THE SPECIALIST SECTIONS

Election of Officers and Executive Committees

The following have been elected in their respective Sections:

Mental Deficiency

Chairman: W. A. Heaton-Ward.
Secretary: M. E. York-Moore.
Executive Committee: M. Craft, C. Dutton, H. Hunter, J. Jancar, W. R. McKibben, G. O'Gorman, T. L. Pilkington, A. Shapiro, C. S. Simon, H. C. Smyth, D. A. Spencer, A. R. Worters.
(All the above were unopposed.)

Child Psychiatry

Chairman: P. H. Connell (elected by ballot).
Secretary: Anne Bolton (unopposed).
Executive Committee: P. A. Barker, I. Berg, P. Graham, Dorothy Heard, L. Hersov, I. Kolvin, Mary Lindsay, P. Pinkerton, M. Rutter, F. H. Stone, D. A. Walk, A. C. Woodmansey (elected by ballot).

Psychotherapy

Chairman: I. S. Kreeger (unopposed).
Secretary: S. Crown (elected by ballot).
Executive Committee: W. Brough, S. Crown, J. Evans, R. Gosling, R. F. Hobson, L. C. Kreeger, R. E. D. Markillie, I. Marks, M. Pines, J. P. Watson, J. L. Wilson, H. H. Wolff (elected by ballot).

Forensic Psychiatry

Chairman: P. G. McGrath (unopposed).
Secretary: (Second ballot to be held.)
Executive Committee: R. Bluglass, M. Faulk, T. C. N. Gibbens, J. Gunn, J. Harper, I. Pierce James, D. J. Power, P. D. Scott, D. O. Topp, K. R. H. Wardrop, W. A. Weston, P. B. Whatmore (elected by ballot).

POLITICAL DISSENTERS*

At the meeting of Council held on 24 January 1973, the following resolution was passed:

'The Royal College of Psychiatrists firmly opposes the use of psychiatric facilities for the detention of persons solely on the basis of their political dissent, no matter where it occurs.'*

This has been sent to the World Health Organization, the World Psychiatric Association, and also to the American Psychiatric Association, who had previously passed a similar resolution.

* A personal view on this subject by Professor F. A. Jenner will appear in a later issue of *News and Notes*.

TWO LETTERS FROM THE PRESIDENT*

Recent College Activities

DEAR COLLEAGUE,

The time has come to bring you up to date in relation to the more important recent developments in the work of the Royal College. We shall need a united effort from the College at all levels if we are to surmount the problems that confront us.

Dialogue with the Department of Health and Social Security: A further meeting to continue the dialogue between participants drawn from the College and its Regional Divisions and the representatives of the Department of Health and Social Security has been planned for 22 June. The developments we are discussing are likely to prove of fateful significance for the character and quality of the mental health services in the decades to come. The widest possible range of opinion within the College should therefore find expression in these consultations.

The main differences of opinion within our discipline and between the College and other bodies are more concerned with means than ends. There is general agreement that the need for Departments of Psychiatry in general hospitals is now firmly established. A consultation service is needed there to deal with the steeply rising number of individuals who attempt suicide, the acute emotional crises of those with personality disorder, and with other emergencies. A general hospital psychiatric unit provides the best setting for the management of a substantial proportion of individuals with neuroses and affective disorders, some cases of schizophrenic and other psychoses, and with the great majority of

* Copies of these two letters have been circulated to members of the College.

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the acute psychiatric disturbances that arise in the course of treatment in other departments of the hospital. Psychosomatic disease, sexual maladjustment, the problems associated with termination of pregnancy, and the escalating demands of elderly patients whose physical illnesses are very prone to be complicated by psychiatric disorder, contribute further to create a compelling demand for psychiatric services in general hospitals. These need to provide for treatment on an in-patient, out-patient and day hospital basis.

The points at issue relate to the future of the mental hospitals, which continue to provide care for the majority of psychiatric patients at the present time, and the relationships in respect of staffing and administration that they should establish with the psychiatric services located in district general hospitals.

On the one hand there are those who believe that mental hospitals are bound to be relatively ineffectual in reducing to a minimum the emotional and social handicaps imposed by schizophrenia and other chronic and recurrent mental disorders. They urge that, as acceptable centres for the care and resocialization of those with residual disabilities become established within the community, mental hospitals should be phased out. At the other extreme are those who believe that community care can, even at its best, provide no more than an adjunct to the sort of sustained care and support for which many British mental hospitals have become renowned; they would like the risk of developing a two-tier system of psychiatric care minimized by limiting the size of general hospital units so as to deter them from aiming at a self-sufficiency that is bound to prove short-lived and spurious. They also plead for close integration of general and mental hospital psychiatric teams.

A further point concerns the extent to which plans for the future of the mental health services should be shaped by operational research that evaluates the results achieved by different types of service. Some colleagues hold that the situation is too pressing and urgent to permit step by step planning of this kind. Others reason that if the proposed reorganization will indeed take two or three decades to put into effect, there should be time in which to mount appropriate enquiries. These results should make it possible to choose from among the alternatives the most rational, humane and effective courses of action.

Training and Accreditation: Dr. Peter Brook's important monograph *Psychiatrists in Training*, which is a report on the Manpower and Education Project initiated by the Royal Medico-Psychological Association, has recently been published as *BJP* Special Publication No. 7. It reveals disturbing deficiencies in the training provided at the present time for a high proportion of those preparing for a career in psychiatry. There is an unacceptable degree of disparity in the quality of the training provided in different centres, and far too few young psychiatrists have the benefit of training and experience in psychotherapy, consultation work in general hospitals, child psychiatry, mental subnormality and forensic psychiatry. The information that has emerged from Dr. Brook's survey will prove of inestimable value for the efforts the College is making to bring about an improvement of training facilities. The first phase of the accreditation exercise has now been completed and the list of accredited hospitals is shortly to be published. This is, however, no more than a first step. The College fully intends to accelerate the pace at which standards are upgraded in the next phase of the exercise.

But it is becoming abundantly clear that such measures have implications for the staffing of the psychiatric services. If trainees are to receive a better education and more wide-ranging experience, the number of consultants and University teachers who undertake training will have to be increased. There will also have to be an expansion in the number of those in training grades to provide for future manpower needs and to make up for time taken away from the day to day work of psychiatric hospitals, which are so heavily dependent upon the contributions of registrars.

An important statement to Council by Professor G. F. M. Russell, shortly to be published, makes psychiatrists' claims for an increasing apportionment of manpower abundantly clear. Recent trends in the demand for medical care have adversely affected the position of psychiatry in relation to other medical specialties. In the years 1949–67 the rate of increase for discharges (and deaths) from hospitals in England and Wales was twice as great in psychiatry as that for other hospital specialties. This dearth of manpower in psychiatry and the urgent need to remedy it will be given high priority in our deliberations within the College and our discussions with the Department.

I should like to emphasize that although at the present time our discussions are focused on services for adult psychiatry, we realize that the problems of the aged present a closely related issue. We fully intend also to bring into the dialogue the problems faced by all the specialist branches of our discipline, including child psychiatry, mental subnormality and forensic psychiatry—indeed we already find ourselves involved with certain facets of these disciplines in our present discussions; for example, the serious difficulties experienced by psychiatrists who have to

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treat severely damaged and aggressive individuals with personality disorders in general hospital psychiatric units.

A Request to our Colleagues: In relation to all these issues it is essential that the College should be able to draw upon the wisdom and experience of all our colleagues. We would welcome comment on these issues from those working within our College at all levels who have relevant observations, experiences or viewpoints to contribute. We need the widest possible discuseon within the Regional Divisions to ensure that our representatives come to the dialogue on which we are engaged fully briefed with information from the grass roots. At an informal meeting for the College participants which we are holding on 27 March we hope to clarify the main issues that face psychiatrists in these areas at the present time.

Yours sincerely,
MARTIN ROTH.
President.

Thc College Appeal

DEAR COLLEAGUE,

I felt I should write to let you know what progress we are making with our College Appeal. Our negotiations are in a delicate stage, and I have therefore to confine myself to the general points. I hope to be able to communicate more detailed specific information at some time within the next few months.

We are pressing ahead on a number of fronts with our attempts to secure funds with which to endow a home and headquarters for, and certain central activities within, the College. For the present our Appeal is being developed mainly along private channels. A group of individuals with access to Foundation and other funds have been brought together and have met informally on a number of occasions to consider ways and means of putting the College's objectives into effect.

A home in which to house our Library, the *British Journal of Psychiatry*, the administrative organization, facilities of our own for scientific meetings and other educational activities, rooms to accommodate our Council and Committees and to enable us to conduct collegiate social activities on a modest scale are not the only purposes to which we are addressing ourselves. The funds we secure are to be used for more than bricks and mortar.

The College is particularly well placed to develop those types of scientific enquiry that demand the co-operation of a number of psychiatric centres. Its grass root connections with psychiatric departments in every part of Great Britain and Ireland endow it with advantages not at the disposal of more Olympian organizations. The College would be particularly well placed to undertake evaluative studies of mental health services, investigations into the results achieved with the aid of certain forms of physical and psychological treatment, and to address itself to problems of certain socially important areas such as the steep rise in the rate of attempted suicide during the past decade in many affluent societies.

It is hoped, therefore, to establish through our Appeal, research fellowships in the gift of the College and facilities to enable investigators to undertake certain aspects of their work at College headquarters. It will aim to put the Library on a more solid and secure foundation, and will seek also to endow an administrative structure that will enable the College to fulfil its obligations in a prompt and effective manner.

We hope to establish close relationships both with the Medical Research Council and with the new organization for the Development of Operational Research to be created under the direction of a Chief Scientist within the Department of Health and Social Security. The College intends to play a vigorous role in the formation of research priorities and will in due course bring its views to the attention of those concerned with the allocation of funds.

We are aware that in all the areas touched upon, whether the improvement of standard professional training, the organization of meetings and conferences and scientific communication, or the nurturing of scientific enquiry, the College will have to work with discrimination, concentrating its endeavours in places where it is best equipped to excel. We have to be prepared to give counsel to and co-operate with many bodies, but we place first and foremost in our concerns the interests of the profession of psychiatry and the members of the community it serves.

The College owes a deep debt of gratitude to the Appeal and Building Committee, a small group which has worked very hard in these first formative months of the life of the College in an attempt to establish it in a home with an adequate endowment. As it wages a constant battle against time, it has had to work at a rapid pace, assembling information and making contact with local authorities who may be in a position to offer land or property on terms that are within our reach, and securing the interest and support of individuals who may be in a position to help us. I am unable to go beyond saying that a number of possibilities are being explored with the

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