columns

and exacerbate the original difficulty many-fold. The mindful practitioner can respond more skilfully to situations as they arise, rather than reacting automatically in accordance with conditioned behavioural patterns. One could argue that this is a prerequisite not merely for stress-free clinical practice but for good living. Perhaps the development of resilience in a profession increasingly fraught with stressors begins 'with the self as the first . . . object of knowledge' (Aronowitz, 1998).

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Specialist learning disability psychiatry beds

Lyall & Kelly (2007) highlight the important issue of provision of specialist in-patient assessment and treatment facilities in learning disability psychiatry. The need for such specialist beds has been unequivocally mentioned in national policies on service provision (Scottish Executive, 2000; Department of Health, 2001). In-patient facilities have, however, developed in a variety of ways across the UK and the number of beds available within each National Health Service (NHS) trust has relied on the availability of existing community services and also the commissioning strategies in the local trust.

In Lothian there are 24 acute beds for a population of 800 000 and 348 admission episodes in 9 years (>38 admissions/year) and a trend towards increase in admission to general psychiatry wards.

North Essex learning disability services have a six-bed assessment and treatment unit for a population of approximately 900 000, admitting patients for a maximum of 6 months, and an adjacent eight-bed intensive therapy unit for patients requiring longer-term rehabilitation. A recent audit of the six-bed unit revealed 21 admissions in a 1-year period (2005/2006) with an average stay of 240 days. Since the inception of the intensive therapy unit there have been 19 admissions in 7 years. At this cross-sectional time-point 6 patients were admitted in the private sector and 4 in other out-of-area NHS facilities.

South Essex learning disability services have 10 acute beds for a population of approximately 750 000. A similar audit of one of the two five-bed assessment and treatment units for 1 year (2003/2004) revealed 18 in-patient admissions with an average stay of 53 days.

Variation in service development is illustrated by Essex having far fewer beds than Lothian, although North Essex has a home assessment and treatment service whose role is to prevent admissions and facilitate discharges. However, both areas have a similar trend towards out-of-area and general psychiatry admissions. Comparatively, the duration of in-patient admissions is much longer in North Essex than in South Essex, suggesting that the home assessment and treatment service has not reduced bed blocking and this emphasises the importance of having good-quality health and local authority community placements available.

In conclusion, in order to reduce requirement for in-patient facilities the development of adequate community resources is vital and a well-designed national study should set standards in this context.

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