

- (a) The President, Dean and Registrar, each of whom shall be an ex-officio member of the court of Electors; and
- (b) Fifteen Electors who shall be chosen in the manner hereinafter prescribed from amongst the fellows.

...
At the first meeting of the Council in alternate years after the name of the President for the next ensuing College year has become known, the Council shall nominate a sufficient number of candidates for appointment as Electors to ensure an election, which will be held by a postal ballot of all Members of the College in the manner prescribed by the Regulations. Additional nominations may be lodged with the Registrar between the beginning of the then current calendar year and the end of four clear weeks after the meeting of the Council above referred to. No such nominations shall be valid unless it be supported in writing by twelve Members of the College and accompanied by the nominee's written consent to serve if elected.

Regulation XIX The Council

...
Elections shall be held in alternate years to ensure that there are not less than six

elected Members of Council and no more than six elected Fellows of the Council subject to the overall condition that no elected Member or Fellow shall serve on Council for more than six years in that capacity without a break of at least one year. At its first meeting in each alternate College year after the name of the President for the next ensuing College year has become known, the Council shall nominate the necessary number of Members and Fellows of the College to ensure that there are no more than six elected Fellows and not less than six elected Members serving on Council. Any nominee who is proposed and seconded and gives his or her consent in writing to serve, shall be validly nominated. Any twelve Members of the College may make nominations in writing at any time between the first day of January in each alternate year and the date which is four clear weeks after the meeting of the Council at which nominations were made.

Nominations other than those made by the Council shall be lodged with the Registrar and accompanied by the written consent of the candidate to serve if elected. Should there be more nominations than vacancies, an election shall be held by ballot of the Members of the



College. The ballot paper shall not indicate the method of nomination or the names of those nominating. If the number of nominees does not exceed the number of vacancies, these nominees shall be declared elected at the first meeting, whether of the Council or of the Executive and Finance Committee, after the expiry of the period of four clear weeks in this paragraph referred to.

The Royal Court offers members reduced-price tickets for *Iron* by Rona Munro between 22 January and 1 March 2003



The Royal Court, Sloane Square, London SW1 is offering members of the College £2 off the top 2 price bands for *Iron* (excluding Mondays), a play by Rona Munro, directed by Roxana Silbert.

Iron was previously performed at the Edinburgh Fringe Festival. Josie is visiting her mother Fay in prison for the first time. She's not seen her for 15 years, not since

the day her mother was taken away when she was 10 years old. Fay is in prison for murder. A murder Josie cannot remember and Fay has always tried to forget.' "This is a psychological drama at its best – tense, harrowing, yet also powered by an unsentimental fund of compassion." *Daily Telegraph*. "Roxana Silbert's production is exquisitely judged... beautifully acted." *Guardian*.

Please book reduced-price tickets (£24 or £17.50) through the priority booking line. Tel: 020 7565 5005, quoting 'Royal College of Psychiatrists'. This play has been supported by the College through the Mind Odyssey initiative.

Acute Psychiatric Care For Young People With Severe Mental Illness CR106

Summary

This document has been produced by a working group of the Faculty of Child and Adolescent Psychiatry and the Faculty of General and Community Psychiatry. It makes recommendations about how services should be provided and commissioned, for the acute care of young people with serious mental illness.

There is widespread recognition that the care of young people presenting with acute, severe mental illness is often unsatisfactory. This can be due to a lack of any suitable bed, undue delay, or an inappropriate admission to an adult or paediatric bed. In fact, some 600 young people are inappropriately placed per

year, in England and Wales, on adult or paediatric wards.

The report notes that the principles of specialist provision for adolescents with serious mental illness should include prompt admission, a suitably safe and appropriately staffed ward environment (which conforms to the agreed standards), geographical proximity to the family home (enabling frequent visits and appropriate family interventions to be offered), and minimisation of health and safety risks from other patients and drugs and alcohol availability.

The key recommendations are that:

- Young people under 16 years should not be admitted to adult psychiatric wards
- Those aged 16 or 17 years of age can be considered for admission to adult psychiatric wards when
 - no suitable specialist adolescent psychiatric bed is available
 - they are suffering from severe mental illness
 - acceptable standards of care are met
- Health commissioners need to develop appropriate services
- Inappropriate admissions should be considered as a sign of inadequate resources and treated as an untoward or critical incident.

The report concludes that significant investment and development is needed to provide acute inpatient and community services for adolescents with severe mental illness in line with Government priorities.

obituary

Dr Alexander Getty Fullerton

Formerly Medical Director of Barnsley Hall Hospital, Bromsgrove.

Alec Fullerton was born and raised in Ballymena, County Antrim, one of five children all destined for the medical profession. He attended Ballymena Academy, where his father was headmaster. With both parents teachers, he was expected to excel and he duly obliged. In emerging from school, at the age of 17, he enrolled as a medical student at Queen's University, Belfast. Five months later, being now 18, he volunteered for the Royal Navy. There was no conscription in Northern Ireland, but Alec felt his duty very strongly. After initial Naval training,

he was sent on a rigorous course at King Alfred Officer Training Centre in Hove and he was commissioned as a sub-lieutenant, choosing to serve in minesweepers for the rest of the war.

When he was released in December 1946, he returned to Queen's where he took an active part in university life, being a rowing cox and an enthusiastic rugby player. After qualifying, he embarked on the usual junior posts but in 1953, on the advice of his elder brother, who was in general practice in Dorset, he moved to England.

Alec had decided to specialise in psychiatry and was offered a post at Herrison Hospital, Dorchester, where he received excellent progressive training. He flourished here and quickly gained his DPM. While at Herrison he was extremely

