clinchers’ resistances to implementation of re- 
search findings regarding antipsychotic prescrib-
ing. This is not new and similar findings were re- 
ported throughout the 1980s including a follow-
up survey demonstrating lack of change in prac-
tice over the time during which a number of 
such studies were published (Clark & Holden, 
1987). Nonetheless, polypharmacy and prescrib-	ion of high dosage still persist across the 
psychiatric specialties and age ranges (e.g. Lowe 
et al, 1996) despite evidence that clinical audit 
can be an effective vehicle of change of prescrib-
ing habits (Warner et al, 1995). Surely the implicit 
challenge that Chaplin & McGuigan lay down is 
that it may be our anxieties and “need to do 
thing” when confronted by chronic illness or 
ris. The first of the Bulletin articles raises issues 
that influence some of our treatment decisions 
more than our knowledge base. Education, provi-
ion of information and even audit activities will 
not produce change without an openness to exami-
 our practices but also our underlying motivations 
and feelings.

neuroleptic prescribing in an adolescent psychiatric in-patient 

neuroleptic prescribing practice. Psychiatric Bulletin 19, 
237-239.

ANDREW CLARK, Parkview Clinic, 60 Queensbridge 
Road, Moseley, Birmingham B13 8QE

Highly specialised services

Sir: Recent articles on this topic (Psychiatric 
Bulletin, November 1995, 19, 657-659; March 
1996, 20, 129-130) require further comments. 
First, I add two such services not listed:

(i) Gender identity disorders
(ii) Psychosurgery

I have been able, with considerable cooperation 
from colleagues in a variety of fields, to establish 
services on a regional basis for both these 
services; they have been well used in terms of 
referral from colleagues.

The first of the Bulletin articles raises the topic 
of the future of specialised services once the 
originator retires. As the date for my retirement 
hoves into sight the question of the future for 
these services is now under discussion. Lack of 
experience of the work is likely to be a factor 
inhibiting potential applicants. My colleagues and 
I have recognised the importance of a long hand-
over period during which a successor may 
observe and acquire the relevant knowledge in 
order to conduct the service in which he/she has 
a potential for interest. This fact must be 
observed if a special service is to continue.

R. P. SNAITH, Senior Lecturer and Honorary 
Consultant Psychiatrist, University of Leeds, 
Clinical Sciences Building, St James’s University 
Hospital, Leeds LS9 7TF

Suicide in the severely mentally ill

Sir: A retrospective review of suicide in in-patient 
units was initiated in the Northern Region, in 
view of the recent interest in suicide in the 
severely mentally ill, and revealed 24 suicides of 
in-patients of psychiatric units between 1991 and 
1993, of which 22 cases were audited. Eight 
(36%) of the study population had a diagnosis of 
depression (ICD-10). Results indicated that five 
out of eight (63%) of this group committed suicide 
between the hours of 12 midnight and 6 am. If 
biolar depressed patients were excluded from 
the depression group four out of five (80%) 
committed suicide between these times. This 
suggests that higher levels of observation are 
required for depressed patients in hospital in the 
early morning when staffing levels are normally at 
their lowest.

Half of all depressed patients were outside 
the hospital at the time of suicide. Two were on 
agreed leave and two were absent without leave. 
Similar findings were reported by the recently 
published Confidential Inquiry into Homicides 
and Suicides by Mentally Ill People (Royal 
College of Psychiatrists, 1996). This would 
indicate that greater vigilance has to be ex-
ercised in authorising leave in patients suffering 
from depression, particularly those who have, in 
the past, been considered to be a serious 
suicide risk. For example, one patient granted 
leave had made three previous attempts on her 
life by hanging, drowning and poisoning by car 
exhaust fumes.

Although suicide is a rare event and therefore 
the numbers of patients reviewed were only small, 
the audit does highlight a group of patients who 
appear to be at greater risk. The degree of 
supervision on discharge from a ward is critical 
and should involve other agencies outside the 
hospital such as GPs, CPNs and also the relatives. 
It is recommended that future audit programmes 
assess the effectiveness of leave arrangements 
prior to the patient being granted any home leave, 
especially for depressed or previously suicidal 
patients.

SUE JACKSON, Regional Clinical Audit Officer; KEN 
DAVISON, DONALD ECCLESTON, The Royal Victoria 
Infirmary, Newcastle upon Tyne NE1 4LP