balanced against the needs of fellow workers, and the embarrassment and confusion of in-patients who might previously have been treated by a member of staff who has become a patient."

For staff members who have had psychotic breakdowns, the treatment of psychotic episodes seems to be clearer. Usually these individuals are treated outside their own area of work. However, there is greater certainty over the treatment of workers who need out-patient psychological or psychotherapeutic help, and who present difficulties above and beyond their GP's area of skill. Most unit general managers expressed their desire to accommodate a staff member's request for referral either inside or outside their own area. Only the manager quoted above seemed to question the appropriateness of in-area treatment, or ask what financial provisions need to be made.

Comments

We feel it is important for health authorities to study these problems, and to agree clearer policies in order to ensure that the treatment of staff is appropriate. GPs also need to be informed about appropriate referral routes for mental staff. It is clear that sufficient funds will need to be allocated, and proper purchaser-provider contracts made – *ad hoc* arrangements will quickly founder in the market system. If financially backed *quid pro quo* arrangements are agreed with a separate mental illness unit, then the staff can be provided with appropriate treatment outside their own area.

The issue of who should have the responsibility for setting in motion the referral of a staff member is a difficult one to clarify. We are aware that in some cases occupational health departments are involved, but managers or clinician colleagues may also be approached. Personal knowledge of the mental health problems of staff may result in a conflict of interests for managers who have responsibility for the staff's deployment and promotion. The entitlement of staff member to confidential treatment has to be protected by a careful consideration of who needs to know of their mental health problems; how much such people need to know; and who should be responsible for the mental health of staff in the service.

When mental health staff members become patients, their own judgements of where and by whom they are treated should not be the only factors considered. Equally, financial pressures alone should not dictate the location of that treatment. Clinical judgement should take precedence, as with any group of patients. For this special sub-group, the location of that treatment may have to be considered as carefully as the nature of the treatment itself, but the question of who should be responsible for such decisions in the first instance needs to be asked. One thing seems certain: the temptations to collude with in-area treatment and to deny the special needs of staff members will be all the greater in the new market-led health service.

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Comment

Fiona Caldicott

There is longstanding 'custom and practice' in the National Health Service that members of staff may not be treated in the same hospital or part of the service where they are employed. For many, and particularly minor ills, this is not necessary and most of us have sought specialised advice at some time or another from a colleague locally. Conversely, there are circumstances when this is inappropriate, and Brown & Russell have described some of them.

It may be of interest that the first example of a problem arising in psychiatric care, which was brought to the attention of the College when the NHS and Community Care Act of 1990 was implemented on 1 April 1991, was of a medical student from one provider unit, who was refused treatment in the unit with which there had been a reciprocal arrangement. This was taken up by my predecessor with the Chief Medical Officer and appropriately confidential treatment arranged.

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The Secretary of State for Health launched a campaign to make mental health at work a high priority in January 1993 relating to the *Health of the Nation* targets for mental illness and the Chief Executive of the NHS Management Executive gave a paper on staff support last year. So there is concern at the highest level about this issue, not least owing to the number of working days lost through mental illness (80 million per year).

Some managers appreciate that having a healthy workforce and good morale is the only way that services of a high standard can be delivered to patients. They also have a well-developed system of mentorship themselves, a parallel which it may be worth pointing out to them.

Staff will only feel to able to seek help with health problems which require treatment with the confidentiality which any citizen has the right to expect if the recommendations of Brown & Russell are pursued.

The College's Officers would like to be informed of instances where staff members in mental health units are deprived of a confidential and appropriate service. Certainly we, in the medical profession, have a vital role in ensuring that psychiatric help is both sought and provided in a confidential setting when it is required.

Fiona Caldicott, *President, Royal College of Psychiatrists*

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