
Correspondence

Use of CS gas

Sir: I am writing on behalf of the Patients' and Carers' Liaison Group of the Royal College of Psychiatrists. We are receiving an increasing number of reports about the use of CS gas in the management of violent incidents where psychiatric patients are involved. In a number of instances, there is a mounting sense of disquiet about the necessity for use of this gas, the effect it has on patients, bystanders and staff who may be involved, and the lack of clarity about guidelines for its use.

It has come to our notice that the guidelines for use of CS gas have been drawn up by the Association of Chief Police Officers. These are held in local police stations and are only accessible to people who the police themselves deem as being appropriate. In view of the fact that these guidelines are not openly available, it may be that local psychiatrists would wish to request to see them as their patients are being involved.

The Patients' and Carers' Liaison Group would be pleased to receive reports about the use of CS gas on patients, particularly in cases where there is some concern about whether it was an appropriate course of action to take.

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Medical staffing crisis

Sir: Jenkins & Scott (*Psychiatric Bulletin*, April 1998, **22**, 239–241) outline the main concerns regarding the difficulty in recruitment of and retention of psychiatrists within the profession. One of their four suggested responses includes improving job plans and working conditions.

While this approach can offer the opportunity for subtle alterations in working practice, the majority of psychiatrists will notice no change in their experience of their working week. Few, if any, psychiatrists in purely clinical posts have the opportunity to take a sabbatical, resulting in those entering psychiatry (already perceived as a high stress speciality) appearing to be on a career path labelled "Go straight to your retirement at 55. Do not pass Go!".

The entire career structure for psychiatrists needs to be examined to allow not only flexible working within a job but the ability to move in

and out of the speciality without accruing a career penalty.

In *The Age of Unreason*, Charles Handy describes the concept of a variegated career, with periods of work alternating with periods of study. Psychiatry needs to encourage an innovative, unorthodox and varied career structure from junior doctor level until retirement. Only then can it be expected that psychiatrists will return and enthusiastically respond to the ever increasing demands of a career in psychiatry.

HANDY, C. (1995) *The Age of Unreason*, p. 127. London: Arrow Books.

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Improving treatment adherence

Sir: I would like to add some further points to the excellent review of treatment adherence by Sair *et al* (*Psychiatric Bulletin*, February 1998, **22**, 77–81). Rather than being especially critical of psychiatric patients in their failure to stick to treatment regimens, we should acknowledge that non-compliance is an ubiquitous phenomenon, well known to our colleagues in other fields of medicine. It may be more accurate and helpful to see any such lapses as largely normal behaviour. Think of the last time you tried to complete a course of antibiotics.

With any treatment the motivation to continue declines inversely with the time elapsed from the index illness. This problem is compounded if stopping medication has no immediate consequences, as is the case with many psychotropic drugs. Demonstrating an appreciation of the difficulties of long-term medication is a useful opening gambit in the business of developing the type of collaborative approach the article advocates (Goldstein, 1992).

Of course, for a significant proportion of our patients, non-adherence is driven by illness issues, be they delusional ideas, disorganisation or memory impairment. The use of the Mental Health Act 1993 has been shown to improve compliance, possibly by allowing the patient to experience the benefits of extended treatment (Sensky *et al*, 1991). It is to be regretted that the current community care order does not enable