Correspondence

Adolescent units

Sir: I welcome Peter Wells' comments in 'Adolescent Units – whither on the vine?' (*Psychiatric Bulletin*, April 1995, **19**, 248–249) and wholeheartedly agree with his concerns. I also welcome the news that the Department of Health will be commissioning further needs assessments, data collection and research concerning adolescent mental health.

An additional factor that may be producing adolescent unit 'withering' is money. The reforms encourage financial accountability and there has been a strong tendency to attack large budgets (in this case in-patient services) as a first step. These services are also the ones whose efficacy it is difficult to prove. However the tide may be turning. Purchasers are rapidly learning that out-patient services are unable to cope with highly disturbed and often dangerous adolescents and, in the absence of skilled and competent resources to manage them, are facing very large bills from private establishments.

For our unit (Hill End Adolescent Unit) and in our region (North Thames West) the situation does indeed seem to be changing. Having temporarily closed to in-patients with the retirement of our consultant, the unit is now fully functioning and is blessed with a plentiful supply of referrals. In addition, the region which once supported three in-patient adolescent units now has four and may soon have five! While the development of in-patient services ought to take place within an overall plan for child mental health, these changes seem to represent a tide that is to be welcomed and should continue to flow.

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Editorial note. We have been advised by S. Thacker that in his letter (*Psychiatric Bulletin*, September 1995, **19**, 575) he referred to material currently in press for the *International Journal of Geriatric Psychiatry*.

Traditional healers

Sir: Dr Patel provides an interesting glimpse into how traditional healers (TH) work in Zimbabwe (*Psychiatric Bulletin*, May 1995, **19**, 315–316). There is no doubt that these TH play an important role in the treatment of many psychological disorders. In societies where it is still considered to be a stigma to see a psychiatrist, the existence of these TH can hardly be denied. In many third world countries like Pakistan these TH have a dominant influence on the cultural and religious belief systems of the people especially those who live in the rural community. These TH not only have close contact with the rural elite but they also affect the way people think about their problems.

Despite being aware of the unscientific and sometimes illiterate background of these TH, the people still hold them in high esteem. It is because of this that these healers succeeed in exploiting the people on the basis of their cultural beliefs. Their multi-faceted role makes them quite powerful and some of them see a far greater number of patients than a hospital based psychiatrist. Some of these TH are quite good at treating the minor disorders especially the psychosexual and psychosomatic disorders. Unfortunately when it comes to the major psychotic illnessses, a real problem ensues. Most of the TH patients are not only badly mismanaged but some end up having long-term complications. It is through this channel that sometimes a formal psychiatric service gets involved. However, sometimes these TH themselves advise the families to take their patients to the hospitals saying that they have dealt with the demons and witchcraft and now it is the job of the doctors to repair the physical damage.

I agree with Dr Patel that there is a need to be more open about the role and significance of the traditional sector and I also feel that there should be good working relationships between the traditional and biomedical healers. However, one must not forget that too much dependence upon these TH can sometimes be quite devastating. Unless the general awareness of the public about their own

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