



columns

think that this means that the proposed routine safeguard procedure will miss most abuse. We are also very concerned at the restriction of safeguards to hospital nursing and residential homes. Surely we need some safeguards for patients living at home and in day centres, etc.

The legislation as proposed is cumbersome and bureaucratic. We think that implementation would make access to care harder for those with severe incapacity and will thus be discriminatory (and thus Human Rights Act non-compliant).

We therefore urge consideration of a simpler system. We advocate the use of a broadly accessed but selective system that would only be used when concerns are raised about the care or rights of an individual. In our view anyone who is concerned about the care of an incapacitated person should be able to trigger a review. People able to initiate reviews would include nurses, carers, relatives and perhaps even a milkman or a priest. Once triggered, a review would need to include a proper assessment and second opinion such as that provided by the Mental Health Act Commission now, but would also need to be able to extend its remit beyond the mere principle of detention and administration of drugs as is currently

the case. Environment, care standards and staffing levels might all be appropriate for the review. We think that such a process would have the advantages of being both focused where problems have some chance of being detected, as well as avoiding the destruction of old age psychiatry services by their distraction into an ineffective process. We also believe that the process would provide the access to statutory safeguards that are required under the Human Rights Act assessment and second opinion such as that provided by the Mental Health Act.

BURTON, S. (2001) Mental Health Reforms – have you seen what's coming? *Old Age Psychiatrist*, **22**, 4–5.

DEPARTMENT OF HEALTH (2000) *Reforming the Mental Health Act*. London: HMSO.

R v Bournemouth Community and Mental Health NHS Trust, ex parte L [1998] 3 All ER 289.

Adrian Treloar Consultant and Senior Lecturer,
Sunita Sahu Specialist Registrar, Memorial Hospital, London SE18 3RZ

Stigma and Straw

Sir: Is it not heartening to see that well-known telepathic psychiatrist Jack Straw doing his bit for the College anti-stigmatisation campaign. So, Osama bin Laden is now officially, as far as the Foreign Office is concerned, 'psychotic'. Well that's all right then, we don't need bombs, just two psychiatrists and a social worker parachuted into Afghanistan with pink forms to sort this one out. How stupid of us not to have seen it ourselves, obviously bin Laden is bad/evil, therefore he must be psychotic and akin to Hitler. The overwhelming strength of the argument is irresistible . . . to the average *Sun* reader.

In one fell swoop Jack Straw has undone all the good work that has gone on to integrate the mentally ill into society, and provide the public with positive images of mental illness. But I wonder whether anyone should really be surprised given what is around the corner with the new Mental Health Act and severe and dangerous personality disorder legislation. Bring on the gulags.

Andrew Al-Adwani Department of Psychiatry, Scunthorpe General Hospital, Church Lane, Scunthorpe, North Lincolnshire DN15 1QQ

the college

Report of the Overseas Working Group

Council Report CR93

£5.00. 20 pp.

The Working Group was established in June 1999 with a remit "to advise Council on the international role of the College: what contributions the College should (and should not) try to make in the next decade to the development of psychiatry and the training of psychiatrists outside the UK and Ireland, and what resources it would be reasonable to devote to these objectives". Its membership consisted of: Dr M. Abou-Saleh, Dr D. Bhugra, Dame Fiona Caldicott, Mrs V. Cameron, Dr J. Henderson, Dr R. Jenkins, Dr R. Kendell (chairman) and Professor J. Watson. The group met on six occasions and took evidence from over 20 people, including several overseas Fellows.

The main conclusions and recommendations of the working group were that:

- The Overseas Liaison Committee should be replaced by a new International Affairs Committee.
- This committee and the College Council should monitor total expenditure on overseas affairs.

- Members and Fellows in low income countries should be offered reduced subscriptions, using the World Bank's four tiered classification.
- In future, the College's most important role in the training of psychiatrists from overseas should be to help psychiatrists who have already obtained a general training locally to obtain higher or speciality training in the UK.
- The Child and Adolescent Faculty should be invited to set up a working group of its own to consider how it might help developing countries to acquire basic skills in its discipline.
- The Research Committee should be invited to consider how it might help psychiatrists in developing countries to acquire basic clinical and epidemiological research skills.
- *The College should not attempt to hold its Membership examination outside the British Isles.*
- *The College should not enrol psychiatrists working outside the British Isles into its continuing professional development programmes.*
- The College should try hard to establish closer links with psychiatrists in other European countries. In the long run the most effective way of achieving this is to persuade, and help, some able

British trainees to obtain part of their training in a continental European country.

- College meetings overseas and joint meetings with other national and international psychiatric associations can be an effective way of raising the College's international profile.
- Overseas groups should be provided with some tangible resources.
- The status of Affiliate should be available to psychiatrists who are not resident in the British Isles.
- *Psychiatric Bulletin* should regularly contain a section devoted to overseas news and activities.
- The regulations governing the Kenneth Rawnsley Travelling Fellowship should be amended.

The response of the Court of Electors and Council to the individual recommendations appears in italicised print after each recommendation in the main report. With the exception of the two italic bullet points above, the recommendations were supported and are being taken forward within the College.

The full report is available from the College's Book Sales Office, tel: 020 7235 2351 ext. 146.