



issues and problems associated with re-location stress.

This is an excellent book and required reading for anyone involved in disaster planning. Disaster is a unique experience for most mental health professionals: considering any of us could be called upon to advise and assist, this is a field with

very few 'experts'. It is therefore crucial that we learn from the experiences and lessons of colleagues who have had first-hand experience; *Terrorism and Disaster* allows this opportunity.

The war on terror has barely begun and there will be many more innocent victims. Considering that conflict is taking place in

more than 100 countries and terrorism in many more besides, the needs of victims constitute a public health problem of global proportions and a major challenge for psychiatry in these troubled times.

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Psychiatric services to accident and emergency departments

Council Report CR118, February 2004, Royal College of Psychiatrists and British Association for Accident and Emergency Medicine, £10, 96 pp.

This report supersedes the previous joint report (CR43) from the Royal College of Psychiatrists and the British Association for Accident and Emergency Medicine. Since the publication of the original report, new demands have been placed on both mental health services and accident and emergency (A&E) departments. The requirement that 90% of patients, rising to 100% by the end of this year, must have been discharged from A&E departments within 4 hours of arrival (Department of Health, 2001) will have a major impact on the interaction between mental health services and A&E departments.

The main report examines the common mental health scenarios that occur in the A&E department, issues affecting patients

from ethnic minorities, specific problems in the A&E department, personnel issues and the organisation of services.

The principal recommendations in this report are as follows:

Summary of recommendations

- There is a joint responsibility for commissioners, mental health service managers, and acute service managers to ensure that the input of mental health services to A&E departments is not overlooked in negotiations.
- A consultant psychiatrist should be named as the senior member of staff in the local mental health services responsible for liaison with the A&E department.
- A&E department personnel should have adequate knowledge of mental health issues, and feel confident in making an initial assessment of people with mental health problems.
- Mental health problems should be included in the triage process.
- A&E department staff training should include the recognition of common mental health problems, and the appropriate responses to that recognition.
- Mental health staff training should include training from A&E department staff regarding what is helpful. Conversely, A&E department staff require training from the mental health staff about what is practicable.
- Common training initiatives involving both staff groups address not only training issues, but also can lead to major operational benefits.
- local policies should be agreed regarding common mental health problems that arise in the A&E department.
- The A&E department should include facilities and resources for the assessment of patients with mental health problems. This should include an interview room with adequate safety features.
- Staff training should include safety issues.
- A liaison group, with representatives from the A&E department and from mental health services, should review issues of joint working between the two services, establish joint working protocols, and ensure that the recommendations contained within this report are considered and implemented.
- The liaison group should be authorised by, and have agreed reporting structures to, the respective Trust boards.