

cannot necessarily be said for our "care". While we are convinced that modern psychiatry is doing a splendid job, the general public, viewing the increasing mass of homeless mentally ill patients, and those incarcerated in prison, take this as visible evidence of failure. Such opinions, of course, are born out of ignorance, but in these days of market forces, can we ignore them? At least we must take people seriously

and avoid the use of interpretive psychotherapy as a smoke screen.

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1993 Trainees' Forum 'The Mental Health of the Nation'*

DAVID CASTLE, Honorary Secretary, CTC; and ROGER BULLOCK, CTC representative for Chiltern and Thames Valley

The setting of targets for health has the advantages of heightening awareness, focusing minds, and, it is hoped, ensuring availability of funding. The first of the targets in the medical health section of the recent government white paper *The Health of the Nation* (Department of Health, 1992), "to improve significantly the health and social functioning of mentally ill people", has none of the advantages of specificity or focus. Thus, the only true targets relate to suicide. Specifically, the aims are: (a) "to reduce the overall suicide rate by at least 15% by the year 2000" (b) "to reduce the suicide rate of severely mentally ill people by at least 33% by the year 2000".

Dr Kingdon, senior medical officer at the Department of Health, gave some indications of specific strategies which could reduce suicide rates. The identification of those at risk, through education of GPs, or the introduction of screening for depression in general practice, is one area of possible intervention. Another is removal of the means; for example, by putting methionine in paracetamol tablets, and changing the shape of exhaust pipes to make carbon monoxide poisoning more difficult. Of course, any measures to reduce suicide rates are welcome, although if broader social issues such as unemployment (which engenders depression and despair) are not addressed, it is debatable how successful these specific measures can be.

Mr G. Henderson, a hospital manager from South West Thames Regional Health Authority, gave the Forum a managerial perspective on how the white paper targets could be met. Strategies mentioned

included the establishment of integrated hospital/community/primary care services, setting explicit priorities, development and maintenance of local alliances; involvement of users and carers, the development of budgetary responsibility, and reduction in bureaucracy.

Professor Sims, introducing the College's response to the mental health component of *Health of the Nation*, welcomed the introduction of targets relating to suicide, and hoped that these could be met. However, the College document *The Mental Health of the Nation* (Royal College of Psychiatrists, 1992) makes clear that the College considers targets for suicide alone are not sufficient, and gives details of far broader targets (e.g. organisation of clinical services, requirements for in-patient beds, and consultant manpower) which need to be met to ensure that mental health can be effectively delivered in the future.

The impression from the Forum was that the approaches of the College and the Department of Health to mental health are very different. Indeed, while attempts to reduce suicide rates are laudable, the broader issues addressed by the College in its report must be taken into consideration if there is to be a true commitment to improving the mental health of the nation.

References

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