the columns

correspondence

ICD–11 and DSM–V: time to revisit the introversion/extroversion debate?

Given the volume of work which now exists on this, it is striking how extroversion/introversion plays no real part in either ICD–10 or DSM–IV. These are well-used and well-understood terms which are easily measured using the Myers–Briggs Type Indicator. With the development of ICD–11 and DSM–V, is it now time for this to be reviewed and perhaps included in a more substantial way?

There is also a wider issue here apart from diagnosis. Should introverts have different treatment approaches from extroverts? Are different types of drugs likely to be more successful? How does being an introvert compared with an extrovert change the way an individual perceives and deals with mental illness?

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New Ways of Working: time to abandon the phrase

Christine Vize *et al* (*Psychiatric Bulletin*, February 2008, **32**, 44–45) advise us against any loss of momentum in this revolution of our working practice. Previous debates on community care and home treatment were clear and based on significant background information, whereas New Ways of Working is unclear what it is about (other than the abandonment of traditional out-patient clinics) and is not supported by evidence.

It would be easier to join this bandwagon if it was clear where it was coming from and heading to. The movement originated from recruitment and retention problems in psychiatry but has moved on to attempt to optimise functioning of multidisciplinary teams. The real stress in adult psychiatry never came from dysfunctional multidisciplinary teams but rather emerged from unrealistic expectations about our ability to curb violent patients. Nothing in New Ways of Working will address this.

The term has become divisive with its denigration of previous patterns of service and its unwillingness to let the evolutionary processes that have worked well over the past 20 years continue to take their course. I do not agree that the body of the profession has been 'one of the biggest single drivers' of New Ways of Working which is about changing professional roles on a wide scale. The College will not be able to control New Ways of Working either. It is time for a more cautious approach to the change incompatible with such a phrase as 'new ways of working'.

Declaration of interest

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Safety for psychiatrists

Dibben *et al* (*Psychiatric Bulletin*, March 2008, **32**, 85–87) clearly address the importance of safety for both trainee and consultant psychiatrists within the work environment.

I recently undertook a similar survey, using an anonymous postal questionnaire, among all medical staff (consultants, *n*=6; trainees, *n*=10) working in a mental health unit based in a major general hospital in Ireland, likewise adapted from safety guidelines drawn by the Royal College of Psychiatrists (2006).

Our findings contrasted with those of Dibben *et al* (2008), with consultants giving more consideration to safety issues than trainees: attendance to breakaway training (100% *v.* 20%), awareness of local safety policies (100% *v.* 0%), use of personal alarms (100% *v.* 20%) and perception of vulnerability (80% *v.* 20%). Direct inspection of all the interview rooms in the psychiatric unit (*n*=15) found out that none of them met all the predetermined safety criteria.

Inadequacy of safety standards in the mental health setting indeed appears to be a widespread phenomenon (Chaplin *et al*, 2006). Safety in the clinical environment is thus an issue that needs to be taken with utmost importance by clinicians and adopting a degree of vigilance about sound safety measures lies to a certain extent within one's own responsibility. Nevertheless, health managers must not mismatch their priorities and should ensure the implementation of useful recommendations derived from audits regarding staff safety. Ultimately, this would also avoid the trap of such audits merely ending up as an exercise in systematic inquiry.

CHAPLIN, R., McGEORGE, M. & LELLIOTT, P. (2006) The National Audit of Violence: in-patient care for adults of working age. *Psychiatric Bulletin*, **30**, 444–446.

ROYAL COLLEGE OF PSYCHIATRISTS (2006) *Safety for Psychiatrists* (CR134). Royal College of Psychiatrists.

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The global issue of the National Health Service (NHS) staff safety was prioritised in 2005 by Department of Health's documentation *Promoting Safer and Therapeutic Services* which placed an expectation upon the Security Management Service to provide safety training for all frontline staff by March 2008.

I conducted a survey, similar to the one by Dibben *et al* (*Psychiatric Bulletin*, March 2008, **32**, 85–87), within the Birmingham and Solihull Mental Health Trust, examining personal safety awareness among staff and associate specialists and consultant grades (*n*=64). This revealed that 85% of staff and associate specialists, and 78% of consultants had received breakaway training within the past year; 36% of consultants were aware of local trust protocols and 100% of those surveyed believed medics of all grades should routinely receive safety training. This differs from the published study