The emerging solutions include training for a number of different groups, such as general practitioners, practice nurses and receptionists, to promote positive attitudes towards these patients and to improve their knowledge of medical and social issues linked to mental ill health and disability.

Responses may be hampered by negative attitudes and stereotyping and by unacknowledged prejudices. They may make unarticulated assumptions about the value of interventions for these groups of patients, so that they are less often referred for specialist advice. Such feelings may be reinforced by the fact that, because of difficulties in communication, it may take much longer than usual (and longer than scheduled appointment times) to deal with these patients — and this may be problematic in a busy general practice. Finally, even the best primary care physician, when faced with a patient with known mental health problems or learning disability, may assume that new symptoms and signs of physical disease are attributable to the underlying condition and fail to carry out investigations that would be routine for other patients.

The major role of the primary care team in relation to the physical health of patients with mental illness has been acknowledged in some countries. However, much more is needed globally to make the provision of health services sensitive to the needs of these patients. Specifically, more attention must be paid to methods of communication with such patients so that, like the rest of the population, they are better informed and better able to participate in the healthcare decisions that affect them. Special approaches will need to be developed, in both primary and secondary care, to tailor preventive medicine programmes to meet the particular needs of patients with mental ill health and learning disability.

In a few countries, concern about the health inequalities experienced by people with mental illness and learning disability has produced a response. In the UK, for example, the Disability Rights Commission has set up a formal investigation into these issues. Its aim is to ‘shine a light on both health inequalities and potential solutions’, and its focus is on practical approaches to reducing inequality within primary care. The emerging solutions include training for a number of different groups, such as general practitioners, practice nurses and receptionists, to promote positive attitudes towards these patients and to improve their knowledge of medical and social issues linked to mental ill health and disability (Disability Rights Commission, 2005). It also suggests that practitioners should be trained by people with such disabilities and that disability issues should be integrated within the medical undergraduate curriculum.

Although the Disability Rights Commission’s investigation focuses on primary care, there is much that is relevant to secondary care too, and this enquiry should act as a prompt to all who are involved in the care of patients with a mental illness or learning disability to reconsider the standard of care that they provide. The World Health Organization (2005) estimates that, worldwide, there are more than 450 million people with mental, neurological or behavioural problems. Psychiatrists in all countries – indeed, all mental health workers and their professional associations — have a responsibility to make sure that the physical needs of their patients are not only recognised but also responded to within their health service. Wherever and whenever psychiatrists are involved, they should be vigilant to ensure that these patients, who are often among the most vulnerable and the least legally protected, are not further disadvantaged by having their physical health needs overlooked or ignored.

References

Alcohol misuse among young people

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Recently, the UK government expressed concern about the rising tide of antisocial behaviour among young people who, in certain areas of the country, were habitually engaging in acts of minor delinquency — often fuelled by drink. On the other hand, legislation was introduced to make it legal for premises that sell alcohol to remain open longer, up to 24 hours a day. This latter arrangement has courted considerable controversy. For example, the British Medical Association commented that any
Alcohol: younger people’s favourite substance

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On 10 January 2006, ITV2, a UK television channel, ran a 90-minute programme called Britain’s Youngest Boozers. It claimed that one in three younger people are binge drinkers and that one in six is dependent on alcohol. The comments in interviews with adolescents and families were stark and worrying. Although the age parameters were not clear at the start of the programme, it focused on those aged up to 25 years and presented enormously serious concerns about the changed patterns of drinking among Britain’s younger people. In the UK there are 3.9 million people aged 10–14 years and 3.8 million aged 15–19 years (Coleman & Schofield, 2005). There is evidence that the mental and physical health of these 7.7 million young people is strongly affected by the degree to which they engage in risky activities (Viner & Macfarlane, 2005).

Prevalence of the problem

One fact is plain: alcohol continues to be the most prevalent substance used and misused by people who are less than 18 years old (Harrington, 2000). We are aware of estimates that 3.4 million of the UK’s 16- to 24-year-olds drink more than twice the recommended limit for alcohol (and those recommendations were developed for an adult population). In the past 7 years there has been a 15% rise in the number of young people taken to hospital for drink-related problems (4173 in 1997; 4809 in 2004–05). Thirteen children are admitted...