the college

columns

Proposal for a special interest group in approaches to conflict, trauma and disasters

Procedure for establishing a special interest group:

(1) Any member wishing to establish a special interest group shall write to the Registrar with relevant details.
(2) The Registrar shall forward the application to Council.
(3) If Council approves the principle of establishing such a special interest group, then it will direct the Registrar to place a notice in the *Bulletin*, or its equivalent, asking members of the College to write in support of such a group and expressing willingness to participate in its activities.
(4) If at least 120 members reply to this notice within 4 months of publication, then Council shall formally approve the establishment of the special interest group.

In accordance with this procedure, Council has approved a proposal for the establishment of a special interest group in approaches to conflict, trauma and disasters.

Background to the proposal from Dr Nathaniel Minton:

The proposal for the group was initially suggested to me by Professor Driss Moussaoui, Casablanca, Chair of the World Psychiatric Association (WPA) Ethical Committee, whom I first met at the International Congress of the World Association for Social Psychiatry (WASP) in Agra in 2001. I had been asked by the President of WASP, Professor S. Sharma, to organise a session on conflict resolution there on the strength of my paper on that subject (please see my updated paper; *Journal of the World Association for Dynamic Psychiatry*, January 2004, **204/205**, 89–98). Since then I have organised two successful conferences on conflict resolution, one in Malta in 2003 and the first in Cobham, Surrey, in May 2002. I am currently organising a third conference with the Andrew Sims Centre at the Institute of Psychiatry in July 2005. This is being co-sponsored by the WPA and the World Health Organization and is supported by the College.

A College special interest group on approaches to conflict, trauma and disaster would be best served by a combination of the perspectives of social psychiatry and psychotherapy. In previous conferences, experts from opposing sides of international conflict have come together in friendly dialogue; this will hopefully be repeated in July 2005 at the London conference, a highlight of which will be a symposium on The Contribution of Psychotherapy to Peace, with reference to the Israeli/Palestinian conflict and with eminent speakers from the two sides. Professor Hamid Ghodse, Chair of the College Board of International Affairs, will also chair a plenary session at the conference. Dr George Ikkos, Chair of the College London Division, is on the conference organising committee and will be an active participant.

The aim of the special interest group would be to try to promote the discussion and development of approaches to conflict, trauma and disasters, through the auspices of the College. I would be happy to act as a group facilitator, as I have developed an interest in the field of conflict resolution over the last 4 years and an appreciation of the difficulties and opportunities that it affords. If established the special interest group could lobby international bodies, and work with charities and welfare economists in the field.

The idea of a special interest group on conflict resolution is strongly supported by Professors Roy McClelland, Belfast, and John Cox, who is now the Secretary General of WPA. Both professors were key contributors to the Cobham and Malta conferences. The President of WPA, Professor Ahmed Okasha, Cairo, who wholeheartedly supports the next conference, is particularly interested in conflict resolution, and at the Malta meeting he set up a WPA task force because of the WPA's grave concern over the escalating violence in the Middle East.

Members are invited to write in support of this group and express willingness to participate in its activities. Interested members should write to the Registrar care of Miss Sue Duncan at the College. If 120 members reply to this notice within 4 months of publication, then Council shall formally approve the establishment of this special interest group.

Dr Andrew Fairbairn Registrar, Royal College of Psychiatrists

Proposal for a special interest group in occupational psychiatry

Procedure for establishing a special interest group:

(1) Any member wishing to establish a special interest group shall write to the Registrar with relevant details
(2) The Registrar shall forward the application to Council.
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(4) If at least 120 members reply to this notice within 4 months of publication, then Council shall formally approve the establishment of the special interest group.

In accordance with this procedure, Council has approved a proposal for the establishment of a special interest group in occupational psychiatry.

Background to the proposal from Dr John Sharkey:

The importance of work

When we think of who and what we are, work is an important consideration. We are increasingly dependent upon the workplace for our status, our social circle and our identity. Our occupation occupies us more than our hobbies, our families or our community. We are more likely to be depressed if we have no work. Work is central to our lives.

The workplace and mental health

Work pressures have changed with the move from an industrial to a knowledge economy. Depression has become more significant than musculoskeletal complaints as a reason for absence from work. There is media speculation of a stress epidemic. Doctors have become increasingly unhappy. Recent research from the Royal College of Psychiatrists has revealed the extent of burnout and psychological distress among psychiatrists.

Occupational psychiatry?

Occupational medicine is a specialism as is occupational psychology, so why not occupational psychiatry? Occupational medicine is increasingly orientated towards mental health issues. Work pressure is an aetiological factor within the stress vulnerability model for all mental health problems. Some psychiatrists are already interested in the relationship between work and mental health and it seems logical that they form a group. In the United States, psychiatrists have organised themselves to provide a united

https://doi.org/10.1192/pb.29.5.195-a Published online by Cambridge University Press

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voice about workplace matters and have gained a foothold in the corporate world as a consequence.

What would the special interest group in occupational psychiatry do?

The group would be at the forefront in collating opinion and developing training in occupational psychiatry. At present there is no formal training in occupational psychiatry in the UK.

With time this group will hopefully be able to banish the word stress to history. While distress cannot be eradicated, it is possible to develop a more accurate agreed and constructive language to describe distress and psychiatric syndromes arising within the workplace.

Dissemination of considered opinion would benefit patient care. A greater knowledge of the helpful and detrimental aspects of work and principles on how to manage these would also be useful for ourselves.

Members are invited to write in support of this group and express willingness to participate in its activities. Interested members should write to the Registrar care of Miss Sue Duncan at the College. If 120 members reply to this notice within 4 months of publication, then Council shall formally approve the establishment of this special interest group.

Dr Andrew Fairbairn Registrar, Royal College of Psychiatrists

Community Mental Health Care

Council Report CR124, September 2004, Royal College of Psychiatrists, £7.50, 56 pp.

This is the third edition of the College's policy on community care for individuals of working age (18–65 years) with mental health problems, and replaces Council Report CR86. It is produced at a time of unprecedented change, as the 'modernisation' teams prescribed in the National Health Service Plan are being introduced. 'Community care' still seems a meaningful concept in psychiatry, and has been retained. The document emphasises the range of partnerships that define modern community mental health practice. Despite this, the role of the psychiatrist is proposed as prominent and crucial for the development and delivery of high-quality, humane services.

The document is clinically led and aimed at practitioners, local service planners and managers. Concrete figures have been quoted where there is adequate consensus. These figures are guides, not prescriptions, and aim to promote constructive dialogue, not replace it. The report was written by a group that included non-psychiatrists. The psychiatric members were drawn from within the College for their known expertise (rather than as representatives of faculties, which is the usual case). Consultations took place with all faculties and with a range of external stakeholders.

Chapter 1 outlines the vital partnerships, in particular those beyond the multidisciplinary team. These crucially involve partnerships with patients and their carers, but also voluntary and other non-healthcare statutory services. Partnership is as much a state of mind as a series of managerial structures.

Chapter 2 outlines the functioning of the sector-based community mental health team, which is identified as the backbone of the service. We see no real signs of its replacement (rather than augmentation) by the modernisation teams. Community mental health teams have, however, benefited from the advent of these modernisation teams and have increasingly defined functions and procedures.

Chapter 3 deals with the modernisation teams (assertive outreach, crisis resolution/home treatment and early intervention services for psychosis). It acknowledges the variation in their development nationally, and also the deviations from the prescribed models that have been developed within the very real staffing constraints under which they have been introduced.

Chapter 4 discusses the crucial issue of social care, both the role of the social worker within community mental health teams and the wider aspects of social care – accommodation, occupation and childcare. The rapidly rising significance of social inclusion and the move to combined health and social care trusts has sharpened the focus on this area, while reducing certainties.

Chapter 5 deals with the 'essential clinical partners' in community care – primary care, substance misuse services, rehabilitation and forensic services. There is far greater variation in the forms of service provision within these specialties than in general adult community mental health teams. General principles of collaboration and common configurations are addressed, rather than detailed prescriptions.

Chapter 6 focuses on the issues of local variation and diversity. Hardly any locality in the UK now is 'typical'. Ethnic diversity challenges almost all urban services to ensure cultural sensitivity and, in some settings, highly specific configurations. Diversity includes the consistent differences found in all localities (e.g. gender, specific diagnostic groups which may demand different approaches such as acquired brain injury and personality disorder), as well as local high concentrations of specific groups (e.g. the homeless, refugees).

https://doi.org/10.1192/pb.29.5.195-a Published online by Cambridge University Press