

Professor Sue Bailey elected College President

Congratulations to Professor Sue Bailey OBE, who was elected President of the Royal College of Psychiatrists. Professor Bailey will take office from Thursday 30 June 2011, at the College's International Congress in Brighton. Professor Bailey has previously been Registrar of the Royal College of Psychiatrists (2005–10) and since 1983 has been a Consultant Child and Adolescent Forensic Psychiatrist and Professor of Child Mental Health Policy at the University of Central Lancashire. Professor Bailey's priorities as President will be to ensure that the College helps its Members to be inspirational leaders for clinical teams and to be respected across medicine. Among Professor Bailey's priorities for the International Divisions is to enable them to develop their own programmes.

International Psychiatry Editorial Board

The Editorial Board of *International Psychiatry* is recruiting new members with a view to enhancing its pool of expertise. Editorial Board members will be required to contribute ideas for the development of the journal, to introduce new contacts, to assist with peer review and to submit papers for publication. They are also required to participate, either in person or by teleconference, in Editorial Board meetings, which take place four times a year.

To be considered for one of these positions, please submit a curriculum vitae and covering letter to ip@rcpsych.ac.uk. Please outline in the covering letter any relevant experience and your reasons for applying. The deadline for receipt of applications is 17 May 2011. Please refer to 'The role of the board member' (available at http://www.rcpsych.ac.uk/pdf/IP_EditBoard_terms.pdf) before submitting your application.

Eurobarometer special report on mental health

Eurobarometer, the European Commission's public analysis department, has published a special report on mental health. The main themes addressed in the report are:

- the state of mental well-being – how well people feel mentally and physically
- level of comfort at work – how secure people feel in their current jobs, whether they feel their skills match their current role and whether they feel they receive adequate recognition/respect for what they do
- care and treatment – what help and treatment people have sought to ameliorate any mental health conditions they have experienced

- perceptions of people with mental illness – how comfortable people feel about interacting with those with a mental health problem.

The full report can be found at http://ec.europa.eu/public_opinion/archives/ebs/ebs_345_en.pdf

Bursary from the Faculty of the Psychiatry of Old Age

The College's 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 2012 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 economy-class travel, accommodation, free registration and attendance at the conference dinner, up to a maximum of £1500. Informal mentors will be identified for the bursary holder, to enhance their introduction to Faculty members and their enjoyment of the meeting. Requests for more information and details of how to apply should be sent to ip@rcpsych.ac.uk

Pilot mental health outreach programme in Sindh

The Psychiatry Department at Shaheed Mohtarma Benazir Bhutto Medical University in Pakistan, in association with Singh Doctors Association UK, the British Pakistani Psychiatrists Association and the Royal College of Psychiatrists, has launched a schizophrenia outreach programme in Larkano Sindh, Pakistan (the SOUL Project). This project addresses the stigma attached to long-term mental healthcare, both for the patient and for the family. The SOUL project aims to:

- recognise, treat and manage identified patients with schizophrenia through a stepped-care approach, starting with home-based outreach treatment and with symptom resolution, stepping down to out-patient treatment
- aid recovery of the patients by facilitating their absorption into the local employment/labour market, through collaboration with local chambers of commerce and industry
- provide psychoeducation and awareness about schizophrenia to the family and local community
- generate clinical, functional and economic evaluation outcomes.

Obituary: Charles Schuster

It is with great sadness that we inform you of the recent death of Dr Charles Schuster. Dr Schuster contributed to the work of the World Health Organization through its

Expert Advisory Panel on Drug Dependence and Alcohol Problems from 1977 to 1998 and as a member of the Expert Advisory Panel on Drug Dependence (Dependence Liability) since 1998. He served on several Expert Committees, including the 33rd and 34th Expert Committees on Drug Dependence. Dr Schuster also founded the University of Chicago's Drug Abuse Research Center. From 1986 to 1992, he served as the Director of the National Institute on Drug Abuse, a position from which he oversaw the development of grant and contract programmes to fund research into

the aetiology, prevention and treatment of drug misuse, and its medical and social consequences. In 2000, he became Director of the Addiction Research Institute at Wayne State University, a position he held until his premature death. Dr Schuster made an outstanding international contribution to the field of addictions and international drug policy. He was a visionary leader with great personal charm, charisma and empathy for people in distress, whether through addictions or other mental illness. Deepest condolences go to his family and friends.

CORRESPONDENCE

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NHS reforms – a threat to mental health services?

Sir: As a psychiatrist and general practitioner (GP) who moved to the UK to train in the National Health Service (NHS), we are concerned that controversial proposals for wide-sweeping reform may damage mental healthcare provision. According to a Department of Health spokesman (as widely reported in the news media, 11 March 2011), the UK government proposes to 'cut bureaucracy and give doctors the power and freedom to make the service more responsive to patient needs'. General practitioners are to be handed budgets to commission specialist services, including mental health services, with an emphasis on competition, not collaboration. We are concerned that these reforms are another step towards the privatisation of the NHS. Experience in countries with private, competitive healthcare systems is that mental health service users may be at a disadvantage and the quality of care variable. Recent US healthcare reforms towards a more inclusive model, based on social care and supporting the more vulnerable in society, reinforce this view.

The evidence for the need for transformation has been on the basis of poorer health outcomes in the UK compared with countries with similar levels of spending on health. This evidence has been contested robustly (Appleby, 2011; Goldacre, 2011). Moreover, the British Medical Association has stated that the reforms are 'potentially damaging' (as reported on 1 October 2010), particularly where competition as opposed to collaboration risks fragmentation of services.

The implications for mental health services are unclear. However, a number of UK mental health groups have expressed disquiet at the potential effects of these proposals. A survey by the charity Rethink (2010) found that most GPs did not feel equipped to commission mental health services. The mental health charity Mind (2011) has called on the UK government to ensure that any changes to NHS commissioning do not jeopardise the continuity and quality of care currently received by people with mental health problems. It emphasised the difficulties people already face in a relatively

well provisioned NHS mental health service. Mind (2011) also raised the spectre of GP 'doorstep lobbying', which may mean that mental health loses out in the battle for resources. A study by the Institute for Public Policy Resource Research (2011) suggested that the quality of dementia care would suffer under the reforms. The Institute reported that just 31% of GPs in London feel that they have received sufficient training to diagnose dementia. Furthermore, productivity improvements could be put at risk by the reforms, as could joint working, according to a report by the King's Fund and the Centre for Mental Health, with input from the Royal College of Psychiatrists and other stakeholders (see King's Fund, 2010). Substantial long-term financial savings can be made by integrating mental health and social care services according to the King's Fund study.

It is difficult to see how the proposals in their current form might promote integration and collaboration when their focus is on competition and fragmentation. Collaborative working across and between services, and optimal care pathways, are a cornerstone of successful mental health service provision. Countries undergoing healthcare reform might wish to follow both developments and mental health outcomes in the UK over the next few years.

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