



the college

Summary of the College response to the European Commission Green Paper on mental health

The Royal College of Psychiatrists warmly welcomes this Green Paper as a prospective contribution to the World Health Organization (WHO) Declaration and Action Plan. The case for an integrated mental health strategy is well made in the Paper, and the dual emphasis upon promotion of positive mental well-being and the prevention and treatment of mental illness is strongly supported.

The Paper includes two proposals for Council of Europe Recommendations. A Council Recommendation on the promotion of mental health should encourage positive attitudes towards social and family cohesion, and creativity and empowerment within society as a whole. There is a common view that modern lifestyles are becoming less conducive to a sense of well-being and therefore to good mental health. The strategy cannot ignore that view, but should actively investigate these issues when creating a practical framework of mechanisms for change.

A Council Recommendation on the reduction of depression and suicidal behaviour would have the potential to influence the largest diagnostic group, as well as those who are most at risk – and rates of suicide and self-harm are elevated in all mental illnesses. There is now enough reliable evidence upon which to base strategic decisions. As indicated in the Green Paper, new strategies for prevention can be built upon practices that have proven effectiveness, in different States, various age-groups and in diverse settings.

Relevance of mental health to Europe's policy objectives

Mental health is highly relevant to the EU's strategic policy objectives and the European Commission is well placed to make a number of valuable interventions. The need for change is well summarised in Section 1 and the secondary *benefits* of improved mental health to other policy areas, including economics, are enumerated and clear. We wish to also emphasise the increasing *capacity* for change, as a result not least of the recent expansion in knowledge about mental health and mental illness: about risk and protective factors, primary, secondary and tertiary prevention, and improvements in a wide

range of medical treatments and psychological therapies. This more optimistic view of what can be done to relieve mental health problems and improve recovery is slowly replacing traditional associations with sequestered custodial care. A wide-reaching and authoritative strategy, with an effective means of dissemination, should accelerate the acceptance of this positive view.

Are priorities adequate?

Would the development of a comprehensive EU strategy on mental health add value to the existing and envisaged actions and does the document propose adequate priorities? The College agrees that added value would flow most readily from initiatives that facilitate inter-agency and interstate collaboration, coordinate parallel developments between policy areas, and facilitate the provision of appropriate information for users at all organisational levels.

Satisfactory mental health in a community will depend in part upon economic and political stability and on settings that promote family life, good schooling, cohesion, rewarding work and care of the elderly. The strategy should encourage the richness of local diversity as well as offering standard approaches.

The College also agrees that provision of effective mental healthcare is a first priority, and suggests that the strategy should address the problems faced by all member States in setting realistic threshold criteria for entry to services. Although States are exclusively competent for the organisation of their own mental healthcare and psychiatric services, supportive actions might be taken by the European Commission to promote discussion and understanding of the principles involved. The College strongly supports the plan for a single integrative strategy with a strong coordinating influence.

Are initiatives appropriate?

Are the initiatives proposed appropriate to support the coordination between member States, to promote the integration of mental health into the health and non-health policies and stakeholder action, and to better integrate research and policy on mental health? The proposed initiatives set an ambitious and far-reaching agenda. The WHO Network of Promoting Hospitals and the European Alliance against Depression seem to provide good examples. Coordination between member States should take place at all levels and the proposals in Section 7 seem likely to ensure that.

Integration of mental health into general health and non-health policies would be assisted by a strengthened central mental health presence, rather than the domain being represented by a scattering of unconnected projects and stakeholder champions. Successful implementation of the strategy will not occur without extensive training and retraining as well as public education.

To view the Green Paper see http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf and for the College's full response see <http://www.rcpsych.ac.uk/pressparliament/collegeresponses/parliament/responses/collegeeuresponsemay06.aspx>

Substance Misuse Detainees In Police Custody: Guidelines for Clinical Management (3rd edn)

Council Report CR132, May 2006, Royal College of Psychiatrists and Association of Forensic Physicians, £12.50, 64 pp

There has been a major increase in the size and scale of substance misuse problems over the past decades and a corresponding increase in the numbers detained in police custody. Most of these detainees are vulnerable individuals. Recognition of substance misuse problems in these detainees is important and is now receiving local and national attention. The prevalence of such problems makes guidelines necessary for forensic physicians (police surgeons, forensic medical examiners and forensic medical officers) on the acceptable minimum standards for the assessment of those with drug and alcohol dependence and for treatment intervention.

These guidelines, now in their third edition, have been updated by a working group under the chairmanship of Professor Hamid Ghodse, including representation from the Association of Forensic Physicians, the Royal College of Psychiatrists, the Royal College of General Practitioners, the Faculty of Accident and Emergency Medicine, the Association of Chief Police Officers (ACPO), the Home Office and the Department of Health. Since the last edition there have been a number of initiative developments in services for those who misuse substances and in the clinical justice system in support



of treatment and prevention. Although the outcome of some of these initiatives is not yet clear, there is now a greater emphasis on diverting those in conflict with the law from custodial sentences towards treatment. This edition has taken account of those who are sentenced to prison and those with mental disability whose substance misuse brings them into conflict with the law.

The assessment and treatment of those who misuse substances present forensic physicians with particular challenges which require skills and experience to ensure appropriate management. Good communication, working closely with custody officers, and shared responsibility for the safety and care of detainees with substance misuse problems are all important factors. In particular, the guidelines stress the importance of:

- forensic physicians' full participation in all aspects and at all stages of the healthcare of detainees with substance misuse/dependence problems
- providing advice to custody officers and others involved with detainees with substance misuse/dependence problems
- comprehensive contemporaneous records
- appropriate sharing of information in accordance with the law and the General Medical Council's advice on professional confidentiality
- all interventions being made with an awareness that the interests of the detainee as a patient are paramount.

The guidelines will be of immense value to all practitioners in helping and supporting detainees, and to the staff of law enforcement agencies who are involved in the care of detainees with

substance misuse problems. They will also be useful for teaching purposes for medical and nursing staff and arrest referral officers.

Psychiatric Services for Adolescents and Adults with Asperger Syndrome and Other Autistic-Spectrum Disorders

Council Report CR136, April 2006, Royal College of Psychiatrists, £7.50, 40 pp

Autistic-spectrum disorders (ASD) are a complex group of developmental disorders frequently associated with comorbid psychiatric disorder, colouring their presentation and complicating their management. Presenting over a wide range of age and ability, they are encountered in all psychiatric specialties.

This report is a consensus view of the psychiatric services required for many with ASD in adolescence and adulthood. The focus is often on diagnosis, but this is only one part of a wider process of multidisciplinary assessment that should then flow on to management. Although the report focuses narrowly on psychiatry, it recognises that this is only one part of a more extensive range of services. It is a preliminary exercise, intended to inform the broader, multidisciplinary and multi-agency approaches that are under way across the whole of the UK. It is addressed to psychiatrists, stakeholders in the development of ASD services and commissioners of adolescent and adult

services, across all the psychiatric specialties.

After a description of the syndrome, its comorbidity and epidemiology, the report distinguishes diagnosis from the fuller, multidisciplinary assessment. Reviewing the methodology and difficulties of this process, it concludes that all psychiatrists should be able to recognise the syndrome, diagnosing it in clear-cut cases, and be aware of its implications. This has to be the subject of postgraduate training at all levels, from basic psychiatric training through to the consultant's continuing professional development.

Besides the lack of services specific to this population, people with ASD are poorly served by most standard services – in particular, those who are too old for adolescent services and too able for learning disability services. For those whose diagnosis is less straightforward or whose clinical management is more complex, there needs to be access to local specialist expertise and, where necessary, to tertiary specialist services. This applies particularly to the provision for psychiatric admission, whether as day-patients or in-patients, for a group of people for whom the usual clinical environment can be distressing and unhelpful. Psychiatric services need to improve through a combination of training, better liaison between the specialties and the development of specialist interest and tertiary services, the last including the development of autism-specific services both in the statutory and in the independent sectors.

Psychiatric services are overstretched by existing demands, so that any improvement will only come about if driven by service commissioners who recognise the shortfall and specifically support further developments.