

## **Trainees' forum**

### **The Young People's Unit, Macclesfield – a senior registrar's training experience**

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As a senior registrar training in child and adolescent psychiatry I am preparing for an uncertain future. In addition to essential clinical and management skills, the ability to withstand stress and burnout seems crucial. I should like to write about my experience of working as a senior registrar at the Young People's Unit (YPU) Macclesfield which is a specialist adolescent unit under chronic threat of closure.

#### *Specialist units within the NHS – roles and future*

The future of specialist psychiatric units within the NHS has been discussed by Dolan & Norton (1990) with particular regard to the Henderson Hospital. A specialist unit provides a specific type of treatment to a particular patient group and as such has a unique function in the training of both qualified staff and students, providing advice to other agencies regarding management of difficult cases, and enabling research into treatment methods particularly with respect to managing difficult, intractable clinical problems. These units have taken many years to develop their skills, and at a time when justification and definition of psychiatric services have become paramount, are struggling to survive.

#### *Senior registrar training at the Young People's Unit, Macclesfield*

The YPU is a regional specialist resource within the NHS. Since opening in 1970, it has been run on modified therapeutic community lines for young people of both sexes with emotional and/or conduct disorders between the ages of 13 and 18 under the consultancy of Dr Peter Wells. In the early days the unit was a residential seven day unit with places for 20 youngsters. Since 1986, in spite of the rising referral rate, the service has been pruned and the future of the YPU questioned. Under the NHS reforms, funding for the unit will depend on a payment for service arrangement with referrers. The unit is

currently open five days per week and the number of beds has been reduced to 14. The core team is depleted and posts remain vacant.

Wells & Farragher (1992) have described many aspects of therapeutic work at the YPU. The unit provides an intensive in-patient experience comprising individual therapy, daily group therapy, weekly art therapy and psychodrama, programmes in social skills training, regular community meetings, and communal outwardbound-type activities. There is a school attached to the unit providing education for residential youngsters plus 20 additional day-pupils. Does the therapeutic experience work? Evaluation is crucial and problematic. Cost estimates vary and are upwards of £1,000 per week for an adolescent to stay on the unit. Wells' (1991) recent follow-up study of 165 young people admitted to the unit over five years suggested that 60% showed subjective improvement and that this was maintained at two years. For this problematic group of youngsters the YPU may offer some potential for change.

Senior registrars from the North West Regional Training Scheme in Child and Adolescent Psychiatry have been electively placed at the YPU since 1972. This post tends to be held towards the end of training by a trainee with particular interest in psychotherapy and a yen for an alternative training experience. It has been regarded as a unique experience perhaps not fitting for all, but eminently suitable for training purposes. My placement at the YPU will be the last and I feel that important training potential for future senior registrars will be lost with it. We hear that child and adolescent psychiatry is an expanding specialty – a recent analysis of consultant manpower in North East Thames considered this growing need in our society and the reasons for it. Our services, however, seem to be contracting rather than expanding.

#### *Personal view*

As a consultant my responsibilities will include diagnostic assessment and treatment of children, adolescents and their families. It seems to me that we can

offer a diagnostic service assessing youngsters and their families and writing reports listing recommendations on a piecemeal basis but what underlies these? Our experience of therapy is diminishing – not many of us will have first-hand experience of therapeutic units and the use of intensive treatment experiences. Do they work? Have we explored their full potential? As units like the YPU close we become less able to answer these questions. We are now less involved with children, adolescents and their families and more like technicians scoring symptoms and writing reports. Drugs come cheap as therapy and the prescribing of these to children and adolescents is increasing both among GPs and child psychiatrists according to a survey in Wessex (Adams, 1991). Will this trend continue?

The YPU offers an expensive service – but this is more than containing adolescents. As a specialist unit it can also offer training and research potential. Wilkinson (1988) said “I don’t want you to see a psychiatrist” – non psychotic youngsters should be treated on site (e.g. in a community home). Unfortunately this “site” often has no treatment facility and is becoming increasingly institutionalised and containing. Child and adolescent psychiatrists are frequently asked by colleagues in social services to advise on treatment of young people in care. How can they presume to advise if they have not had the necessary experience and training?

### *Working on a unit under threat of closure*

Previous experiences of trainees working within therapeutic communities and specialist units have been documented. There is much to be gained. During my placement the YPU has been struggling for survival. This experience may be one with which others can empathise and is one from which I shall almost certainly have to draw on in my future work as a consultant in the specialty. While at the YPU I came to understand the effect of staff morale on unit functioning, the use of denial as a defence mechanism, the need for leadership, the tendency of the community to move towards increasing institutionalisation to combat anxiety, and the effect of increasing fear and insecurity on staff and their relationships both with each other and with the

residential adolescents. I saw how the whittling away of the service and imminent retirement of the present consultant further increased the burden on those remaining. The administrative and political campaigning of the consultant in his attempts to ensure a future for the unit was illuminating as was my exposure to the NHS reforms and how the changes relate to adolescent psychiatry. Other important learning experiences were in the areas of audit and research being used to generate data justifying our everyday work and to measure and count the things we believed in.

Sadly, as a result of some of the above, solutions to the crisis may be difficult to find from within and independent reappraisal is urgently needed. For the YPU, this comes as NHS reform.

### *Comment*

Savings made on research, abolishing expensive specialist units, and treatments for which we cannot guarantee cost-effective results make for a bleak future. I think too many of us know what it is like working under great stress. Caring for colleagues and oneself becomes an important part of our training.

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### *References*

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*A full list of references is available from the author on request.*