

- (ii) 5 new long-stay beds;
- (iii) 20 day places.

Dementia service

- (i) psychogeriatric unit—30 beds;
- (ii) long-stay beds—90 beds;
- (iii) day places—60–90.

Consultant time

Fifteen sessions. In a teaching area there should be 50% increase in consultant time.

Non-consultant medical staff

- (i) junior trainees: Numbers should be related both to the expected work load and to the training needs.
- (ii) senior registrars: wherever possible a psychiatric service should be able to provide training for a Senior Registrar. There is a considerable demand for such training and all senior registrar schemes should include at least one training post in old age psychiatry.
- (iii) clinical assistant according to availability and deployment.

Other staff

1.5 to 3 secretaries with additional clerical time for the day hospital. Six community psychiatric nurses, 3 occupational therapists, 1.5 physiotherapists, 1.5 clinical psychologists and other appropriate staff.

The facilities described above are not ideal but are those required to establish a credible psychiatric service for the elderly. Shortage of money at the present time means that promises made in job descriptions are unlikely to be fulfilled in the short term and therefore a post should not be approved unless facilities are actually available or definitely funded. Health authorities would be unlikely to create posts for surgeons without beds and operating facilities. They must be made aware that a psychiatric service likewise cannot operate without a basic provision. Phrases such as "it is hoped to provide" or "are under discussion" when used in regard to key facilities (e.g. beds, day places) are not to be regarded as meeting the need for these essentials.

J. WATTIS

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Notes for the Guidance of Regional Advisers

Consultant posts for alcohol and drug dependence

1. The psychiatric services are responsible for a growing number of patients with alcohol or drug problems. Nationally, the facilities for specialised treatment of alcohol or drug misuse are patchy. The defects in the provision of psychiatric services are in process of correction. There is a need for regional or subregional units to act as centres of expertise, to stimulate and guide developing services, to treat and advise individual patients, and to promote research. There is also a requirement for consultant psychiatrists to provide special services at district level for alcohol and drug dependent patients.

2. Regional Advisers are required to obtain advice from the Regional Representative in all specialities that appoint Representatives to regions. Each health region has a Representative for alcohol and drug dependence. Certain regions possess a Speciality Tutor who can be consulted. Further advice can also be obtained from the Chairman of the Substance Misuse Section.

3. The majority of the consultants working in the dependencies will be general consultants with a special responsibility. Training and experience will have been gained in registrar and senior registrar rotations or by secondment of consultants to special units for drug dependence (see point 9 below). The consultant in a health district will usually be expected to provide at least four sessions for the dependencies, and, where special regional units exist, the

consultant may spend the whole or the majority of his time in the field.

4. A general description of the post should be offered that will include reference to the overall plans for local psychiatric services.

5. Details should be provided of the population that will be served. A reference may be needed to special situations; for example, inner city problems, geographical difficulties in providing a service, and the existing statutory and voluntary facilities.

6. Type of post:

- (a) The description should state whether the post is full-time or part-time, and whether an option is provided.
- (b) There are several kinds of post that are involved. An average district requires four sessions for all types of substance misuse. Largely rural districts may require less sessions, but districts in certain urban conurbations may require more than four sessions, or a full-time post. These district posts should be described as involving 'a responsibility for. . . .' and not 'a special interest in. . . .', since the first phrase defines more firmly the subspeciality duties and requires precision regarding the number of relevant sessions.

There is a further distinction between the posts. Some deal only with alcoholic patients, some only with drug dependent patients, while others involve both

types of patients. The job description should clearly delimit which of the above categories are required for the post.

The description should therefore specify the area served, the number of sessions required for dependence work, the nature and number of the remaining sessions, and the types of patient and substance problem that would be involved in the dependence work.

It is also helpful to indicate subspeciality duties additional to treatment. Because of the widespread inadequacy of the current services for alcohol, and more particularly for drug misusers, it is probable that an initial appointment of this nature will require the consultant to develop NHS services for the subspeciality, and to establish liaison with other treatment agencies. The latter include psychiatrists, general practitioners, physicians (especially in departments of gastroenterology), accident and emergency departments, social services, and voluntary organisations. Some of the consultant's time will be spent in the stimulation and guidance of facilities outside the NHS provided by statutory and voluntary services.

- (c) Because of the number of persons involved or interested in alcohol and drug dependence, the consultant and supporting staff will require identified sessions to undertake a training role; the trainees include psychiatrists, general practitioners, other hospital doctors, medical students (if near a university), and the paramedical professions; social workers, probation officers, psychologists and voluntary councillors. An educative role for the general public and for the media is also important. It may also be helpful to allocate sessions for research and planning.
- (d) Academic links with university departments should exist and be identified. The links need not be confined to departments of psychiatry. University departments should be asked to furnish for the job description an account of the academic ties.
- (e) Other links should also be described, e.g. with social services, health promotion services and voluntary agencies.
- (f) Membership on committees and planning groups should be identified.
- (g) On call duties require specification.

7. Facilities:

- (a) The nature (in-patient, out-patient, day-patient) of the facilities should be described.

- (b) Their sites should also be outlined.

- (c) The number of junior doctors and paramedical staff will be precisely stated. Because of the role the consultant will undertake in training psychiatrists, there is a need for rotation of psychiatric trainees to the consultant. Junior staff may also usefully include trainee general practitioners.

Because of the many social problems of patients, social work input should have been agreed. Treatment conducted or supervised by psychologists is undertaken in many areas, is undergoing rapid development, but is time consuming; for its purpose the service will require specified sessions of a psychologist. At least one community psychiatric nurse is necessary. The number of other nurses depends on the present and anticipated build up of out-patient, day-patient and in-patient services. Access to occupational therapy is required for both day-patients and in-patients. The provision of a proper level of nursing and other staff should not wait the development of services but is necessary for the growth of facilities.

A full-time secretary is crucial for the medical staff. The social work and psychology services require additional secretarial assistance.

- (d) Office and other facilities that are available require specification, keeping in mind the number of disciplines involved in alcohol and drug dependence. Space for teaching is required. Accommodation should be available for meetings by self-help organisations such as Alcoholics Anonymous.

8. Within a health district the responsibility for relevant patients should be delimited between general psychiatrists and the speciality consultant. In the case of an appointment to a regional or subregional unit, the psychiatrists within the districts covered by the unit would continue to undertake the clinical care of many patients with alcohol or drug problems, in view of the number of persons so affected.

9. In the case of a consultant post in drug dependence an employing authority may encounter an applicant who is suitable in all respects except that more experience and training are required in the field of drug dependence. In this event the employing authority will wish to know that funds are available for a proleptic appointment in drug dependence, through a request to the Community Services Division of the DHSS.

SUBSTANCE MISUSE SECTION
February 1987

Child and Adolescent Psychiatry

The College's Child and Adolescent Psychiatry Specialist Section is now inviting submissions for a session of ten-minute presentations by senior registrars in child and adolescent psychiatry to be held as part of the Oxford Residential Conference from 24 to 26 September 1987.

Those interested in submitting papers should contact Dr Ian Berg, Department of Psychological Medicine (Children), The Clarendon Wing, The General Infirmary at Leeds, Belmont Grove, Leeds LS2 9NS, as soon as possible.