

A Speciality Register: uses and limitations

Susan M. Benbow and David J. Jolley

The Section of Old Age Psychiatry has compiled an informal register of old age psychiatrists using regional representatives as informants. This has been found to have a number of uses, but has also aroused concerns.

Old age psychiatry has evolved from its origins as a Special Interest Group within the Royal College of Psychiatrists, via Section status as a subspeciality to become a speciality recognised by the Department of Health since 1989. Many activists within the field have become known to one another by attendance at College meetings, but others have chosen to work in relative isolation. Some colleagues have devoted themselves to full-time work with the elderly mentally ill, whereas others, particularly in the 1970s and 1980s have maintained sessions in general psychiatry. An overview of developments has been lacking. In the 1980s Wattis (Wattis *et al.*, 1981) undertook a number of surveys of old age psychiatrists, and a first attempt at registering known consultants in the (then) subspeciality was undertaken in 1983 (Wattis & Arie, 1984). The list of Fellows, Members, Inceptors and others seeking membership of the Section stood at just over 1000 in 1995 and includes some whose interest in old age psychiatry is but one among many. An up-to-date register of consultants practising in the field has many potential uses. The main uses are to facilitate manpower planning; to gather opinion and information on a systematic basis; to distribute information quickly to key personnel; to distribute information between colleagues in the field and in related areas of work; and to provide a sampling frame for research initiatives.

The study

Since 1990 the Section of Old Age Psychiatry has sought to produce a list of current consultants in each District/Trust and to update it annually. The method used has been to collect information by telephone and letter via the network of regional representatives. Despite the simplicity and speed of this approach there have been difficulties in obtaining information, and lists compiled have rapidly become out-of-date as soon as or before

they are available. This is inevitable in a rapidly developing speciality.

Findings

The list completed in 1990 identified 360 consultants whose main work was in old age psychiatry. Only 77 of these were known to the Regional Health Authorities as 'old age psychiatrists' or 'Psychogeriatricians'. By 1993 the number of consultants had increased to 405 (most, but not all, working full-time in the speciality), yet there remained evidence of deficiencies. Thirty established posts were known to be vacant and a further 16 occupied by locum consultants. Twenty Districts were without a single consultant known to be specialising in old age psychiatry. Other Districts had reached or surpassed the suggested ratio of one whole time equivalent consultant for a population of 10 000 aged over 65 years.

Comments

Using the list, information about the availability of long-stay beds (Tomenson *et al.*, 1994) and workload, work patterns and stress has been collected and used by the Section in commenting on policy and practice. Research projects have enquired into working relationships with general practitioners (Banerjee *et al.*, 1993), the prescription of anti-depressants (Orrell *et al.*, 1995), use of autopsy services (Benbow *et al.*, 1994) and patterns of use of electroconvulsive therapy (Benbow, 1991).

There is clear potential for further work using this sampling frame, although it is important not to ask too much too often of colleagues lest they should feel hindered rather than helped by the process.

Anxieties have been expressed about the availability of the list. This has been a source of some surprise and puzzlement, since the appointment of consultants is public knowledge and names are available in the College Membership list, *Medical Directory* and through other routes. Fears of increased assault from the pharmaceutical industry have proved unfounded. Colleagues

in the Alzheimer's Disease Society and Age Concern may find it difficult to identify a useful contact for members with relatives in some places. Availability of the list to them would benefit all concerned.

The Section's intention is that the Old Age Psychiatry Specialist Register (which is an informal list) will be maintained and updated annually. It seems likely to serve the Section well.

References

- BANERJEE, S., LINDESAY, J. & MURPHY, E. (1993) Psychogeriatricians and general practitioners: a national survey. *Psychiatric Bulletin*, **17**, 592-594.
- BENBOW, S. M. (1991) Old age psychiatrists' views on the use of ECT. *International Journal of Geriatric Psychiatry*, **6**, 317-322.
- BENBOW, E. W., BENBOW, S. M. & REID, H. (1994) Autopsy services for old age psychiatrists in England and Wales: a survey of consumer satisfaction. *International Journal of Geriatric Psychiatry*, **9**, 25-30.

ORRELL, M. W., BALDWIN, B., COLLINS, E., *et al* (1995) A UK national survey of the management of depression by geriatricians and old age psychiatrists. *International Journal of Geriatric Psychiatry*, **10**, 457-467.

TOMENSON, B., JOLLEY, D. J. & BENBOW, S. M. (1994) Traffic lights: extracting order from the chaos of long-term care. *International Journal of Geriatric Psychiatry*, **9**, 985.

WATTIS, J. P. & ARIE, T. (1984) Further developments in psychogeriatrics in Britain. *British Medical Journal*, **289**, 778.

WATTIS, J. P., WATTIS, L. & ARIE, T. (1981) Psychogeriatrics: a national survey of a new branch of psychiatry. *British Medical Journal*, **282**, 1529-1533.

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