columns

to the contrary not-withstanding. The November 1999 issue of the *Psychiatric Bulletin* (**23**, 641–701) is a good example of this. The first three or four articles include stimulating discussions on evidence-based medicine in psychiatry (Laugharne) and a balanced and critical article on community treatment orders (Moncrieff & Smyth) with an equally penetrating commentary (Burns). Articles by Davies & Oyebode analyse the application of modern methods of risk management to psychiatric care. Then, quite suddenly, an extraordinary paper appears from Pereira *et al* giving (literally) blow-by-blow instructions on how to restrain and overcome protesting patients and force them to take clozapine therapy. Ethical considerations are dismissed in one sentence at the end. The commentary paper by Barnes also deliberately excludes any discussion of ethical aspects, but briefly sets out some practical reasons why it would not, in any case, work. Ironically, other papers in the same issue express concern at excessive dosages of antipsychotic medication being given to patients by some psychiatrists (Tyson *et al*) and another by Lawrie bemoans the stigmatising attitudes of the general public to psychiatric patients.

The martial arts manual by Pereira *et al* is provocatively entitled 'When all else fails'. This letter is written in the same spirit. I am concerned that this article was published at all, since it could be interpreted as incitement to violence – by psychiatrists – and be endorsed as such. Any such endorsement, however inaccurate and misleading it might be, could conceivably bring psychiatry into disrepute. I sincerely hope my fears in this respect are unnecessary and in any case I cannot think what can now be done to remedy the situation. I shall have to content myself with writing to doctors Moncrieff & Smyth to ask for further details of the campaign mentioned by them to oppose the introduction of community treatment orders which, thankfully, are not included in new mental health legislation now being introduced in Ireland.

T. J. Fahy, Department of Psychiatry, Clinical Science Institute, National University of Ireland, Galway, Ireland

Estimating bed occupancy

Sir: Peter Greengross' recent article on the pressure on acute adult psychiatric beds was a useful attempt to quantify an important problem (*Psychiatric Bulletin*, February 2000, **24**, 54–56). There has been little published about the experience of clinicians outside of London and this paper would appear to confirm that similar problems occur, particularly in southern regions. Such findings have implications for future resource allocation and should inform local strategic planning.

Unfortunately, the approach used, although producing a rapid overview, has disadvantages. Any survey that is reliant on postal response to questionnaires is open to response bias. The chief executive of an NHS trust when invited to comment whether beds are, 'over-occupied', 'rarely, sometimes, or frequently', is being asked to define what he or she considers is the ideal rate of bed occupancy and then give an estimate of what is occurring locally. This arbitrary estimate will, at best, follow consultation with medical records and clinicians. It may simply be a subjective estimate based on anecdote.

At a time of change in emphasis towards community-based resources, planning can only be based on reliable information. Quantification of a perceived problem can only occur with, 'real', data and this is best produced by a census approach as suggested by the authors. Kennedy (2000) has recommended a systemic approach to the needs assessment, involving an initial mapping of the services available to psychiatric patients, including specialist services. This would be more informative, as the pressure on acute adult psychiatric beds is likely to be related to the availability of longer stay beds, thus better informing strategic planning.

Reference

KENNEDY, H. (2000) *Needs Assessment: Recent Advances and Toolkit*. Presentation at the Residential Conference of the Royal College of Psychiatrists. Cardiff.

Anand Sharma, Clinical Research Fellow, North London Forensic Service, Camlet Lodge RSU, Chase Farm Hospital, Ridgeway, Enfield EN2 8JJ2

the college

Nominees elected to the Fellowship and Membership under Bye-Law III 2(ii)

At the meeting of the Court of Electors held on 15 February 1999, the following nominations were approved.

Fellows – UK

Dr Patricia Mary Abbott, Dr Helen M. Anderson, Dr Gary Bell, Dr Anthony P. Boardman, Dr Sikander Abbas Bokhari, Dr Michael P. Bourke, Dr Daniel M. Brennan, Dr Martin H. Briscoe, Dr David P. K. Brown, Dr Aggrey Burke, Dr Sheila A. Calder, Dr Lachlan B. Campbell, Dr Maria T. G. T. Campbell, Dr Peter K. Carpenter, Dr John F. Connolly, Dr Sarah Anne Davenport, Dr Shamim Dinani, Dr Stephen Edwards, Dr Morad El-Shazly, Dr Kim Fraser, Dr Nilani P. Gajawira, Dr Richard A. Gater, Dr John R. Geddes, Dr Raymond Goddard, Dr Stephen Hunter, Dr Chuda Karki, Professor Michael B. King, Professor James Lindesay, Dr Hilary Lloyd, Dr Hameen R. Markar, Dr Caroline Marriott, Dr Brian V. Martindale, Dr Maria G. A. McGinnity, Dr Kenneth Merrill, Dr Niall Moore, Dr John R. Morgan, Dr Andrew W. Procter, Dr Mohammed Abdhur Razzaque, Dr Stephen P. Reilly, Dr Drew Ridley-Siegert, Dr Philip J. Robson, Dr Mangayatkarasy Sabaratnam, Dr Kamran Saedi, Dr Lester Sireling, Professor Graham J. Thornicroft, Dr Ariyadasa Ubeysekara, Dr Nicholas Wagner, Professor Simon Wessely, Dr Peter Wood.

Fellows – overseas

Professor Cliff Allwood, Dr Zeinab Bishry, Dr David R. Dossetor, Dr Kandath V. Girijashanker, Dr Yan Ming Ip, Dr Jacob K. John, Dr Siu Wah Li, Dr Norman Moore, Dr Kenneth Nunn, Professor Helmut Remschmidt, Dr James Rodney.

Membership under Bye-Law III 2(ii) – UK

Professor Anthony R. Kendrick, Dr Gabriel Kirtchuk, Dr Kolappa Sundarajan.

Membership under Bye-Law III 2(ii) – Overseas

Dr Chwen C. Chen, Professor Afaf H. Khalil, Dr Nicolino Paoletti

Election of President

Notice to Fellows and Members

Fellows and Members are reminded of their rights under the Bye-Laws and Regulations, as follows:

Bye-Law XI

The President shall be elected annually from among the Fellows.

Regulation XI

(1) As soon as may be practicable after the first day of June in any year the Council shall hold a nomination meeting and shall . . . nominate not less than one candidate and not more than three candidates . . .

https://doi.org/10.1192/pb.24.5.198 Published online by Cambridge University Press