



plans all include at least two sessions for supporting professional activities; 20% of respondents had specifically agreed sessions for particular responsibilities, although arrangements varied. In some cases training responsibilities or external activities were included under 'direct' activities. Among consultants with agreed job plans, 20% reported continuing difficulties (workload, time for external activities, and inflexibility about number of supporting professional activities).

We do not know whether non-respondents were generally satisfied or did not respond for other reasons, and these results apply only to one speciality. However, this limited information supports concerns expressed elsewhere about training or external activities, including College work, becoming difficult for consultants to undertake. Within Scotland there are increasing demands for specialist services to be involved in a wide variety of teaching, training and multi-agency initiatives. If these wider roles are

to be successfully undertaken, there is a major challenge for consultants and employers to develop job planning arrangements, alongside appropriate resourcing, in order to support them.

***Anne Gilchrist** Consultant in Adolescent Psychiatry, Young People's Department, Royal Cornhill Hospital, Aberdeen AB25 2ZH, **Sandra Davies** Consultant Child and Adolescent Psychiatrist and Chair of Section of Child and Adolescent Psychiatry, Scottish Division, Royal College of Psychiatrists, Andrew Lang Unit, Viewfield Lane, Selkirk TD7 4LJ

the college

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.
- (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 occupational psychiatry.



columns

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 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

obituary

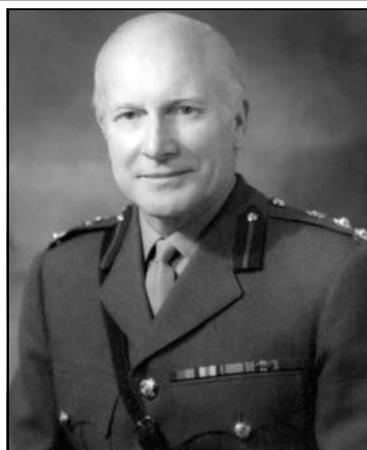
Brigadier John Francis Desmond Murphy

Formerly Commandant
RAMC Training Centre

Desmond was a man of quiet determination, of great moral strength, deep integrity and of boundless compassion for anyone in need. Whether sharing joys or sorrows with him, he had the knack of making everyone feel very special and valued.

From his teenage years he loved the artistic side of life, especially classical music, poetry and painting, all of which he continued to enjoy throughout his life. He loved social occasions, dancing, music, and above all, people. He also had a keen sense of humour that would surface just when least expected. He achieved an ideal work-life balance and whenever his batteries felt low, he went fishing, or to his home in Ireland, for spiritual refreshment.

I first met him in 1959, when I was posted to the Military Psychiatric Hospital at Netley. He and his wife Anne warmly welcomed newly recruited medical officers to their quarter in the hospital grounds. In the early 1960s, this group included Peter Abraham, Bill Green, John Grimshaw and Desmond Kelly, to mention just a few. I subsequently served under him in the British Army of the Rhine and at Millbank. His insistence on the highest clinical standards, and of literacy and



accuracy in the drafting of psychiatric reports, has proved invaluable, particularly for today's rigorous continuing professional development, audit, appraisal and revalidation requirements.

He graduated MB BCH NUI in 1937, later proceeding to MD. Following junior hospital appointments in England, he joined the Royal Army Medical Corps (RAMC) in 1939.

He survived both Dunkirk and Normandy and it was his experience in treating battle-shocked soldiers from 1940 as far as the advance through France and Germany in 1944-1945 that increased his interest in psychiatry. Ahead of his time, he understood that vulnerability extended beyond identifiable physical injuries, to the unseen and previously ill-understood adverse effects

on the mental state. This led him to specialisation, the DPM and his life-long interest in post-traumatic stress disorder (PTSD).

He had a very successful Army career, passing staff college and being promoted to Brigadier – his final posting was as Commandant of the RAMC Training Centre – unusual for a psychiatrist. He was also appointed Honorary Physician to the Queen and elected a Founder Fellow of the Royal College of Psychiatrists in 1971.

On retiring from the Army, Desmond became Chief Consultant Psychiatrist to the Ex-Services Mental Welfare Society, which specialises in caring for former service and merchant naval personnel suffering from the long-term effects of battle-related psychiatric illness. He held this post for 16 years, offering all who needed it a sympathetic ear and a healing hand. He understood and responded to the devastating consequences of PTSD, including depression, alcohol dependence, loss of job, core identity, and frequently, of family and friends. The work of this much valued charity (Combat Stress) continues to be of particular importance today.

Desmond will be remembered not only for his great achievements and honours, but for his amazing gift of empathy, and for having time and concern for all those around him. He was a true gentleman and to have his friendship was a privilege.

Graham Lucas