special articles

Psychiatric Bulletin (2001), **25**, 392–394

DAVID GOLDBERG

The work of the College Research Unit during 2000

One of my tasks as Acting Director of the College Research Unit (CRU) is to make its work better known to members of the College. While attentive readers of *BJP* and the *Bulletin* may have gained a flavour of our work, inevitably much never sees the light of day, as it takes the form of confidential reports to the organisations that commission the various projects that we undertake. The papers that have appeared that describe our work during 2000 are set out below and a list of books, which represent another form of output.

We are also engaged in active collaboration with sections of the College and have many activities in community psychiatry, old age psychiatry and child and adolescent psychiatry. We are currently also developing projects in conjunction with colleagues in the addictions. We have recently mounted a successful bid in conjunction with the British Psychological Society to form a collaborating centre to produce clinical guidelines on behalf of the National Institute for Clinical Excellence and will be appointing extra staff over the first half of 2001.

Journal articles

Audini, B., Pearce, A. & Lelliott, P. (2000) Accuracy, completeness and relevance of Department of Health returns on provision of mental health residential accommodation: a data quality audit. *Journal of Mental Health*, **9**, 365–370.

> A review of the accuracy and coverage of Department of Health returns on the provision of mental health residential accommodation in seven English health trusts. The Department of Health failed to identify over half (n=130) of the facilities, which contain over 51% of all mental health places. Of those facilities not identified, 89 were omitted because they did not meet criteria for inclusion. It is concluded that future criteria should be agreed between those who commission the collecting of data and those who collect it.

Lelliott, P., Audini, B. & Duffett, R. (2001) Survey of patients from an inner-London health authority in medium secure psychiatric care. *British Journal of Psychiatry*, **178**, 62–66.

> This paper describes patients from an inner-London health authority in all forms of medium-secure provision. It aims to compare those in NHS provision with those in the independent sector, and Black patients with White patients. The main findings conclude that the NHS meets only part of the need for medium secure care of the population of this health authority. The comparison of the Black and White patients does not help to explain why Black people are over-represented in medium secure settings.

Lelliott, P. (2000) Clinical standards and the wider quality agenda. *Psychiatric Bulletin*, **24**, 85–89.

> This paper sets forth the drivers of the quality agenda; describes the five levels used by the Health Advisory Service (HAS); and pleads for the dissemination of evidence-based messages and the provision of clinical guidelines.

The Clinical Standards Advisory Group (2000) *Depression: report of a CSAG committee chaired by Professor Chris Thompson. Services for Patients with Depression.* London: Department of Health.

> Surveys and site visits were used in this UK-wide review of services for people with depression. The report recommends that the roles and responsibilities of primary, community and specialist teams need to be better defined, and improved access to psychological therapies of proven effectiveness is needed. Urgent attention should be given to the provision of information to both patients and general practitioners (GPs). Local primary mental health care strategies and GP training should be developed to specifically include services for people with depression.

Lindow, V. & McGeorge, M. (2001) *Research Review on Violence Against Staff in Mental Health In-patient and Community Settings*. London: Department of Health.

> Produced to support the work of the National Task Force on Violence Against Social Care Staff, this paper and associated bibliography summarise best available evidence in relation to the prevention and management of violence in community and in-patient mental health services.

McGeorge, M., Lelliott, P. & Stewart, J. (2000) Managing violence in psychiatric wards: preliminary findings of a multi-centre audit. *Mental Health Care*, **31**, 366–369.

> This audit gathered feedback from over 3500 staff, users and visitors to mental health in-patient services. Findings revealed that although some of the factors that are causing violence would be expensive to remedy – poorly designed facilities, low staffing levels – many are not. Improvements can be made by reviewing the use of space, changing ward routines and improving multidisciplinary team communication.

McGeorge, M. & Lindow, V. (2000) Safe in our hands. *Mental Health Practice*, **4**, 4–6.

> Mental health in-patient services are not safe places to spend time – or so say the findings from the national audit of the management of violence. Poor communication is leaving many staff and service users exposed to unnecessary risk. Reliance upon non-permanent nursing staff is reducing the effectiveness of any plans to manage incidents coherently. Nursing staff morale is low and this is further reducing the safety of the ward environment.

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Mears, A. & Worrall, A. (2001) A survey of psychiatrists' views of the use of the Children Act and the Mental Health Act in children and adolescents with mental health problems. *Psychiatric Bulletin*, **25**, 304–306.

This paper reports the findings of a survey of the Faculty of Child and Adolescent Psychiatry at the Royal College of Psychiatrists (n=480). They were asked what they thought were the main issues relating to the use of the Children Act and the Mental Health Act in children and adolescents in psychiatric settings. The four most reported themes were: choosing between the Mental Health Act and the Children Act; general issues around consent to treatment; issues with Social Services Departments; and the stigma associated with using the Mental Health Act.

Palmer, C. & Lelliott, P. (2000) Encouraging the implementation of clinical standards into practice. *Psychiatric Bulletin*, **24**, 90–93.

Implementing clinical standards is a complex and 'messy' process, not even as simple as 'information+training+resources=implementation'. The best strategy is one that uses a wide range of different approaches in the hope that it will provide something that works for the maximum number of people. Most feedback to clinicians and NHS staff is negative – complaints, critical incidents, prescribing errors, lateness arriving at clinics and so on. This can be both demoralising and demotivating. Recognising that clinicians have made an effort to implement standards, achieved improvements in practice as demonstrated through clinical audit, or learn something new, can be achieved through individual performance reviews, during team meetings, through the trust newsletter and by formal award ceremonies. It often takes very little to say 'well done', but it can go a long way to predisposing clinicians and others to implement clinical standards in the future.

Palmer, C. (2000) Clinical Governance Support Service. *Psychiatric Bulletin*, **24**, 151.

In its first year of operation, the Clinical Governance Support Service (CGSS) was providing help and advice to 92 trusts, with major emphasis of the provision of information, and held two well-attended symposia as well as a national multi-disciplinary conference. In its second year the CGSS extended help to private providers and emphasised staff and service development to support clinical governance.

Ramchandani, P., Joughin, C. & Zwi, M. (2001) Evidence-based child and adolescent mental health services: oxymoron or brave new dawn? *Child Psychology and Psychiatry Review*, **6**, 59–64.

Professionals working in child and adolescent mental health services are increasingly encouraged to examine the evidence underlying their clinical practice. Embracing evidence-based practice can present difficulties, as barriers to changing practice exist. This paper examines these difficulties and provides a framework for understanding the practical application and the benefits of adopting an evidence-based approach to practice in a multi-disciplinary setting.

Wing, J. K., Lelliott, P. & Bevvor, A. S. (2000) HoNOS update. *British Journal of Psychiatry*, **176**, 392–393.

This paper reports the development of Health of the Nation Outcome Scales (HoNOS), and use of the scales by clinicians in various countries. HoNOS has been formally adopted for use in the context of major Care Programme Approach reviews, to be available to clinical staff on networked information systems. The authors envisage three future roles for HoNOS: use as a simple tool for members of community mental health teams, to be inserted into a patient's case record; as part of the minimum data-set to measure progress and allow local comparisons; and the use of aggregated scores for epidemiological and administrative use. The paper is followed (pp. 393–395) by a commentary by three groups of users of the scales.

Worrall, A. & O'Herlihy, A. (2001) A survey of psychiatrists' views of in-patient child and adolescent psychiatric services. *Psychiatric Bulletin*, **25**, 219–222.

This paper reports the findings of a survey of the Faculty of Child and Adolescent Psychiatry and the Royal College of Psychiatrists (n=454). They were asked what they thought were the main issues relating to child and adolescent psychiatric in-patient services. The four most reported themes were lack of emergency beds and of beds in general; lack of services for severe or high risk cases; poor liaison with patient's local services; lack of specialist services and poor geographic distribution of services.

Zwi, M., Ramchandani, P. & Joughin, C. (2000) Evidence and beliefs in ADHD. *BMJ*, **321**, 975–976.

Attention-deficit hyperactivity disorder (ADHD) generates considerable controversy. The variation in reported incidence rates, the lack of clarity regarding appropriate treatment and management and the fact that there is not a validated diagnostic test to confirm the clinical diagnosis, leaves clinicians and parents in considerable confusion. This editorial discusses what is known and what is not known regarding the management of children with ADHD. It calls for improved methods and reporting of primary research studies in order to improve clinical decision-making. It also discusses the findings of two key studies that were published in 2000.

Books

Richardson, J. & Joughin, C. (2000) *The Mental Health Needs of Looked After Children*. London: Gaskell.

Children in care have significantly higher rates of mental health problems, and current statistics indicate that their life chances are well below those of other children. This book deals with the mental health needs of children in the care of local authorities and foster families. It addresses many of the problems that may be experienced by these children and young people and their carers; depression, deliberate self-harm, substance misuse and

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psychosis. It is designed to be a practical resource for anyone who is concerned with children in public care. The voices of children who have been in care are heard through the use of poetry, which presents a range of issues from the child's perspective.

Joughin, C. & Shaw, M. (2000) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health*. London: Gaskell.

Finding the Evidence aims to provide busy clinicians with access to the best available secondary research evidence dealing with children and adolescents. It combines a list of available evidence on a wide range of subjects relating to children's mental health with a simple guide to searching for research evidence. This book represents the first step in a range of initiatives to improve clinicians' access to evidence, and is also available on-line. Current plans are to update the resource on an annual basis in hard copy and every 6 months on the website: http://www.rcpsych.ac.uk/publications/gaskell/50_1.htm.

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Media and the College

The Work of a DPEO: an aide memoir

I became a Divisional Public Education Officer (DPEO) for the College's External Affairs Department in 1990. My first media training day was most informative. I learned how to disseminate information; how to inform journalists about issues pertinent on the day; and ways to challenge stigma. I learned that it was safest to assume that most journalists do not usually understand the complexity of mental health issues. The health correspondent for the BBC at the time showed how adequate preparation – making written information available in a helpful question and answer format – and development of personal relationships with journalists through understanding how they work, their deadlines, pressures, etc., are important factors in trying to do the job properly. I also learned the golden rule: never say anything off the record.

National newspaper journalists usually telephone late in the day, soliciting views on something that appears to be relatively harmless or vaguely related to psychiatry, but they often have a hidden motive. I have found it helpful to try to discover the reason behind the question. Local reporters tend to be less devious, especially if they are permanent staff with whom it has been possible to establish a working relationship through being available. I have taken advantage of this when I encourage local reporters to publish articles, for example during the highly successful Defeat Depression Campaign run jointly by the College and the Royal College of General Practitioners. Local people do read local newspapers so confidentiality, especially when giving examples, must be maintained. This means more than simply leaving out names! Be prepared to hear your patients tell you what they think of your contribution though.

Television is the most influential as well as the most time-constrained medium of our time. Before appearing on TV it is vital to familiarise yourself with the format of the programme, read up on the subject matter and determine how not to allow yourself to be dragged into issues beyond your expertise. I have never regretted applying these three rules. TV producers like us to be articulate, jargon-free and to communicate in sound bytes. Psychiatrists don't often get good press on TV, even when we make balanced comments. I was caught out some years ago when I participated in a seemingly harmless yet educative programme on community care. When the documentary was screened I discovered, to my horror, that the producer had prefaced our own good services with mention of a recent spate of suicides and homicides of homeless people in a neighbouring county to show up service shortfall there! Certainly not a good way to make friends or influence people.

The final medium DPEOs work in is radio – either nationally or locally. Making oneself available will always generate further invitations. The question and answer format, faxed or e-mailed to the radio station in advance, can be useful. I did this recently for a national programme on anxiety with questions and answers of what anxiety is; how big the problem is; what the symptoms are; how it affects the individual; what help is available; when the general practitioner needs to be consulted; if there is any self-help available; if people with anxiety get better, etc. Producers may not stick to this but they can find it useful in planning the interview. Preparing a written response also prevents being misquoted. Producers of local radio prefer information to be interpreted in a local context, so having demographic data on hand is recommended.

For the brave (or perhaps foolhardy) there is an additional radio format to consider. This is the 'regular' radio show! For the past 8 years I have been doing this for the BBC. We have tried to relate it to important events such as exam stress in May or seasonal affective disorder in January. Each theme was advertised in the

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