

get better to improve your morale. More specifically the splendid issue of *Advances in Psychiatric Treatment* on the health of doctors (September 1997) was a valuable contribution.

Formulation

So, in conclusion, what kind of mental state are we in? I think it is like the depressed patient whose relatives are saying she is getting better but who cannot yet perceive the improvement in herself. We are insecure about our effectiveness, made to feel guilty by complaining patients, trying too hard to be perfect, while perceiving our imperfections in the gap between the ideal and the real services we offer. But, as we often say to our depressed patients 'you have been well so you can get better'. Perhaps the new Government is already addressing some of these issues. As they say 'things can only get better'.

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Consultant psychiatrists' views on the supervision register

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A questionnaire on attitudes to the supervision register, about one year after its introduction, was sent to all consultant psychiatrists identified as working in the National Health Service South Thames Region. A response rate of 72.3% was obtained. Half of the respondents felt that the supervision register was not likely to reduce the risk of violence to the public by mentally disordered people and a quarter was unsure. Just over half felt confident in predicting violence, and over half felt that they had been reasonably trained to do so. Most had not changed their practice in admitting or discharging patients, or in the use of the Mental Health Act. There were criticisms of the register, for example: lack of resources needed to implement it, increased paperwork, stigmatisation of patients and the lack of a formal appeal mechanism. Fifty per cent felt

the register should be abolished, only 25.5% felt it should not be.

Following a series of homicides by mentally ill patients, there has been increasing media attention on a small group of patients – those who are mentally ill and are at increased risk to others. In response to public concern, the NHS Executive produced several proposals including the introduction of a supervision register. The guidelines for this were issued in February 1994 (National Health Service Management Executive, 1994), and required implementation beginning from April 1994.

