

The Annual Dinner—Mr Jenkin's Speech

At the Dinner, held this year at the Royal College of Obstetricians and Gynaecologists, we had the Secretary of State, MR PATRICK JENKIN as our principal guest, and we are able to print his speech in full. He was welcomed, with other distinguished guests, by DR GERALD TIMBURY, who likened this year's Dinner to an end of school year function, with Mr Jenkin as the headmaster. Mr Jenkin had always been kind to doctors, and the College had been specially encouraged by his recent letter to the President, published in the *Bulletin*, in which he reaffirmed his Government's intention to give as much priority as possible to services for the mentally handicapped and mentally ill. Mr Jenkin, in replying to the toast of 'The Guests' said:

'Your kind invitation to me tonight gives me a chance to express my admiration at what your College has achieved and is achieving when it is not yet 10 years old. Anyone who studies your most recent Annual Report as I have done must be greatly impressed by the sheer scope of the work undertaken by your members on behalf of the profession of psychiatry. I was particularly struck by the number of studies undertaken by your committees which will directly impinge on many of those areas of public policy for which I am answerable to Parliament. Indeed, that Report together with the programme for the Annual Meeting might have provided an admirable check-list of topics on any one of which it would have been appropriate for me to speak to you tonight. However, rather than deliver what could be little more than a running commentary on some of the current issues which are of concern both to the College and to my Department, I have thought it right, instead, to stand back a little and to say something in a more general vein about the public perceptions of psychiatry and about those sufferers from mental disorders to whose care and cure your members devote their lives.

'Mental illness is the least understood and therefore the most misunderstood area of medicine. Society is deeply ambivalent about the mentally ill; people question the very notion that insanity is a form of illness at all, and of course in this their scepticism is fed by the anti-psychiatry school and such spokesmen as Ronald Laing and Thomas Szasz. Fed by ignorance and, I would add, by fear, public attitudes veer wildly from one extreme to the other. There is the "lock them up for life" brigade who refuse to accept that mental illness is curable or that those who suffer from mental illness are not all homicidal psychopaths. On the other side, there are the increasing pressures from those concerned with civil liberties and human rights who tend to regard any form of compulsory custodial care and treatment as a deep affront to personal liberty. In between there is the general public who tend to regard the psychiatrist as a joke figure and refer to him as a "trick cyclist" or "shrink". As Freud pointed out, jokes can conceal fear. There is a deep underlying fear of madness

in us all. It was Descartes who pronounced the philosophy "cogito, ergo sum", which for the benefit of my colleagues in the Department, I translate roughly, but I hope not inaccurately, "I think, therefore I exist". In the public view, an illness which impairs or may even destroy for a time the ability of the individual to think rationally seems to threaten the very foundation of his being. From this stem all sorts of misconceptions about the nature of mental illness, about its treatments and about its cure.

'It is the psychiatrist who stands in the front line of this war of ignorance. Despite the many notable advances of recent years, psychiatry is still seen by many as a very imprecise science and there would be few in this gathering tonight who would not agree that we still have a long way to go before we can understand and hopefully unlock the mysteries of the human mind. Although there is now a growing range of therapeutic techniques which have proved themselves, and although these treatments receive growing support from those who have seen the benefits that flow from them, they are still questioned both by those who doubt their efficacy and by others who regard them as stepping beyond the bounds of medical ethics.

'Those who practise psychiatry, therefore, are constantly facing new questions about the treatments they offer, whether they be long established, well accepted procedures or some of the more controversial techniques that from time to time make the headlines. You are questioned on the grounds on which society should take action to detain and treat those who suffer from serious mental illness.

'The 1959 Mental Health Act represented a major leap forward in that it gave legislative backing to the concept that in the vast majority of cases mental illness did not call for compulsory action by society. The Act also set out the rights of those who suffer from mental illness, including the rights of the minority who may need from time to time to be detained compulsorily for their own protection and for that of the public. After 20 years of experience with that Act, it is clear that some changes are needed, and it is my hope that we shall see an amending Act on the statute book as soon as possible and at any rate before the next Election. But although changes in the Act are necessary, it is right to state and to state clearly that the general framework of the 1959 Act has stood the test of time.

'I referred a moment ago to those who campaign in this field on behalf of civil liberties. This is becoming a popular, indeed a populist cause, but those who pursue it should occasionally stop and look to see where it is leading them. Of course, people whose understanding and ability to manage their own affairs is impaired by illness are always at risk of being overreached or overborne; and of course, we need constantly to be on our guard against any abuses of the statutory powers. But I do beg those who champion civil liberties to recognize the need to act responsibly and to proceed with wisdom. If they are to have credibility, they must show greater understanding. For the emphasis on more

rights and more freedom may paradoxically lead to fewer rights and less freedom. The freedom to be treated and to be cured of a damaging illness is every bit as important as the freedom to refuse to be treated.

'Then there are those who say, slightly, that psychiatry fills the space between religion and philosophy; and that it is little more than a response to the woes of modern society. The consequence is that demands are made upon psychiatrists to provide all the answers to the stress of daily living. This illusion is fed by the drug explosion and the consequent demand by patients for instant relief and instant happiness as they seek to join the "drug of the day" club. And who could deny that the rocketing consumption of benzodiazepines does not lend credence to this theory? Thirty million prescriptions a year—that is a formidable, indeed a frightening tally.

'If prejudice and ignorance abound, it is not because people have no direct acquaintance with mental illness. On the contrary, in a recent survey, some 34 per cent of people questioned had had experience of someone with mental illness, and 15 per cent had a close member of the family who had been ill. One might therefore have looked for a greater public sympathy with and understanding of psychiatry, but one has to recognize that this will be a long hard slog. We need to do much more to inform the public and the media about the achievements and the limitations of psychiatry. This must be a job for the medical profession, including general practitioners. The burden of mental illness is in fact mainly carried by GPs. I am told that there was a recent joint conference, organized by your own College and the Royal College of General Practitioners to discuss the psychiatric training needs of general practitioners. I greatly welcome this development, for psychiatrists cannot care for all psychiatric problems.

'Though the public are confused about all this, their confusion is perhaps forgivable, given the rapid changes and developments within the professions concerned with psychiatry. All those involved—nursing, psychology, social work and others—are developing new skills, new standards, and new types of service. These changes in turn bring problems of clinical autonomy, of status, of power and of responsibility and accountability that can be resolved only by the professions themselves.

'As psychiatry has moved from the consultant's couch out of the hospital gates and into the community it has been gathering different perspectives along the way. So what then is the place of psychiatry? I discount at once the answer from the Scottish comedian who said that Freud was all very well but he didn't have to entertain a matinee audience in the Glasgow Empire on a wet Saturday afternoon. But certain it is, that psychiatry must be seen to be relevant and to be in touch with the needs of people.

'Psychiatry, like all of medicine, is part of the society we live in. It is shaped by events of all kinds—scientific, philosophic, social, economic and political. In order to be

accepted it has to be seen to be of value.

'As one of the 15 per cent to whom I referred a few moments ago, I need no convincing. But as Secretary of State, facing as I do challenges over the role and functions of psychiatry in the National Health Service, the future of the large Victorian psychiatric hospitals, the existence of the Special Hospitals like Rampton and Broadmoor (which seem rarely to be out of the headlines), the controversy over such techniques as ECT, I am acutely aware of the need for that wisdom and understanding which it is the Royal College's purpose to provide. For your College is responding to the challenges of the time. The College came into being in a world where the former values and hierarchies of medicine are changing and psychiatrists feel themselves under attack.

'Governments can certainly help, but they cannot provide all the answers. Successive Governments have, I believe, helped by recognizing the difficulties and anxieties faced by psychiatrists in what has been over the decades an underfunded and vulnerable service. We have helped by reaffirming the priorities for mental illness and mental handicap, as I did recently in a letter to the College which I believe was much welcomed and was published in your monthly *Bulletin*.

'We hope to recognize it again in our proposals for the simplification of the structure and management of the National Health Service. We envisage that as part of the new, more local, organization of the service it will be proper and in many cases advisable, to establish the psychiatric service as a "unit" of management directly accountable to the District management. It will be important for psychiatrists to develop a strong local voice and to have a firm clear role in the new medical advisory machinery.

'Governments can also help in the way they develop the pattern of service—and this will be crucial over the next 20 years as we proceed on the lines of the 1975 White Paper "Better Services for the Mentally Ill", though obviously progress must be constrained by the resources available.

'Again, our recent "Hospital Policy Paper" has really important implications for the psychiatric services, and we look forward to receiving the response from this College which will be of the highest importance to our search for comprehensive District psychiatric services. When I opened the Worcester Development Project a couple of months ago, I laid particular stress on the need to develop a strongly based community psychiatric service, making it clear that one recommendation of the Royal Commission on the National Health Service which I certainly do not accept is their view that the large remote mental hospitals must continue to exist for the foreseeable future.

'The Special Hospitals are, of course, my particular responsibility, as they are directly administered by my Department. I look forward shortly to receiving what will be an important report from the Committee led by Sir John Boynton looking into the management of Rampton Hospital. These have been very difficult months for both the medical

and nursing staffs at the Special Hospitals, and I would like to pay tribute to what I might describe as their steadiness under fire. We certainly need to press ahead with the programme of Regional secure units, recognizing that what is required is a continuum of care consisting of community services, local hospitals, psychiatric units in general hospitals, Regional secure units and the Special Hospitals. All are inter-related and inter-dependent.

I face, too, pressures to deal with the growing problems of alcoholism, and I pay tribute to the admirable report published by this College which has made a notable contribution to the debate.

So I do not doubt that Governments and Secretaries of State have an important part to play in grappling with the problems you face. But in the end it is the profession—your profession—on which rests the main responsibility for the developing future of psychiatry. In this, the Royal College is making its mark as it strives to establish its codes of behaviour, to raise standards, to safeguard the best traditions of psychiatry, and to promote and support research which alone can unlock the doors which lead to greater understanding. In all this, despite the assaults which have rained in from every quarter, the College and its officers have acted throughout with dignity, with responsibility and with vigilance. On behalf of the people whom it is your purpose to serve I would like to thank you for the highly professional and responsible role that your College is playing.

It is not without significance that the College's motto is "Let Wisdom Guide". In this era of change and challenge, where both scepticism and blind faith still abound, wisdom is certainly needed. That you have it in abundance is not doubted. I wish you every success in your endeavours.'

Mr Jenkin ended by proposing the toast of 'The Royal College of Psychiatrists'.

The PRESIDENT in reply expressed his pleasure on the close relation the College enjoyed with the DHSS which was helpful to both organizations, especially in politically sensitive areas. In some matters we had many problems in common with the rest of medicine, and in some of these progress was inevitably slow. The trend in what was customarily called 'patients' rights' was causing some anxiety, but it also gave an opportunity for healthy and constructive debate which could well influence future Mental Health legislation. More headway was being made with audit procedures to supplement the considerable degree of 'audit' implicit in the system already.

Much of our work came into that often misunderstood area—multidisciplinary. The presence that evening of the Presidents of the Royal College of Nursing, Royal College of General Practitioners and the British Psychological Society was evidence of their particular close relationship with us. Multidisciplinary organizations, such as the Association of Child Psychology and Psychiatry, were most important, but could not take the place of the professional organizations which controlled standards of entry and training and so had a special relationship to the DHSS.

In common with medicine and surgery, psychiatry had a tendency to fissiparous sub-specialties with a proliferation of new Groups and Sections. There was a need to balance this with the common professional organization of the College which must be able to present clear, considered and united views to Government Departments and to other sections of the medical profession.

Reviews

'Institute of Fools' by Victor Nekipelov. Victor Gollancz. 1980. Pp 292. £7.95

After two years of close investigation, detailed interrogation of his many friends and numerous house searches, Nekipelov, pharmacist and dissident, was arrested and charged with the criminal act of possessing samizdat literature and passing on the 'Chronicle of Current Events'. Ever solicitous for the mental welfare of such active and persistent dissidents, the prison authorities made the presumptive

diagnosis of sluggish schizophrenia', and Nekipelov was promptly transferred for assessment to the notorious Serbsky Institute, national research and training centre for forensic psychiatry. From the moment when he is transferred from prison to the institute in the company of a motley collection of criminal types, Nekipelov, cynical and guardedly prepared to co-operate with the authorities, is determined to relate all he experiences. The first thing they do at the Serbsky is to remove his copy of the *Criminal Code*, but he continues to quote relevant sections which