

---

# College News

---

Issue 13  
Special issue  
April  
2001



**STOP PRESS ... STOP PRESS ... STOP PRESS ...**

## Letter from the President

The reason for this edition of *College News* is to make available to members this 'Manifesto for Change' in time for the imminent general election, and to suggest some key questions that parliamentary candidates could be asked. The Manifesto has been endorsed by the Executive and Finance Committee of the College.

The wider framework for the Manifesto is the March issue of *College News*, and my editorial in the April issue of the *British Journal of Psychiatry*.

College Officers hope that members will find these pieces of writing informative and helpful at this particularly critical time. A ministerial announcement about additional specialist registrar posts is expected and another good piece of news is the establishment of a National Service Framework for Children (in England). The less-good news is the delay in funding for the new community services in the English NHS Plan until April of next year.

I would urge colleagues at regional and local level to be intrusive in their enquiry with regional and district health authorities as to how the allocation of new monies for mental health services has been and will be spent.

Thank you for your prompt response to the College's *cri de coeur* about the need for additional examination centres – we are examining the largest number of Part II MRCPsych candidates ever.

We work in interesting times.

*John Cox*

# Restoring mental health: a manifesto for change

The Royal College of Psychiatrists wishes to make clear to Government and to the opposition that implementation of the National Service Framework and the NHS Plan cannot fully succeed without first addressing recruitment and retention issues in the workforce. The 'new' service would be neither safe, sound, nor supportive.

- There are serious shortages of psychiatrists, nurses, and most other mental health workers. These gaps cannot be made up by new skill mixes or moving professional boundaries. Consultant psychiatrists are doctors whose

training takes 13 years. They are in short supply. Fourteen per cent of consultant psychiatrist posts are vacant.

- The morale of psychiatrists is constantly sapped by a perceived lack of Government support, the stigma attached to mental illness, a sense of responsibility without power and by unrealistic expectations for service delivery. The health of the workforce is as important as the health of patients and their families. The two are interlinked.
- Instead of the improvements that we are all aiming for,

there is a risk that changing things too fast in an already overstretched situation will lead to a poorer service for patients and their carers.

- The National Service Framework for Adults of Working Age in England is a 10-year plan. It takes a decade to train more doctors, psychologists and nurses.
- The College supports the vision of the Framework but this consensus is endangered by a failure to address the current shortage of consultant psychiatrists.

## **We call on the Government therefore:**

- To address these concerns by: (a) increasing the number of junior and senior psychiatry training posts; (b) improving the quality of acute in-patient care by re-grading the nursing staff and by substantial capital investment; and (c) supporting psychiatrists in their day-to-day work and not eroding their authority – their skills are central to the modernisation plan.
- To stop reinforcing the stigma attached to mental illness by its preoccupation with the risk of violence, the threat to public safety and the conversion of special hospitals into 'category B prisons'.

## **We reject:**

- A broad definition of mental disorder in any proposed new Mental Health Act without gateways to prevent the admission of inappropriate groups of patients to overstretched acute wards or community teams.
- The idea that risk assessment can be sufficiently precise to justify preventive detention of a patient with a severe personality disorder without mental illness and who has not currently committed a crime. Psychiatrists are doctors, not agents of social control.
- The need for written Care Programme Approach care plans for *all* service users. These are unnecessary and lead to an impersonal, protocol-driven care which may diminish therapy and increase anxiety. Most patients want a therapeutic relationship with their doctors and other mental health staff. They do not want pieces of paper with tick boxes and brief summaries of complex treatment strategies.

Mental illness affects every family in the land. People with mental illness require access to a high-morale, motivated mental health team with strong and informed clinical leadership.

Psychiatry is both an art and a science. Stifle the altruism, diminish therapeutic creativity, increase stigma, undermine the evidence base and the opportunities

initiated by this Government for a mental health service that is truly safe, sound and supportive will have been missed.

The Royal College of Psychiatrists, with its responsibility for setting standards and a history of public service and advocacy for patients and their families, applauds the Government for maintaining its commitment to

mental health. Yet we wish to emphasise our strong concern about the speed and priorities of its immediate plans in the face of inadequate resources, an overstretched workforce, and a shortage of consultant psychiatrists.

This Manifesto calls for well-thought-out changes that are properly resourced. Not change for change's sake.

## Questions that need answers

Psychiatrists are committed to making the NHS work – for the good of our patients and their carers. But sometimes the job is made difficult by public stigma, by shortage of resources, by change

for change's sake, by politicians who do not understand – and by the poor recruitment that results.

If you are a patient, a carer, or a fellow professional, here are

some questions you might like to think about and ask your local parliamentary candidates. Remember, you can judge a government by how it treats people with mental illness.

1. One in four of us will have a mental health problem; every family will be affected in some way. But would you seek help if you risked being stereotyped as violent and found it difficult to get a mortgage, insurance or a job?
2. Everyone would want to be helped at home, whenever it is safe to be so. Has care in the community made this possible, for patient, partner or parent? Have the professionals been given the resources to do the job properly?
3. However good the treatment, admission to the acute ward of a mental hospital might one day be necessary. Would you be happy for your relative to be 'contained' in dirty, dangerous and overcrowded conditions in which there was no time, or staff for therapy?
4. Would you be happy with a Mental Health Act designed more to detain people considered a danger to others than for patients who need treatment? Should psychiatrists be doctors, or agents of social control?
5. The past few decades have seen great advances in the medical treatment of mental illness. Should the new drugs for schizophrenia or dementia, or for nicotine or alcohol addiction, be available to everyone who needs them? Or only those whose local health services can afford them – i.e. by 'post-code prescription'?
6. Drugs are important; but so is talk. How long is it since you had a chance to share your problems with your psychiatrist? Does your psychiatrist have time to listen?
7. None of us would choose to be ill, but all of us would like a say in our treatment. Are your options discussed with you? Can you pick the gender of your therapist? Can you decide the time of your appointment? Just how much choice do you really have?
8. Despite the fact that we have the highest rate of drug and alcohol problems among young people in Europe, why are there almost no specialist services for young people with these problems in the UK?
9. Are you aware that, under the terms of the proposed new Mental Health Act, your psychiatrist may be obliged to reveal your details to others – including criminal justice agencies? Would this limit what you told her or him?
10. Working long hours under stress, tangled up in red tape, under constant threat of blame – is it any wonder that your doctor may be ill, that recruitment is poor and that 14% of consultant psychiatrist posts lie vacant?
11. Contrary to the impression given by homicide inquiries, the proportion of murders committed by people with mental illness has fallen over the past decade. Did you know that someone with a mental illness is more in danger of being attacked than a danger to others?
12. People with a learning disability have more mental health problems than the rest of the population. Did you know that England's third largest city now has no service for adults with a learning disability and most areas of the country have none for children?
13. Is it right that patients seeking treatment for eating problems should have to rely on private clinics, hundreds of miles from their home?
14. The Scottish Parliament has decided to make residential care available free to all older people who need it. How long are we going to continue with a 'two-tier' system in the rest of the UK?
15. Having a mental illness can be confusing enough; if your first language is not English, it can be overwhelming. Has anyone offered you an interpreter, or someone to speak for you?

*contd...*

## Questions that need answers ...contd

16. One-third of all prisoners need psychiatric help. Is jail the right place to be treating people with mental illness?
17. Suicide rates are rising fastest among young males. Is the stigma attached to mental illness one of the reasons why so few of them seek treatment for their unhappiness?
18. Crises happen 24 hours a day, 365 days a year. Does your local service have sufficient staff to respond to crises out-of-hours?
19. There are over a million children in the UK who have a mental illness. Can the out-patient services cope with them? Should teenagers end up on adult wards for lack of specialist beds?
20. Psychiatrists spend a lot of their time on the telephone looking for beds for their patients. Some patients may end up in private hospitals, a long way from their family. Have we taken away too many NHS beds?
21. Psychiatrists can do a lot to help you – but has anyone explained how you can help yourself?
22. Some mental health services have been through three changes of organisation in as many years. Does that sound like the sort of stability in which to be treating patients?
23. There are many causes of unhappiness, such as drink, poverty, work, relationships and homelessness. To what extent should psychiatrists be responsible for treating social ills?
24. Did you know that specialist psychotherapy ('talking treatment') can help with many mental health problems and may reduce the need for drugs? Is psychotherapy available in your area? Have you discussed this with your psychiatrist?
25. Having a physical illness can be emotionally disturbing; psychological factors can make your illness worse. Did anyone talk to you about that when you were in hospital?
26. Most people with depression are treated by their general practitioner. Does your doctor have the time, the training and the support to do it properly?
27. Without private hospitals and nursing homes, mental health services would collapse. Does that sound like a fully-funded NHS?
28. Most people with a personality disorder are not dangerous; most people who are dangerous do not have a personality disorder. Why, then, does the Government propose to spend millions of pounds locking up 'dangerous people with a severe personality disorder'?
29. Do you think it is possible to predict which people will commit a dangerous crime before they do so? Would it be ethical to detain them, knowing that many harmless people might be locked up in the process?
30. Psychiatric nurses are in short supply – on the hospital ward and out in the community. How can services be safely run that rely so heavily on their involvement?
31. Young people with a severe mental illness and a history of substance misuse can cause serious problems. Why, then, are services for them virtually non-existent?
32. Mental health problems resulting from alcohol misuse are more prevalent and dangerous than those resulting from illicit drugs. Why do we not have a National Alcohol Strategy, a National Director for Alcohol, and sufficient resources for treatment?
33. This Government promised a lot more money for mental health services, but much of it seems already to have 'disappeared.' Where do you think it has gone?

***The College's Parliamentary Officer, Chris Walden, can supply names of parliamentary candidates (Tel: 020 7235 2351 ext. 169; e-mail: cwalden@rcpsych.ac.uk)***