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Good health services research is the answer

This is a welcome editorial which I hope will be read as much by ministers and civil servants as by psychiatrists in the interests of 'open government' and 'transparency' (words I have to put in quotes because I am still not convinced that policy in this area has yet reached reality). Dr Kendell (1999) outlines the real difficulties in getting a genuine dialogue established between profession and government. If the government sees representatives of the Royal College as "spokesmen for a rather conservative profession with its own self-serving agenda" and we see the Department of Health and its ministers as a juggernaut which will drive through its policies regardless of anything but public opinion, we are unlikely to make any significant progress. In this respect Dr Kendell is perhaps being too modest about his own influence during the time he has been president of the College. Through his knowledge of the Civil Service and the upper echelons of psychiatry, together with steadfastness and personal integrity, he has played a major influence in making sure that the voice of our profession is heard, not in a self-serving way, but as a genuine expression of concern over the care of people with mental illness in our country.

I fully agree that one of the most successful ways in which psychiatrists can influence government is by providing incontrovertible evidence through high-quality health services research. The simple, but unfortunate, fact is that most of this evidence is not available because the relevant research has not been carried out. Although we have made considerable advances in recent years (and it is fair to say that we are ahead of most other countries in this respect) we are still remarkably slow to anticipate important research questions that will be asked by governments and health departments within the near future and, as a consequence, appear to be left in a vulnerable position when answers are not forthcoming.

This is illustrated by the recent debate over the care of people with severe personality disorder. In discussing the merits of various forms of care for such individuals, all of which are extremely expensive, we have not been able to give any advice beyond that given by the informed layman, purely because the research has not been carried out into the effectiveness of different approaches in this group. While we can bemoan the absence of funding for such studies, I think it is more a question of absence of will. I am a great believer of Lord Rutherford's dictum "we have no money so we will have to think", and there is no doubt that, with sufficient determination and resolve, the relevant research can be carried out to answer these questions. The same applies to a range of very important subjects that government has to have near the top of its mental health service agenda. These include: (a) does the policy of community care pose a threat to the general population?; (b) how many psychiatric beds are needed for a psychiatric service to function effectively?; (c) are new antidepressants cost-effective?; and (d) what should be the responsibilities of primary care in mental health service provision?

As I have long had an interest in health services research, the complaint that these subjects have not received the attention they deserve may be regarded as a form of special pleading. I accept this, but would also argue that psychiatrists, through their clinical skills and training, are best placed to answer these questions than the many others which seem to have them mesmerised at the present time. The future of neuro-imaging in the assessment of psychotic disorders is an important subject, but should it be preoccupying the attention of so many of our best brains in psychiatry when they could be engaged on subjects of more tangible benefit that are much more likely to lead to an outcome which helps patients? When I was an undergraduate and wanted to know more about a career in psychiatry I was frequently told the not particularly funny definition of a psychiatrist, a "doctor who when called upon to give a diagnosis can be guaranteed to disagree with his colleagues". Seldom do I hear this now, as we have moved beyond it in our definition and classification of mental disorders, but we can still be accused in a similar vein when asked our views on the management of psychiatric disorders. Open dialogue should be reinforced by clinical governance and, if this is to avoid the fate of so many other buzz words in the lexicon of health service reform, it must embrace a new attitude to research and its importance in improving health

https://doi.org/10.1192/pb.23.6.325 Published online by Cambridge University Press

care. Generating influence in the Department of Health can best be done by showing that we take this seriously and by showing much better evidence of collaboration and initiative in answering the questions which the College, our political masters and the general public all know to be important and for which we should be able to provide clear and unequivocal answers.

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PATIENTS AND CARERS AND COLLEGE ACTIVITIES

CAN YOU HELP?

The College is considering setting up a database of patients and carers who might contribute to College Committees, working parties and the Changing Minds: Every Family in the Land Campaign.

Although the college has a very active 'Patients and Carers' Liaison Group, which includes representatives from the main mental health patients and carers organisations such as National Schizophrenia Fellowship, Mindlink, Manic Depression Fellowship, the External Affairs department would be interested to hear from any members of the College who may know of patients and carers who would be interested in getting involved in college activities.

Please forward any suggestions to Deborah Hart, Head of External Affairs
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https://doi.org/10.1192/pb.23.6.325 Published online by Cambridge University Press