

detriment of the patient. Why complain about square pegs not fitting into round holes if square holes are available?

Examination of this model puts a specialist unit in perspective. It is not meant to be universally appropriate. It is, however, an essential part of the network, and in addition to providing a more intensive specialist treatment facility for more difficult cases, it may also function as an operational base for some of the other services, and a centre from which the network may be co-ordinated. It is all well and good to have a specialist centre—perhaps it is a particularly important size of Procustes' bed. However, it must not be forgotten that at the end of the day the task is to provide health care that is an appropriate response to the needs of the population, and as such it must be able to adapt to individual characteristics and not demand psychopathological conformity.

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The Management of Deliberate Self-Harm

New DHSS Recommendations

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These departmental guidelines at last revise advice of the 1968 vintage—that all parasuicides should be admitted to hospital and assessed by a psychiatrist. Of course this was never achieved, nor even attempted in many areas. It is a welcome set of new recommendations, therefore, which will help ensure that what actually happens is done well. It is great credit to undergraduate medical teachers that such confidence can now be expressed in newly qualified doctors carrying out these psychosocial assessments. It recognizes that suitably trained nurses and social workers can assess and manage aftercare of these patients quite competently.

Will psychiatrists abdicate or be pushed from taking any responsibility for overdose patients in the general hospital? The guidelines are emphatic that this must not happen. Each Health Authority is asked to define clearly a code of practice for managing these patients involving consultant psychiatrist with consultant physician in training, advising and supporting junior doctors and other involved professionals. There is economic as well as good clinical sense in this because left entirely to their own devices, house physicians and social workers tend to be more cautious, referring more of these patients for in-patient psychiatric care and booking more out-patient appointments with psychiatrists. You could find yourself spending more time at greater cost with patients who do not really need follow-up by a psychiatrist.

That this document anticipates a prominent role for the

consultant psychiatrist in the general hospital multidisciplinary team implies quite a lot about how working relationships between psychiatrists and physicians have matured since 1968. The liaison psychiatrist must influence attitudes and educate others in the team rather than just take the patients off their hands. Hopefully, therefore, the army of health service personnel skilled in assessing suicide risk and the detection of treatable depression, alcohol and drug abuse will grow in numbers. House physicians ought to have supervised experience in managing the suicidal since many will be general practitioners in the future. It surely must be right that this departmental advice asks psychiatrists to spread the word rather than corner the market. Forensic psychiatrists should take note that the Home Office is being asked to provide appropriate training for police and prison staff in the management of deliberate self-harm.

Predictably the guidance note ends with an appeal for more research 'to establish the most effective patterns of care for patients who have deliberately harmed themselves': this cannot be overstated for we still do not know of any effective means of preventing repetition of parasuicide. Whilst that is so, studies showing that patients dealt with by house physicians have the same repetition frequency as those dealt with by psychiatrists tell us nothing more. Future studies comparing different patterns of care should look at a wider range of outcome variables.

Register of UK Alcohol Research Projects, 1985-86

A register of current research into alcohol use, misuse and effects is being compiled by the Alcohol Research Group at Edinburgh University. The register will update an earlier publication covering 1982-83. For further information and

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