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Psychiatry for the person

Sir: The manifesto set out by Christodoulou, Fulford and Mezzich, 'Psychiatry for the person and its conceptual bases', in their guest editorial for the January issue of *International Psychiatry* evokes a mixture of excitement and disappointment. Bemoaning the withering of person centredness in modern medicine and psychiatry, and initiating attempts to redress current fragmentation and technological pseudo-solutions cannot but be laudable.

But an empty space lies at the heart of their editorial. There is in fact a long-established branch of psychiatry which fulfils all of the stated goals of the Institutional Program on Psychiatry for the Person (IPPP) established by the World Psychiatric Association (WPA). In psychotherapeutic psychiatry (Gabbard *et al*, 2005) the centrality of personhood is key: strengths and weaknesses are celebrated and worked with; the humanity of the clinician is as important as that of the client; it is collaborative; and personal fulfilment for the client is its overarching aim. A developmental account of how one becomes a person, and how things can go wrong through genetics, environmental failure and intentionality, is a central theoretical project within contemporary psychotherapeutic science (Mayes *et al*, 2007). But one searches in vain for any mention of psychotherapy in Christodoulou *et al*'s polemic. There are two passing references to 'psychological bases' and 'psychological … perspectives'. The rest is silence.

The very phrase 'psychiatry for the person' contains echoes of Carl Rogers' 'person-centred' counselling. Psychotherapeutic psychiatry, often involving a combination of psychotherapy and pharmacotherapy, uniquely perhaps, is person centred and evidence based. It is often forgotten that the universally accepted meta-analysis within medicine started as a method for evaluation of psychotherapy.

It is perhaps more understandable that psychoanalysis, with its currently controversial empirical base, controversial status and possibly elitist Western cultural bias, is conspicuous by its absence. Nevertheless, does not Freud deserve a mention, alongside Hippocrates and Aristotle and, implicitly, Confucius? Freud celebrated his patients' personhood, valued their autonomy, promoted recovery and aimed to understand the links between body and mind. His successors, like Balint, pioneered brief therapies and were founders of the very psychosomatic approach which the IPPP endorses.

Perhaps the WPA is understandably frightened of the implications of endorsing psychotherapy, as it might thereby open doors to territorial disputes with clinical psychology, and to the embarrassing fact that, globally, relatively few psychiatric training schemes take psychotherapy seriously (Holmes *et al*, 2007). Yet these are debates that need to be had if we are to move beyond rhetoric to real change.

Isn't it time for the WPA to decide where it stands on psychotherapy/psychological therapies, define those it thinks should form a core part of a decent psychiatric service, and insist that relevant psychotherapeutic skills be part of every psychiatrist's armamentarium?

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Authors' reply

Sir: Professor Jeremy Holmes reviews some important psychotherapeutic approaches, such as those of Gabbard, Rogers and Freud, and we agree with him that these are substantially oriented to the promotion of personhood. In this sense, the perspectives noted are quite consistent with the WPA's initiative on psychiatry for the person. Other prominent and recent clinical care movements oriented to the fulfilment of the person that could have been mentioned include recovery in the USA and Europe, values-based practice in the UK, and need-adapted assessment and treatment in Scandinavia. While our editorial was specifically focused on general conceptual bases, we certainly plan to review psychotherapeutic approaches through our upcoming publications on person-centred clinical care. At the same time, we should also point out that our initiative's principal objective is to address and to fulfil the needs of the person presenting for care, using all biological, psychological and social interventions that may be needed, rather than promoting a single approach.

For your reference and that of the journal's readership please note the additional presentations of the WPA's initiative listed below. Several others dealing with specific diagnostic, clinical care and public health components are forthcoming.

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Report on Kenya project

Sir: The Royal College of Psychiatrists has been supporting a Kenyan project to develop a training programme in child and adolescent mental health since 2005. Kenya has a population of 34 million, of whom 40% are aged 14 or under. Many children have moved away from their families, often as a result of AIDS/HIV, family disintegration and rejection, to live on the streets of the major cities and towns. Consequently, there are at least a quarter of a million street children, many of whom are engaged in problematic behaviour such as stealing, begging, prostitution and drug misuse. Many appear in the juvenile courts, with disposals that seldom meet their needs.

In 2003, in the context of a larger mental health development project under the auspices of the World Health Organization Collaborating Centre at the Institute of Psychiatry and the Kenyan Ministry of Health, a situation needs assessment by the International Institute for Special Needs Offenders (IISNO) found that there was a dearth of dedicated services to provide for the special needs of children with mental health problems caught up in legal proceedings. As a result, the College was asked for help to support educational activities that would further the development of mental health services for these children. The initial needs assessment was extended with the help of local experts and a training initiative was developed between the College, IISNO and the Kenyan Ministry of Health, Probation Service and the Department of Psychiatry at the University of Nairobi. This culminated in a 1-week conference for senior staff in September 2006, designed to equip participants with the skills and knowledge to identify mental health disorders in children, as well as to develop comprehensive joint intersectoral intervention strategies for these children.

The University of Central Lancashire, UK, undertook an independent evaluation of the project in June 2007 and concluded it had resulted in significant change. Joint working across agencies dealing with children with mental health problems in the juvenile justice system has markedly improved and new services are being set up. Curricula and standards in related social work courses have been revised and the Vice-President of the Republic has agreed to form a group to develop a new, proactive policy for juvenile offenders. A youth section within the Probation Service has been established and a youth offending team is being developed. The Probation Service has drafted a standard assessment tool that is being piloted, and multidisciplinary child and adolescent mental health assessment centres are planned at Kenyatta and Mathari hospitals, which could also serve as model training centres for the East Africa region.

Further work is planned, including child mental health training for the developing youth offending team and staff at the planned assessment centres.

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The MRCPsych and Hong Kong trainee representation

Sir: Sherry Chan joined our senior house officer (SHO) rotation when she was unable to take the MRCPsych Part I OSCEs due to the SARS epidemic. She was a Hong Kong candidate who was unhappy with the arrangements that the College instituted as a response to the situation. They had imposed a quarantine of 14 days (following Home Office guidance?). Even worse was the lack of adequate information for Hong Kong trainees. As a group they did not have an appropriate mechanism to communicate with the College. When I joined the Psychiatric Trainees Committee (PTC), I thought that it was imperative that trainees in the overseas divisions have adequate representation. I remembered the SARS episode and thought that the chaos caused by poor communication should not be repeated. Sherry helped me get in touch with the Hong Kong Trainees Committee through a colleague.

As mentioned in my letter in the April 2007 issue, I was able to set up a meeting with the Hong Kong Trainees Committee in November 2006. They were pleased to meet with me and expressed a long-felt need for a say in training and examination issues. Some of those concerns have since come to pass. The new MRCPsych structure has created anxiety among both Hong Kong trainees and trainers. There was special concern over how the workplace-based assessments were to be implemented. Hong Kong trainees were worried that it would become difficult for them to sit the MRCPsych.

It was fortunate that the College backed my proposal for a Hong Kong trainee representative to sit on the PTC at such a crucial time. Dr Yat Chow was elected by the Hong Kong Trainees Committee to take on that role and attended the PTC residential conference in October. He was able to highlight concerns about the exams and also to inform us of the value Hong Kong trainees place on the MRCPsych. At the conference he had the opportunity to meet with the Dean, Professor Bhugra, who reassured him that the College would be in close contact with the Hong Kong College of Psychiatrists about the issue and that the matter could be resolved. His attendance at that conference was useful in getting Hong Kong trainee voices heard, but it also drove home to the rest of us that the College is an international body: more than 15% of its membership comes from overseas.

The Board of International Affairs has backed the idea of trainee representation in the overseas divisions and a trainee representative has been appointed for the West Pacific Division. More divisions are likely to have trainee representatives. It is hoped that this facilitates better communication and ensures that, as important stakeholders in the College, trainees' voices are heard. The College is listening.

Allen Kharbteng MRCPsych
Trainee Representative to the Board of International Affairs

Correspondence is welcome either on articles published in *International Psychiatry* or on aspects of current policy and practice in psychiatry in different countries. Letters should be sent to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk.

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