

of the health system in Shanghai (Yan, 1998). In Mumbai, it would be useful to document the role of psychotherapy for anxiety disorders (Roffman *et al*, 2005) and group psychotherapy for depression (Siskind *et al*, 2008), especially with reference to their cost-effectiveness. Developing a standardised psychotherapeutic model that has been adapted to the cultural milieu may help to make therapy more accessible to both patients and doctors. Another issue, also mentioned by Patel & Kleinman (2003), is the difficult life circumstances faced by people on low incomes and the need for social interventions. Supportive counselling provided by psychologists and social workers for patients and family members also needs to be considered.

At a broader level, the absence of a detailed mental health plan (such as the Mental Health National Services Framework in the UK) and an executive body (such as the Division of Mental Hygiene Services in New York, USA) makes it impossible to plan for the city's mental health needs or to implement city-wide mental health education/awareness programmes. In this context, it would be useful if epidemiological data for mental health were maintained in a centralised manner, as this would facilitate research.

Finally, given the large numbers served by the system, even a partial implementation of these suggestions may result in significant improvements for a very large patient population. Given the extenuating life circumstances of patients, access to some treatment may allow people to live productive and relatively happy lives.

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References

- Addlakha, R. (2008) *Deconstructing Mental Illness – An Ethnography of Psychiatry, Women and the Family*. Zubaan.
- Dilip, T. R. & Duggal, R. (2004) Unmet need for public healthcare services in Mumbai, India. *Asia-Pacific Population Journal*, **19**, 27–39.
- Harpham, T. & Blue, I. (eds) (1995) *Urbanisation and Mental Health in Developing Countries*. Ashgate.
- Joshi, A. (2005) Mental health in India: review of current trends and directions for the future. In *Review of Health Care in India* (eds L. V. Gangolli, R. Duggal & A. Shukla), pp. 127–136. CEHAT.
- Patel, V. & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *Bulletin of the World Health Organization*, **81**, 609–615.
- Patel, V., Rahman, A., Jacob, K. S., *et al* (2004) Effect of maternal mental health on infant growth in low income countries: new evidence from South Asia. *BMJ*, **328**, 820–823.
- Peters, D., Yazbeck, A., Ramana, G., *et al* (2001) *Raising the Sights: Better Health Systems for India's Poor*. World Bank.
- Roffman, J. L., Marci, C. D., Glick, D. M., *et al* (2005) Neuroimaging and the functional neuroanatomy of psychotherapy. *Psychological Medicine*, **35**, 1385–1398.
- Siskind, D., Baingana, F. & Kim, J. (2008) Cost-effectiveness of treatments for depression in Uganda. *Journal of Mental Health Policy and Economics*, **11**, 127–133.
- Sriram, T. G., Moily, S. & Kumar, G. S. (1990) The training of primary health care medical officers in mental health care: errors in clinical judgement before and after training. *General Hospital Psychiatry*, **12**, 384–389.
- Verma, M. (2006) *Recommended Policy Guidelines for Public Health*. Draft dated 1st May, 2006 for discussion. A Report to the MCGM and the NGO Council. Available at <http://www.karmayog.com/publichealth/publichealthindex.htm> (accessed 26 November 2009).
- World Health Organization (2005) WHO–AIMS. World Health Organization Assessment Instrument for Mental Health Systems, version 2.2. Available at http://www.who.int/mental_health/evidence/AIMS_WHO_2_2.pdf (accessed August 2010).
- Yan, H. Q. (1998) New challenges of psychiatry: the development of mental health services in Shanghai. *Psychiatry and Clinical Neurosciences*, **52**, 357–358.

UK devolution and the international perspective of the College

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Some principles of psychiatric practice are applicable across all healthcare settings and epochs, whereas other issues are more specific to one healthcare model and/or time. The increasing divergence of service models and underlying policies in the four UK devolved jurisdictions (England, Northern Ireland, Scotland and Wales) means that this distinction between general and specific issues has increasing relevance to the College. There are many benefits in identifying, and being strong advocates for, the generic principles of excellent psychiatric care, which are transferable across settings and relatively stable over time. These are also, of course, the principles that will have the most relevance in a broad international perspective that goes far beyond the UK.

The role of the psychiatrist in healthcare inevitably varies over time and place, according to the specific service model, statutory legal framework, needs of the population served and the number and skill mix of other professionals. It is unrealistic (and probably undesirable) to think there should or could ever be a 'one size fits all' service model for how psychiatrists use their skills optimally to benefit patients. This applies at all levels of service variation. Perhaps most obviously, major differences occur between different areas of the world, as geographical and cultural context (e.g. Sorketti *et al*, 2010) as well as economic constraints (e.g. Muijen, 2010) exert profound influences. However, although the variations may be within a much more moderated range, there are increasingly important differences within the UK. The four

political jurisdictions have increasingly divergent approaches to service model, budget and strategic priorities. Further, even within a particular jurisdiction (in the UK or elsewhere) there are often substantial regional or local variations in funding, clinical priorities and context, which may mean that psychiatrists work in very different ways in different locations.

Recent major changes in organisation and strategic vision of mental health services in the UK (Craddock *et al*, 2008), as in other high-income countries (e.g. Madianos & Christodoulou, 2007; Muijen, 2010), have meant the traditional role of the psychiatrist has been changing, even to the extent that the very future of psychiatry as a specialty has been questioned (Katschnig, 2010). Whatever the developments, it is essential that role changes are not purely driven by legislation, politics or ideology (Craddock *et al*, 2008). Rather, changes should make use of psychiatrists' core expertise, and the special expertise of other professionals, in a way that enhances patient care and ensures the quality and safety of services (Craddock & Craddock, 2010).

The readership of *International Psychiatry* will be fully aware that there are many parts of the world in which psychiatrists and mental health services are non-existent, sparse or rudimentary. Where and when it is available, psychiatric expertise is a very valuable resource for a healthcare service and it is important that this resource is used as effectively as possible. The core skills of the psychiatrist should be matched to the professional role in a way that maximises benefits to both individual patients and to the service as a whole (Craddock *et al*, 2010). Such matching and clarity may also enhance psychiatric professional identity, encourage recruitment and increase morale and job satisfaction.

Implications for the Royal College of Psychiatrists

The Royal College of Psychiatrists is a major international professional organisation with a membership from a wide range of geographical and cultural backgrounds and active international structures, including the International Divisions and, of course, this journal. Many members have experience of working in widely differing service settings (Ghodse, 2003), for example moving between one or more UK jurisdictions and even between services on different continents. The College is, therefore, ideally placed (perhaps uniquely among organisations that provide training and accreditation) to be able to take a 'big picture' perspective that has relevance and

influence beyond any local political, ideological, economic or cultural imperatives (Kulhara & Avasthi, 2007; Mullick, 2007) and is capable of offering some degree of temporal and situational stability. The richness and breadth of experience of the College's members can usefully inform the principles used in all service developments: in other words, the general features of psychiatric excellence (perhaps they might be called the 'psychiatric basics'?).

This will help to ensure that, two centuries after J. C. Reil, the eminent German physician, first described the specialty of psychiatry (Reil & Hoffbauer, 1808; Marneros, 2008), patients can continue to benefit from the particular expertise and training of medical practitioners who specialise in psychiatric illness and who use their broad medical and biological expertise and diagnostic skills effectively within the context of an appreciation of psychosocial factors and the full range of available treatment modalities (Craddock, 2010).

References

- Craddock, N. (2010) A psychiatrist is... – in 100 words. *British Journal of Psychiatry*, **196**, 473.
- Craddock, N. & Craddock, B. (2010) Patients must be able to derive maximum benefit from a psychiatrist's medical skills and broad training. *World Psychiatry*, **9**, 30–31.
- Craddock, N., Antebi, D., Attenburrow, M. J., *et al* (2008) Wake-up call for British psychiatry. *British Journal of Psychiatry*, **193**, 6–9.
- Craddock, N., Kerr, M. & Thapar, A. (2010) Core expertise of the psychiatrist. *The Psychiatrist* (in press).
- Ghodse, H. (2003) International psychiatry – the way forward. *International Psychiatry*, **1**, 1.
- Katschnig, H. (2010) Are psychiatrists an endangered species? Observations on internal and external challenges to the profession. *World Psychiatry*, **9**, 21–28.
- Kulhara, P. & Avasthi, A. (2007) Teaching and training in psychiatry in India: potential benefits of links with the Royal College of Psychiatrists. *International Psychiatry*, **4**, 31–33.
- Madianos, M. G. & Christodoulou, G. N. (2007) Reform of the mental healthcare system in Greece, 1984–2006. *International Psychiatry*, **4**, 16–19.
- Marneros, A. (2008) Psychiatry's 200th birthday. *British Journal of Psychiatry*, **193**, 1–3.
- Muijen, M. (2010) Challenging times for mental health services. *International Psychiatry*, **7**, 1–2.
- Mullick, M. S. I. (2007) Teaching and training in psychiatry and the need for a new generation of psychiatrists in Bangladesh: role of the Royal College of Psychiatrists. *International Psychiatry*, **4**, 29–31.
- Reil, J. & Hoffbauer, J. (1808) *Beyträge zur Beförderung einer Kurmethode auf psychischem Wege*. Curtsche Buchhandlung.
- Sorketti, E. A., Zuraida, N. Z. & Habil, M. H. (2010) Collaboration between traditional healers and psychiatrists in Sudan. *International Psychiatry*, **7**, 71–73.

NEWS AND NOTES

Contributions to the 'News and notes' column should be sent to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk

College Eating Disorders Section

During the Eating Disorders Awareness Week in February, psychiatrists of the 'damaging portrayal' of eating disorders in the media and called for a new editorial code to be drawn up to encourage the media to stop promoting unhealthy body images and 'glamorising' eating disorders.

Instead, the media should be encouraged to use images of people with more diverse body shapes, and help people feel more positive about their own bodies.

Members of the College Eating Disorders Section are increasingly concerned about the harmful influence of the media on people's body image and self-esteem, and called for a new forum to tackle the issue. The forum should include