



columns

planning issues. She also argued strongly that radical changes both to psychiatry training and to undergraduate and postgraduate training would be needed if we were to meet the challenge of recruiting and retaining sufficient psychiatrists to deliver mental health services into the new century. Her thinking has provided much of the basis for the recruitment and retention initiative the College is carrying forward with the Department of Health.

During her outstanding career, Rosemary Macdonald has shown a rare commitment to postgraduate medical training in general and to our speciality in particular. It is both a privilege and a personal pleasure to present her for the College's highest honour, the Honorary Fellowship.

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## Distinction Awards

### The procedure in Northern Ireland

The Distinction and Meritorious Awards Scheme has been revised by the Department of Health, Social Services and Public Safety in Northern Ireland, and new procedures were introduced in September 2001 for the 2001–2002 round of wards. The principal changes are as follows:

- (1) A system of self-nomination has been introduced and all consultants are invited to do this by completing a CV questionnaire form.
- (2) The monitoring has been strengthened by the collection of information on community background, ethnic origin, gender, age and marital status from employers.
- (3) There are six criteria to be considered in the recommendations for an award: professional excellence; research and innovation; outstanding administrative or management effort; outstanding contribution to other forms of service development (e.g. clinical audit, clinical governance, promulgation of evidence-based medicine); teaching and training; and outstanding service commitment. The last of these has been extended to read: 'outstanding commitment to the achievement of service goals, innovative service delivery, and the sustained delivery of high quality patient care in hard pressed service areas'.
- (4) The upper age limit of 62 has been removed.
- (5) The CV questionnaire forms are based on the specific criteria listed above and consultants are asked to demonstrate how they meet these.
- (6) A similar CV questionnaire form has been introduced for the 5-year reviews, together with a corresponding citation form.

The closing date for self-nomination is in September. All completed forms are sent to the Senior Award Holder, who convenes a meeting of all award holders (A+, A and B) to consider these. If unable to attend, award holders are invited to submit their support for the candidate(s) of their choice. All nominees are considered in turn and ranked in order according to the support of the panel members. Finally, a citation form, based on the same six criteria, is completed by a member of the Merit Award Holders' Panel on behalf of nominees considered by the panel to merit a Distinction Award.

In the 2001–2002 round, 13 self-nominations were received from 94 consultants. A further six consultants held an A+, A or B award. Six of the self-nominations were supported by the Award Holders' Panel and one was successful.

A detailed guide to the scheme is circulated to all consultants in June each year as well as an annual report the following May. The website address is: <http://www.dhsspsni.gov.uk/hss/dmsac.html>

**Professor D. J. King**

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## Linguists

The College receives regular enquiries from Members of the College and GPs regarding patients who are unable to speak English. We are asked if we can give the name of a psychiatrist able to communicate with patients in their own language. This list is also used by the central offices of the Mental Health Act Commission.

The languages we cover at the moment are as follows (the number in brackets indicates the number of doctors who speak that particular language):

Azerbaijani (1)  
 Arabic (5)  
 Bengali (6)  
 Burmese (1)  
 Cantonese (1)  
 Dutch (2)  
 Farsi (2)  
 French (8)  
 German (4)  
 Greek (2)  
 Gujarati (13)  
 Hebrew (2)  
 Hindi (22)  
 Italian (5)  
 Kannada (1)  
 Konkani (1)  
 Mandarin (1)  
 Marathi (4)  
 Marwadi (1)  
 Nepali (3)  
 Persian (2)  
 Portuguese (1)  
 Punjabi (15)

Romanian (1)  
 Sinhalese (2)  
 Spanish (4)  
 Sudanese (2)  
 Swedish (1)  
 Telugu (1)  
 Turkish (2)  
 Ukrainian (1)  
 Urdu (19)  
 Yiddish (1)  
 Yoruba (Nigerian) (1)

I shall be grateful if any Members who are able and willing to help in this way could write to me, giving me their contact address and telephone number.

**Vanessa Cameron**, Chief Executive, Royal College of Psychiatrists

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## Suicide in Prisons

Council Report 99. £7.50.  
 64 pp.

*Suicide in Prisons* is the Royal College of Psychiatrists' response to a thematic review on this subject produced by HM Chief Inspector of Prisons for England and Wales (Home Office, 1999), called *Suicide is Everyone's Concern*.

The College takes a clinical approach to the prevention of suicide and the treatment of suicidal thinking. It is emphasised throughout that to carry out the recommendations, new resources will be required. More beds and more staff are required in the NHS. More and differently trained staff are required in the prison service. Unless services are resourced they are not services at all.

The commonest method of suicide in prison is asphyxiation, usually at night. The high-risk factors for suicide among prisoners are similar to those among other citizens: youth, male gender, depression, alcoholism and loss of a relative, friend or partner.

The thematic review implies that suicide rates are higher in prison than might be expected. The College accepts that suicide rates in prison are very high – too high – but they are not necessarily higher than can be expected given the vulnerable nature of the individuals, at high-risk of suicide, who are sent to prison.

The College emphasises the importance of making accurate diagnoses, if applicable, in all prisoners, and noting the significance of multiple diagnoses. Every prison should have a comprehensive primary care service with a secondary care community mental health team operating within the prison. It recommends that community drug teams should have access to prisoners and that all prison doctors should receive specific training in psychiatric and in drug misuse medicine.

Like the Chief Inspector, the College does not believe that prisons are suitable



environments for people under the age of 18 years. Offenders below this age should be admitted to specialised institutions. The College also recommends that anti-bullying programmes should be mandatory in all prisons.

The Chief Inspector draws favourable attention to prisoner participation observation schemes for suicide prevention. The College agrees and suggests that several schemes be considered.

The thematic review concludes with a chapter on healthy prisons, which is strongly endorsed by the College. The Chief Inspector's key constituents for healthy prison are a safe environment, treating people with respect, a full constructive and purposeful regime and resettlement training to prevent re-offending.

Overall, the College welcomes the thematic review, but stresses further points:

- too many mentally disordered people are being sent to prison
- there is a need for a more appropriate model of mental healthcare delivery within prisons
- there is a need for better screening for suicidal ideas and propensities at reception and for further assessment and treatment
- there are inadequate treatment facilities for mentally disordered offenders (MDOs) outside of prison, and mental health services in the community need to be amplified so they can play a bigger role in the care of MDOs
- NHS authorities need to provide more beds for acute psychiatric care, to make court diversion schemes a practical possibility
- there needs to be a greater provision of secure beds in the NHS
- there needs to be more and better liaison between the prison health care service and the NHS.

As an aside, the College draws attention to the fact that the whole of the

criminal justice system, not just the prisons, is implicated in the mental health problems seen in prisons and that judges and other lawyers should learn more about psychiatry, psychology and criminology.

The College concludes by emphasising the mental hygiene issue of socialisation, which is so difficult in prisons, and the importance of ensuring that mentally distressed people are not kept in isolation. Special attention is drawn to the need for all suicidal prisoners to be in close contact with other people.

HOME OFFICE (1999) *Suicide is Everyone's Concern. A Thematic Review by HM Chief Inspector of Prisons for England and Wales*. London: Home Office.

## Psychiatric Services for Black and Minority Ethnic Elders

Council Report 103. £5.00. 14 pp.

Psychiatric services for black and minority ethnic elders have to-date received little attention. This is understandable, as the 1991 census revealed the number of white elders as 10 times greater than that of elders from all minority groups. This quantitative relationship may change with the 2001 census. The diversity of ethnic origins in small cohorts scattered throughout the UK, and the lack of knowledge about how to access services has led to an under-representation of the psychiatric needs of this population. To compound this situation, traditional beliefs held by ethnic elders and a firm view that support will be forthcoming from the extended family are frequently not shared by the younger ethnic minority population. Information about mental health issues is currently not effective, as it relies on translated leaflets and posters rather than on more appropriate

mechanisms such as disseminating information through GPs and other stakeholders.

It is recommended at present that all acute psychiatric services for ethnic elders involving assessment and treatment should remain within mainstream psychiatric services. An emphasis of ethnic awareness and sensitivity by training staff in culturally sensitive issues is to be encouraged. Services providing continuing care in the community should be developed specifically for the appropriate user group. Efforts could be made to recruit a racial mix for multi-disciplinary staff reflecting the population served. Two earlier Council Reports (CR10 and CR48; Royal College of Psychiatrists, 1990, 1996, respectively) and a recent working party chaired by Professor John Cox reinforced by the *National Framework for Older People* (Department of Health, 2001) made the point that ethnic elders need accessible and appropriate mental health services.

There is an urgent need to establish a reliable and informative database of good practice for ethnic elders. A way forward is to create a website linked to the Faculty of Old Age Psychiatry's website at the College. This new development will also serve the purpose of offering interested specialist registrars opportunities for their special interest sessions and could lead to research defining the appropriate services for ethnic elders. There is a wealth of projects still to be explored.

DEPARTMENT OF HEALTH (2001) *National Service Framework for Older People*. London: Department of Health.

ROYAL COLLEGE OF PSYCHIATRISTS (1990) *Psychiatric Practice and Training in British Multi-ethnic Society*. Council Report CR10. London: Royal College of Psychiatrists.

— (1996) *Report of the Working Party to Review Psychiatric Practice and Training in a Multi-ethnic Society*. Council Report CR48. London: Royal College of Psychiatrists.