

## NEWS AND NOTES

Contributions to the 'News and notes' column should be sent to ip@rcpsych.ac.uk

### Mental Health and Deafness World Congress

The European Society for Mental Health and Deafness, in collaboration with Queen's University Belfast and the Royal College of Psychiatrists, has announced that the 6th World Congress on Mental Health and Deafness will be held in Belfast, Northern Ireland, 16–19 September 2014. The theme is 'Pathways to rights'. A rights-based approach ensures that mental and physical health and access to care are available to all people on a fair basis.

Keynote speakers include: Emeritus Professor Sir David Goldberg, winner of the RCPsych Lifetime Achievement Award; and Dr Liisa Kauppinen, former President of the World Federation of the Deaf and winner of the United Nations Human Rights Award 2013.

One in 1000 of the world's population is severely or profoundly deaf from birth or early life, a total of about 7 million people. Many belong to their country's deaf cultural community, with their national sign language as their first or preferred language. However, as the great majority are born into hearing families, they may have experienced language delay as children. As adults, deaf people



Emeritus Professor Sir David Goldberg, winner of the RCPsych Lifetime Achievement Award, will be a keynote speaker at the 6th World Congress on Mental Health and Deafness

can be subject to discrimination and social exclusion. Deaf people have at least the same range and prevalence of mental health problems as the general population, but have reduced access to services. For further information and to register see the website <http://www.wcmhd2014.org>

### International bursary schemes

The College Faculty of the Psychiatry of Old Age has established an annual bursary to enable a psychiatrist from a low- or middle-income country to attend the Faculty Annual Residential Meeting (usually held in March) in order to give an oral or poster presentation, or deliver a workshop. The bursary is intended to cover the cost of travel, accommodation and registration fees up to a maximum of £1500. Informal mentors will be identified for bursary-holders to enhance their introduction to Faculty members and their enjoyment of the meeting. For information on how to apply, please contact Kitti Kottasz ([kkottasz@rcpsych.ac.uk](mailto:kkottasz@rcpsych.ac.uk)).

The College Faculty of the Psychiatry of Intellectual Disability is now running an annual bursary scheme to enable a psychiatrist from a low- or middle-income country to attend the Faculty Annual Residential Meeting (usually held in October). The recipient will give an oral or poster presentation, or deliver a workshop. The bursary will cover the cost of travel, accommodation, registration and attendance at the Conference dinner, up to a maximum of £1500. An informal mentor will also be appointed to the successful candidate. For further information or to apply, please contact Kitti Kottasz ([kkottasz@rcpsych.ac.uk](mailto:kkottasz@rcpsych.ac.uk)).

### Careif Global Suicide and Suicide Prevention Essay Competition 2014

Careif, an international mental health charity with a special focus on protecting and promoting the health and well-being of young people living in culturally diverse societies around the world, holds an annual essay prize competition to encourage 'state of the art' essays on key mental health themes. Students are invited to submit, in open competition, an essay on suicide and suicide prevention and to explore its socio-religious context, cultural meaning and association with stigma. Entries must be no more than 4000 words, should be referenced using the Harvard style, and submitted by email to [essay14@careif.org](mailto:essay14@careif.org) by 21 December 2014.

## CORRESPONDENCE

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### Thomas Szasz

**Sir:** In their papers in the May issue, Moncrieff (2014) and Turner (2014) naturally focus on Szasz's polemical views on mental illness from the early 1960s onwards. I would like to draw readers' attention to a less well known paper he co-authored (Szasz & Hollender, 1956), which I have found much more constructive and enduring.

The paper outlines three models of doctor–patient relationship: activity–passivity;

guidance–cooperation; mutual participation. It makes the point that different disorders require different approaches (in particular, that long-term conditions require more collaborative ground rules) and even the same disorder may require different approaches at different times. It suggests that different doctors (and patients) are temperamentally suited to different models, and may experience problems if unable to change model as the clinical situation requires. It emphasises

the importance of complementarity between the patient's model and the doctor's. In contrast to Szasz's later critique of mental illness, the paper accepts the importance of disorder of function as well as physical lesions.

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Moncrieff, J. (2014) 'Freedom is more important than health': Thomas Szasz and the problem of paternalism. *International Psychiatry*, 11, 46–48.

Szasz, T. S. & Hollender, M. H. (1956) A contribution to the philosophy of medicine. The basic models of the doctor–patient relationship. *Archives of Internal Medicine*, 97, 585–592.

Turner, T. (2014) The legacy – or not – of Dr Thomas Szasz (1920–2012). *International Psychiatry*, 11, 48–49.

### Szasz in the context of low-income countries

**Sir:** It was refreshing to read in the May issue the paper by Moncrieff (2014) and the follow-on comment by Turner (2014). Taking heed from experiences in low-income countries and involving the community to accrue the best benefits when designing interventions are cited in Moncrieff's article. The parallel drawn between health and freedom is a paradox if one is to take the context of mental illness in many low-income countries. Most patients with mental illness in Africa are disadvantaged by the absence of mental health legislation frameworks that somehow favour 'health' over 'freedom', as only 44.4% of countries in Africa have drafted mental health legislation

(World Health Organization, 2011). Some are literally chained and subjected to witchcraft, such is the stigma of mental illness. Freedom in all its forms as advocated by Szasz, and buoyed in Moncrieff's article, is not 'missed' in low-income countries in the context of mental illness, but rather is conveniently lacking, due to stigma.

As should professionals in any branch of medicine, psychiatrists, be it in low-income countries or globally, should be advancing modern and evidence-based understanding of mental illness and advocate for patients in times of sickness and vulnerability to deliver the best available care. At times, the treatment offered might involve the patient's temporary loss of liberty, but this should always be done with due and appropriate consideration to maintaining human rights and dignity. In the long run, advocating advanced and improved mental healthcare will enhance equal opportunities of liberty and freedom.

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World Health Organization (2011) *Mental Health Atlas 2011*. Available at [http://whqlibdoc.who.int/publications/2011/9799241564359\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9799241564359_eng.pdf) (accessed June 2014).