

of these homes are staffed by untrained nurses under the supervision of a trained nurse. The latter may have responsibility for several such homes. No longer are staff and patients visited routinely by the doctor. Instead, meetings are more likely to occur at times of crisis and thus, often result in the prescription of psychotropic drugs.

The prevalence of psychotropic drug use within adults with a learning disability living in the community, ranges between 14–36% (Aman, 1987). Drugs are often used to treat behavioural disturbance rather than overt psychiatric illness, and ideally should only be prescribed after a full assessment and after, or in conjunction with, behavioural or social interventions.

Non-medical staff often appear antagonistic towards the use of psychotropic drugs, expressing concern that their patients are being 'doped' and subjected to unnecessary and distressing side effects. They are often unclear why particular drugs are being prescribed and are keen to know more. While most staff have access to a *British National Formulary*, the information is full of medical jargon and may be difficult to understand.

In an attempt to fill this gap in the literature and to reduce the misunderstandings within the staff team when psychotropic drugs are prescribed, I have produced a small drug information booklet for non-medical staff. It summarises the main considerations before prescribing and the indications and common side effects of antidepressants, lithium, anti-epileptics, antipsychotics, benzodiazepines and beta-blockers. The booklets have been distributed to staff during small group teaching sessions on the subject. Initial feedback, from untrained nursing staff and other health care professionals such as psychologists, occupational therapists and social workers, has been extremely positive.

Jorsh (1991) suggests that psychiatrists should be more closely involved in the teaching of nursing students and states that it is important that people within a multidisciplinary team are able to use and understand a common language. The psychiatric registrar is in an ideal position to take on this valuable teaching role within the learning disability field and may, in addition, benefit immensely from the experience.

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GILL SALMON, *Registrar in Psychiatry, Oxfordshire Learning Disability Trust*

Adolescent psychiatric services

Sir: Amidst the flurry of closures and growing concern about the future of dedicated adolescent psychiatric services, I am pleased to report that after many years of abortive attempts, Bristol will soon have its own adolescent in-patient and day patient service for the first time.

For more than 12 years, psychiatrists in the city have been working hard to develop such a unit. In spite of the well established local need and the hopeless situation of young people having to travel 60 miles or more for in-patient treatment, little progress has been made over the last decade. A major stumbling block has been the extreme difficulty in getting three independent health authorities to act in concert and agree on the funding, time-tabling and commissioning of any new service.

The advent of the NHS reforms and the purchaser/provider split allowed professionals in Bristol to channel their efforts towards the purchaser, and a helpful and co-operative series of planning meetings over the last 18 months has allowed the development to proceed for the first time. This joint planning between consultants from each of the three Bristol trusts and the purchaser, has enabled us to develop a sensible pragmatic operational policy with wholesale clinical support from potential referrers across the city. The purchaser was then able to invite local providers to put forward business cases for the unit and this process has now been completed.

The new unit will be developed by Frenchay Healthcare NHS Trust and, it is hoped, will open in April 1995. An ideal modern building has been found and within the next nine months a complete new adolescent psychiatric team will be recruited. I feel confident that this will lead to a significant improvement in services to this client group.

I strongly believe that the key to this success has been the close relationship with the purchaser. I would urge colleagues to be pro-active and energetic in developing this relationship. It is our experience that the development of a partnership with the purchaser, aimed at improving services for a neglected group, has led to this very positive outcome.

IAN SKELDON, *Frenchay Healthcare Trust, Bristol BS16 5EB*

Management of physical ill health in a psychiatric setting

Sir: Psychogeriatric in-patients with functional and organic disorders on acute wards suffer from more physical disease than other people. There is a relationship between physical disorder and