

From the Editor's desk

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THIS MONTH'S ISSUE: DISTRESSED BRITISH NATIONALS AND HEALTH PROFESSIONALS

Although we again have an international flavour to launch a new year of the *Journal* I beg a little latitude to be parochial. Bloch & Green (pp. 7–12), in their sensitive but nicely robust analysis of the ethics of good mental healthcare, conclude that a pragmatic combination of 'respect for autonomy, beneficence, non-maleficence, justice and care ethics' is the essence of good practice. Although neither author is British, this combination of practical good sense and general guiding principles has been adopted readily by this small nation and is an excellent anecdote to rigid protocols driven by dogmatic propositions that all too often masquerade as evidence. I see pragmatism as a way of working around barriers in my clinical practice and in general I am helped by my British colleagues in this endeavour. This was reinforced recently to me by the embassy staff in a European city who were helping to return what is commonly labelled in their service as a DBN (distressed British national) to the UK. I had assessed, and offered to escort, a DBN back to the UK. During the flight, I read the very useful and pragmatic advice of consular staff about how to deal with DBNs in a diplomatic manner. 'Look for easy wins. For example, a person wishing to write to the Queen or the Prime Minister about a personal injustice should be given a pen and paper to express

themselves'. This was excellent advice that served me well during the journey.

At the end of this eventful flight we were greeted by cheery police officers positioned by a flap at the exit to the plane; 'I think we need another word with you, sir'. This involved assessment by another doctor and social worker and took some time, but I was grateful that it was considerably more rapid than the longer periods of detention described by Steel *et al* (pp. 58–64) that I now understand create so much damage to mental health. The social worker, in an alien environment some way from the detaining hospital, had the difficult responsibility in arranging the transfer, and, in the end, I accompanied the patient in the ambulance to the hospital, where I continued my reading of consular advice. So in response to the patient's great unhappiness at being denied his freedom I read: 'take the person's side of the story seriously, however strange it may seem. Their "realities" may be very different to yours, but to the person they are just as "real".' So we discussed the injustice of life in our overcrowded island and the problems that people have in honestly expressing themselves when they have a bit of zing. The experience also helped me to understand the higher levels of dissatisfaction and burnout among mental health social workers, perhaps the most distressed of British health professionals according to the evidence adduced by Evans *et al* (pp. 75–80), particularly if they happen to be approved social workers. It is when we

regard social workers as agencies in a system rather than valued colleagues that they suffer in this way, and I have resolved to think somewhat less of my colleagues as annoying cogs in an unwieldy system and more of them as skilled members of a team.

A MORE GLOBAL JOURNAL IN 2006

2006 is going to be a year of important change and 'rebranding' for both the College and for the *Journal*. We have had a 50% increase in our submissions in the past year and need to expand our group of busy Associate Editors; we can now appoint up to 25 for this position. We are also charged with giving the journals that we publish a much wider appeal, attempting to expand the interest shown by British psychiatrists in the *Journal* (Jones *et al*, 2004) to many more disciplines, and you may also notice some changes in this direction. We have also dispensed with the title of Assistant Editor and expanded the Editorial Board to include many more colleagues from other parts of the world. Together these now constitute a new International Editorial Board and at least one meeting of this Board each year will take place outside the UK. Finally, we have introduced fast-track publication for those who really feel their articles cannot wait in the ordinary channel of processing and deserve the most rapid of assessments. Please look at the revised instructions for authors if you wish to go down this route.

These changes will succeed only if readers feel the *Journal* remains relevant, or more attuned, to their own needs and interests. This will not be easy, as we have a large and varied constituency, and we trust you will let us know if we appear to be going astray.

Jones, T., Hanney, S., Buxton, M., et al (2004) What British psychiatrists read: questionnaire survey of journal usage among clinicians. *British Journal of Psychiatry*, **185**, 251–257.