the columns

Correspondence

‘Confused messages’

The issue of whether drug treatment services are providing methadone maintenance in line with the available evidence is an important one. However, the survey by Joseph & Mosely (Psychiatric Bulletin, December 2005, 29, 459–461) requires further clarification in order to contribute to the debate. In Table 1 they classify services as either ‘Community drug teams’ or ‘Addiction treatment units’. In the discussion they imply that the latter are in fact non-statutory agencies. The discussion also implies that the only community-based services are the community drug teams. It would seem likely that the majority of the services are community based, both statutory and non-statutory, since the ‘move towards’ community-based treatment in fact goes back 20 years (Advisory Council on the Misuse of Drugs, 1982). The discussion mistakenly states that the Home Office (2000) document Reducing Drug Related Deaths, p. 72. London: TSO (Stationery Office).

*Louise Sell Associate Clinical Director, Manchester, Bolton, Salford & Trafford Substance Misuse Directorate, Bury New Road, Prestwich, Manchester M25 3BL. Rebecca Lee Consultant Addiction Psychiatrist, Manchester, Bolton, Salford & Trafford Substance Misuse Directorate

Is flexible training still an attractive alternative?

As mothers of young children, our decision to train flexibly was made to enable us to achieve an optimal work/home balance. Overall, it has been a favourable experience, although we have encountered some difficulties. The West Midlands training scheme is efficient and encouraging, our consultants are supportive and our peers are understanding. This is in contrast to the situation in other medical specialties, and it is encouraging to report that psychiatry is one of the most accommodating.

However, as flexible trainees we often experience problems with staff in the personnel and finance departments caused by their perceived increase in paper work as a result of flexible training.

Rebecca Lee Consultant Addiction Psychiatrist, Manchester, Bolton, Salford & Trafford Substance Misuse Directorate

Dearth of consultant psychiatrists applying to become Mental Health Act Commissioners

According to the Mental Health Act Commission’s Eighth Biennial Report (which covers the period 1997–99) there were 150 Commissioners, 25 of whom were psychiatrists. In 2004 the Commission was restructured so that the number of Commissioners was reduced from 180 to 100. The duties of the Commissioners were altered and this was reflected in the new job descriptions for the Local Commissioners and the Area Commissioners.

We are two of only three psychiatrists who were reappointed at the time of this reconfiguration. Chris Heginbotham, the Chief Executive of the Mental Health Act Commission, has told us of his disappointment that so few psychiatrists applied. This dearth of psychiatrists is a great pity as the Commission’s role is to safeguard the interests of all people detained under the Mental Health Act 1983 and to keep under review the exercise of the powers and duties contained in this Act.

We do not know why so few psychiatrists applied for the posts of Mental Health Act Commissioners. It may be that doctors employed full time on the new consultant contract find this external commitment difficult to negotiate with their trusts. However, we would strongly recommend that Members of the College apply to become members of the Commission.

Vinu Pemmaraju Staff Grade, Child and Adolescent Mental Health Service, West Bromwich B70 6JT, e-mail: vinuthna@doctors.org.uk, Erin Turner Specialist Registrar, Solihull