Council Reports

Psychiatric Services for Children and Adolescents with a Learning Disability. CR 70. 1999.

The aim of this joint report is to provide a guide both for clinicians and general managers who might develop and run services for children and adolescents with learning disabilities, as well as for the commissioners who will purchase them. It replaces an earlier joint report by the Child and Adolescent Psychiatry and Psychiatry of Learning Disability Sections published in 1992.

Over the last 20 years there has been an emphasis on the development of psychiatric services for adults with a learning disability, in which children have been forgotten. This was largely due to a number of false assumptions, including the perception that they would be absorbed by mainstream child psychiatry, that the level of educational provision made the need relatively small, and that existing levels of service would be maintained. The reality was a reduction of service to the point that it has become essential that service commissioners make express provision for these young people.

The Report recognises that the method of service delivery will depend on local resources and outlines those constituents which need to be available within the service networks. Listing the common clinical problems and the necessary interventions, the Report goes on to outline the key characteristics of a model service, setting out both the personnel and the material resources.

Offenders with personality disorder. Report of the working group on the definition and treatment of severe personality disorder. CR 71. 1999. ISBN 1-901242-34-X

This important document was approved by Council on 3 February 1999. It is the product of a year-long Working Party under the Chairmanship of Dr Anton Obholzer, which began life with a request for a College submission to the Committee of Inquiry into the Personality Disorder Unit at Ashworth Special Hospital, chaired by Judge Fallon QC, and culminated in the draft Report being sent to the joint Department of Health/Home Office Group working on strategies for dealing with severe and dangerous personality disorders. It is likely to be central to the current controversy.

The Report contains chapters clarifying the epidemiology of personality disorder and a confused classification, in which patients often cross many categories and the term 'psychopath' has become both stigmatising and clinically irrelevant. Guidelines are laid down for assessment and for the teaching of trainees, and a strong plea made for identification of risk factors based on long-term developmental studies with child and adolescent mental health services equipped to intervene at primary, secondary and tertiary levels.

Treatability of established, severe, anti-social personality disorders is the 'political' crux. The Report repeatedly emphasises the need for random allocation clinical trials that can only be carried out with full Government support. In the meantime, all this must be set in a highly-charged legislative, economic and public policy debate in which this Report warns against eye-catching 'solutions' based on European experiments with little or no evidence base.

Policy for Patients' Monies. CR 72. 1999. £5.00.

This document is based on current law in England and Wales governing Social Security Benefits, power of attorney and the management of estates of persons lacking mental capacity. The report replaces a statement published in the *Psychiatric Bulletin* in August 1990.

The overall responsibility for implementation of policy and procedures for dealing with patients' monies rests with the Senior Executive of the Managing Authority of the hospital, clinic, nursing or residential home. However, it is important that clinicians are aware of the principles governing these policies, so as to properly advise relatives and carers, as well as to safeguard their patients' interests.

The document contains sections on:

(a) the principles of a policy to safeguard patients' monies;
(b) issues relating to patients who are incapable of managing and administering their own affairs, including patients in secure settings;
(c) Social security issues, including appointeeship;
(d) discretionary payments by managing authorities, such as incentive or reward monies;

(e) matters to be considered when patients are about to leave hospital.

The policy document is not intended to be either a comprehensive account of benefits or procedures and should be read in conjunction with Department of Health and Social Security circulars and regulations.

Council Reports are available from the College by mail or telephone order. Cheques (for £5.00) should be made payable to the Royal College of Psychiatrists at 17 Belgrave Square, London SW1X 8PG. Further information and telephone orders to Lee Butler: 0171 235 2351 ext. 146 (please quote the CR number where possible).

Reference

ROYAL COLLEGE OF PSYCHIATRISTS (1990) Patients' monies. *Psychiatric Bulletin*, **14**, 502–504.

Patient advocacy. CR 74. 1999.

This report, produced by a working group of the Patients' and Carers' Liaison Group, updates the College's policy on issues relating to patient advocacy. It summarises definitions of advocacy, with emphasis on the role of the advocate in helping patients speak for themselves. The advantages of well-organised advocacy services are listed, and it is suggested that certain patient groups, such as those from ethnic minorities, benefit especially from their presence. Special considerations apply when planning advocacy services for people with learning disabilities, children and adolescents, the elderly, and in forensic work. Training of advocates is essential, and problems arise when advocates are untrained or when psychiatrists and advocates allow entrenched, adversarial situations to arise. Unfortunately, advocacy services are patchily developed and poorly researched. Psychiatrists are encouraged to promote advocacy schemes and to ensure that psychiatrists in training gain experience of working with them.

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