



Election of President – Notice to Fellows and Members

Fellows and Members are reminded of their rights under the Bye-Laws and Regulations.

Bye-Laws Section XI

1. The President shall be elected annually in accordance with the procedure prescribed by the Regulations.

Regulation XI. Election of the President

1. The procedure for electing the President shall be as follows:

(1) As soon as may be practicable after the first day of June in any year the Central Executive Committee shall hold a nomination meeting and shall at such meeting nominate not less than one candidate and not more than three candidates. Candidates shall at such meeting be proposed and seconded and such proposal shall not be valid unless the candidate's written consent to stand for election is available. If more than three candidates are proposed and seconded, an eliminating vote shall be taken whereby the number of nominees of the Central Executive Committee shall be reduced to not more than three. If not more than three candidates are proposed and seconded, they shall be the nominees of the Central Executive Committee unless a motion be made and carried to eliminate any one or more of them.

(2) Between the first day of June in any year and the date which is four clear weeks after the nomination meeting of the Central Executive Committee, written nominations accompanied in each case by the nominee's written consent to stand for election may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Central Executive Committee.

(3) An election by ballot shall be held in accordance with the provisions of the Regulations.

2. At each Annual General Meeting, after the business thereof has been completed or adjourned, and after the presentations and prizes have been awarded the President shall assume office.

The nominating meeting of the Central Executive Committee will be on 7 March 2007 and the last date for receiving

nominations under Regulation XI (2) will be 6 April 2007.

Professor Sheila Hollins is in her second year of office as President and is therefore eligible for re-election.

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Election results 2006

The Central Executive Committee (CEC) agreed at its meeting in September 2006 that alphabetical lists of successful candidates for all College elections should be published in the *Psychiatric Bulletin* and on the College's website (<http://www.rcpsych.ac.uk>). Full information, including the names of all candidates and the number of votes cast is available to any College member from Sue Duncan (email: sduncan@rcpsych.ac.uk).

Treasurer Dr George Ikkos

London Division

Chair Dr Michael Maier
Hon. Secretary Dr M. Rahul Rao
Executive Dr Anne Patterson
Dr Richard Taylor
ETSC Rep. Dr Ranga Rao
Financial Officer Dr Jona Lewin

Northwest Division

Chair Dr Josanne Holloway
ETSC Rep. Dr Timothy Morris

Northern & Yorkshire Division

Hon. Secretary Dr Stephen Barlow
ETSC Rep. Professor Stephen Curran

South East Division

Hon. Secretary Dr Shanaya Rathod
Financial Officer Dr Thiru Raj-Manickam
Executive Dr Philip Davison
Professor Robert Peveler
Dr Digby Quested

South West Division

Hon. Secretary Dr Keith Dudleston
ETSC Rep. Dr Rob MacPherson
Executive Dr Charles Montgomery
Dr Sarah Oke
Dr Guy Undrill

Welsh Division

Chair Dr Val Anness
ETSC Rep. Professor Richard Williams
Financial Officer Dr Karl Rice

Addictions Faculty

Chair Dr Michael Farrell
Executive Dr Jennifer Bearn
Dr Bruce Davidson
Dr Andrea Hearn
Dr Robert Jackson
Dr Francis Keane

Dr Sally Porter
Dr Fabrizio Schifano

Forensic Faculty

Hon. Secretary Dr Kim Frazer
Financial Officer Dr John Baird
Executive Dr Ian Cumming
Dr Lynne Daly
Professor Tom Fahy
Dr Mike Harris
Dr Gillian Mezey
Dr Rao Nimmagadda

Learning Disability Faculty

Chair Dr Sabyascachi Bhaumik
Financial Officer Dr Ian Hall
Executive Dr Pur Allington-Smith
Dr Gillian Bell
Dr Asit Biswas
Dr Angela Hassiotis
Dr Jane McCarthy
Dr Elspeth McCue
Dr Caryl Morgan
Dr Paul Winterbottom

Old Age Faculty

Chair Dr Dave Anderson
Financial Officer Dr Andrew Tarbuck
Executive Professor Sube Banerjee
Dr Dave Hunsley
Dr Ola Junaid
Dr Charles Morris
Dr Gary Morrison
Dr Gill Pinner
Dr Anandamandiram
Ramakrishnan
Dr Jerry Seymour
Dr James Warner

Psychotherapy Faculty

Chair Dr Chris Mace
Executive Dr Gwen Adshead
Dr Brigitta Bende
Dr Ronald Doctor
Dr Sally Mitchison
Dr Susan Mizzen
Dr Sarah Robertson

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Proposal for a special interest group in prevention of mental illness

Procedure for establishing a special interest group:

- Any member wishing to establish a special interest group shall write to the Registrar with relevant details.
- The Registrar shall forward the application to the Central Executive Committee.
- If the Central Executive Committee approves the principle of establishing such a special interest group then it will direct the Registrar to place a notice in the *Psychiatric 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.

(d) If at least 120 members reply to this notice within 4 months of publication, then the Central Executive Committee shall formally approve the establishment of the special interest group.

In accordance with this procedure, the Central Executive Committee has approved a proposal for the establishment of a special interest group in the prevention of mental illness.

Background to the proposal

In 1917 Noguchi & Moore discovered that cerebral syphilis was the cause of 'general paralysis of the insane'; treatment of syphilis with penicillin has eradicated this condition. It has also been found that giving vitamin supplements to people with alcohol dependence syndromes prevents alcoholic dementia. The incidence of vascular dementia has been reduced by the careful management of diabetes mellitus and hypertension, and some

significant success has been recorded in the prevention of mental retardation, post-traumatic stress disorder, conduct disorders in children, substance misuse, eating disorders and post-partum depression. We therefore know that the primary prevention of mental illness is achievable because it has been done, albeit on a small scale. It is important to bring under one umbrella the various disparate efforts at preventive psychiatry and the ways of evaluating their delivery and effectiveness. A public health approach to mental illness is likely to be as effective as such an approach has been to physical illness.

We all undertake a measure of preventive psychiatry in our everyday work. Most of this is secondary or tertiary prevention. For various reasons, however, we attempt very little primary prevention.

There are two main reasons for our diffidence. First, we believe that the causes of mental illness are, in general, unknown, and therefore that we can not begin to prevent these illnesses if we do not know what has caused them. Second, we think that what needs to be done is outside the normal remit of our work, that it is up to others – society as a whole

or the government – to put in place the measures that would be likely to reduce the incidence of mental illness. We now do have a far better understanding of the causes of mental illness and are therefore in a much better position to engage in primary prevention. In our highly connected world, we would provide an avenue for mental health workers to undertake tasks directly, or advise others, regarding what individuals, families, local communities and governments can do to reduce the incidence of mental illness in our world.

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 the Central Executive Committee shall formally approve the establishment of this special interest group.

Sue Bailey Registrar, Royal College of Psychiatrists

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Corrigendum

The Honorary Fellowship citation for Dr Sheila Mann (*Psychiatric Bulletin*, January 2007, **31**, 37) stated that for a considerable period she was the only psychiatrist on the General Medical Council (GMC). Dr Mann was in fact one of two psychiatrists working for the GMC at that time; the other was Dr Pearl Hettiaratchy.