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**Dr Angela Hassiotis (Editor-in-Chief)**  
**Dr Philip Dodd**  
**Dr Steve Hopkins**

## *View from the Chair*

### Highs and lows of 2006

*Dr Sabyasachi Bhaumik*



Last year produced a mixed bag of developments and concerns for psychiatrists in learning disability (LD). On the one hand, we have seen welcome developments in the areas of user and carer involvement, empowerment of service users, integration and social inclusion – much of which has been made possible through national initiatives from, for example, the 'Valuing People' support team and voluntary organisations. On the other hand, all these developments have been interspersed with concerns regarding lack of resources, along with the continuing pace and pressure of NHS reforms. Models of service delivery have continued to grow diversely and there has been no clear strategy nationally in terms of service provision under one umbrella. Consequently, services are provided in some health districts through mental health trusts whereas in others through primary care trusts, joint organisations with social services and, occasionally, community trusts. There has been very little 'development money' and threats of service cuts loom large for many clinicians.

The future, however, may not be entirely bleak, as new initiatives in many health districts are paving the way for better and more appropriate care for our patients. The Faculty is aware of these challenges and is actively trying to address these issues meaningfully. The strategy for the coming years has been set and includes initiatives in a number of areas. These include strengthening our specialty in the light of proposed changes in education and training and being proactive on the national policy drivers that are likely to determine specialist psychiatric service provision for people with LD – for example, New Ways of Working, Payment by Results, implications of the proposed amendment of the Mental Health Act, the new Mental Capacity Act, etc.

I believe that an inclusive approach to our private-sector colleagues is timely and much needed, and we have now taken the first steps towards this by organising a workshop at the Prague meeting. A support structure for single-handed psychiatrists working in our specialty is badly required, and the Faculty has also taken an initiative in this regard. Plans are afoot for establishing a think-tank resource for our Faculty that should help us in getting the right advice from people with expertise in specific areas. On the academic front, the paucity of funding for LD psychiatry research continues, and the Faculty would like to establish a service research forum that may pave the way for multicentric collaborative research under the umbrella of the Faculty. Last, but not least, there have

been joint initiatives and working arrangements with other faculties and divisions leading to the establishment of working groups and joint meetings.

The Faculty will publish its guidelines on copying clinical letters to patients in the near future and has already produced a document regarding the use of high-dose neuroleptic medication in our population. Other clinical care pathways are being planned and I welcome suggestions from members on any other topics that they feel should be dealt with by the Faculty. Dr Roger Banks has already circulated a joint report on challenging behaviour through his work with our British Psychological Society (BPS) colleagues and the final document will be published in the near future. Dr Ray Jacques and Dr Helen Miller have been working very closely with users and carers and will continue to do so with full commitment.

The College, under the leadership of Professor Sheila Hollins, has managed to make great strides in many areas, including that of proposed changes in medical education and training.

The Council has supported the establishment of one Certificate of Completion of Training (CCT) with the endorsement of the clinical specialty, for example, psychiatry of LD, etc. The establishment of one CCT will avoid the likely difficulties for those who are working with children with LD or those who provide lifespan services.

I wish to thank Professor Gregory O'Brien enormously for his very able leadership of the Faculty for the past 4 years and wish him all the best in his new role as the Associate Dean of the College. Professor O'Brien has managed to bring the Faculty closer to national organisations such as the Valuing People team and has established a meaningful partnership with them. There is no doubt that we will need his helping hand over the coming years. Sincere thanks also to my executive committee colleagues who have finished their term of office – Professor Stephen Brown, Professor Anna Cooper, Dr John Morgan, Dr Neill Simpson and Dr Iqbal Singh – for the very valuable contributions they have made over the years. The Faculty would still wish to continue to engage them in the coming years in the areas of their expertise. With their efforts, the Faculty has started to engage and involve users and carers at every stage.

Congratulations are also due to the newly elected Faculty executive committee members: Dr Pru Allington-Smith, Dr Gill Bell, Dr Asit Biswas, Dr Angela Hassiotis, Dr Jane McCarthy, Dr Elspeth McCue, Dr Caryl Morgan and Dr Paul Winterbottom, most of whom have already become involved in Faculty projects.

That's about it for this issue. I look forward to seeing you at College meetings during the coming year. ■

## Letter from the Editor

*Angela Hassiotis*

### Dear colleagues

I have now taken over from Roger Banks as Editor-in-Chief of our newsletter. I would like to thank Roger for his help in offering me a crash course in editing the newsletter and commissioning material. Roger has now become a vice-president of the College – congratulations! Changes in medical education and the structure of the NHS continue apace. The articles reflect a variety of issues raised by such dynamic processes and we hope that they will create a lively debate. The Faculty's Annual Meeting in Prague, October 2006, was very successful and we much appreciated the presence and contribution of Rob Greig, National Director for Learning Disabilities. One particularly poignant moment was the dissolution of the Penrose Research Society. Anne Gath, one of its inceptors, was present and has promised to write a detailed account of the development of the Society in our next issue. We are grateful for your support of the newsletter and, in anticipation, for your input into future issues.

# Children with learning disabilities: the state of play

*Pru Allington-Smith*

Psychiatric services for children with a learning disability (LD) have traditionally been a very patchy affair. In some areas, the service comes from child psychiatrists, while in others it is the LD psychiatrists who provide either a life service or, more rarely, a specific child service. However, there are many areas where there is no psychiatric service, and it is left to community paediatricians to manage extremely complex young people whose behaviour places their school and family life in jeopardy. The Children's National Service Framework (NSF) published by the Department of Health in 2004 makes it clear that this situation is no longer acceptable and that every area must now include services specifically aimed at meeting the needs of children and adolescents with a formal LD.

As a dually accredited psychiatrist in child and adolescent LD working in an out-patient and in-patient service, I hope that I am well placed to comment on the development of new services. Following my recent election to the Faculty executive, I have been co-opted onto the Child and Adolescent Faculty executive as the LD link. My recent attendance at meetings of the two faculties has highlighted for me the obstacles that exist in providing a comprehensive solution to the problem.

The NSF document suggests that if good local psychiatric services for children with LD exist within LD services, they should be left alone. The document implies, however, that most new service development should occur through child and adolescent mental health services (CAMHS). Many child psychiatrists would agree that services should be in CAMHS as part of a comprehensive service to all children. Others are equally convinced that they do not have the necessary skills or resources to do the job. So how do we move forward?

Clearly, many LD psychiatrists have the skills to see children but do not have either the funding or time to set up services. If they do have the desire to develop services, then the CAMHS may be only too pleased to let them take the lead. There are successful models in both CAMHS and LD

services that can be used to find the best local fit; it is an investment in the future. I went into the psychiatry of children with LD because I was frustrated at being presented with 'out-of-control' 18-year-olds in my adult clinics. The young people were often bigger and stronger than their parents and had learned how to get their way by using force. It was often impossible to persuade parents at that late stage to put in boundaries and say 'No'.

The Child and Adolescent Learning Disability Psychiatric Network (CALDPN) is a thriving group of more than 50 members who meet regularly to promote good working practices and support each other in their work with this patient group. It hopes to put together a guide for good practice that can be used to develop services. It always welcomes new members who have an interest in child LD, and details of how to join are below.

There have also been initiatives to identify useful service pathways through the 'Do Once and Share' project (DOAS) and the more recent QINMAC (Quality Improvement Network for Multi-Agency CAMHS) through the College Research and Training Unit, which is aiming to set service standards and establish a quality network to support improvement in services. We must ensure that these developments are not wasted and that the two faculties work closely together.

I urge you, as LD psychiatrists and with other professionals in your community learning disability teams, to enter into a dialogue with your CAMHS colleagues to think about local solutions and to find a way to share your knowledge and experience. The problem is not going to go away and the rewards of providing services are many. Keeping families together and helping the child with LD to get to adulthood without disabling behavioural problems have to be goals worth striving for.

You can join the CALDP by emailing the Chair, Chris Speller: [Chris.Speller@kennetandnwilts-pct.nhs.uk](mailto:Chris.Speller@kennetandnwilts-pct.nhs.uk). Membership costs £10. ■

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## Report from Scotland

*Ros Lyall, Chair, Learning Disabilities Section, Scottish Division*

OK, so what's happening in Scotland? Answer – legislation, legislation, legislation! As I write this piece, we are one year in to the implementation of our new Mental Health (Care and Treatment) (Scotland) Act 2003. The early signs are encouraging with regard to increased patient involvement in treatment planning and in the process of compulsory admission and treatment where necessary. It would also appear that fewer people in total are subject to detention, including long-term detention; time will tell whether this is just a 'new legislation' phenomenon or is sustained in future years. The trend over the past few years has been for an increase in longer-term detention.



There are a number of downsides – the paperwork has increased significantly and the bureaucratic impact of some parts of the Act has been less than favourably received by consultants and others who have to ensure that all is done properly.

The use of 'Adults with Incapacity' legislation continues to rise, with an increasing number of people placed on guardianship orders of indefinite length; this is causing some concern.

We may also have a new piece of legislation to contend with in the future. The Adult Support and Protection Bill is currently going through Parliament and is intended to provide for the small number of people who may be vulnerable owing to age and/or disability or mental disorder but who do not meet the criteria for either mental health or incapacity legislation.

What about other issues? A mixture of old and new with a tartan slant. Psychiatric staffing and consultant vacancies across Scotland continue to cause concern, but there are encouraging signs that the tide is turning as vacancies and modest expansion have been successfully managed in some areas and others have the prospect of their first full-time substantive consultant in post for many years.

Interest in specialist registrar (SpR) posts remains variable, but it is hoped that the current crop of vacancies will be filled by suitable candidates. The advent of modernising medical careers is seen variously as an opportunity to try and expand the training in LD psychiatry or as a threat to current staffing levels and creating worries about how services are going to be provided.

Uppermost in many people's minds at present is how to ensure that we get a greater number of trainee psychiatrists exposed to LD psychiatry and so increase the chances of them appreciating what a diverse and interesting field of psychiatry it is, with links to all other branches of psychiatry and many other branches of medicine.

The brief for this piece was about the five things that make me proud and five that keep me awake at night! So, what keeps me awake at night? Well, not much, as I sleep fairly well! Some of the issues that cause me anxiety have been mentioned above but I am also concerned about:

- the number of patients who we cannot treat properly because our assessment and treatment beds are blocked by people no longer needing NHS care;
- the plight of people with autistic-spectrum disorders with additional mental health/behavioural problems who are inappropriately placed in psychiatric intensive care units, high-security or long-term NHS settings because of a lack of suitable specialised resources. They are not a high number but are sufficient to cause major problems for services in LD and general adult or forensic settings.

There are many things about Scotland that make me proud. Some of them, in relation to LD and to psychiatry, are:

- I believe that Scotland has been at the forefront of developing new legislation for people with incapacity and in producing a new Mental Health Act, which had the support of all parts of the relevant constituencies.
- We offer excellent training for LD psychiatry, with an excellent quality of life to go with it and good job prospects.
- We produce high-quality research, some of which has implications far beyond the boundaries of LD.
- I am also proud of the good professional relationships that we have throughout Scotland and the fact that the LD section continues to be a vibrant and inclusive part of the College.
- And, finally: location, location, location! As an Englishwoman who has spent her whole working life in Scotland, I would not wish to live and work anywhere else. However, it would be nice if we could guarantee the glorious weather we have had this year – Scotland looks its best in the sunshine! ■

## Article 14 evaluators required

The Royal College of Psychiatrists is in the process of setting up a large forum of psychiatrists from all specialties to assist with the assessment of Article 14 applications.

The College's role is to assess individual applications for Specialist Registration in Psychiatry according to the conditions set out under Article 14 of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. The College works closely with the Postgraduate Medical Education and Training Board (PMETB) to ensure that a robust system of assessment is established for all applicants who apply for specialist registration under this route.

The evaluator's role is to assess applicants' qualifications, training and experience under all six Good Medical Practice headings, to determine whether the applicant meets the criteria specified by the PMETB and the College, and to further determine whether their competences are equivalent both in clinical and theoretical content to those of a UK holder of the Certificate of Completion of Training (CCT) in psychiatry.

### Specific responsibilities

- To review individual applications for Article 14, and apply the agreed standards according to the evaluator's assessment notes.
- To recommend further training, experience, examinations, assessments or other tests of competence necessary to demonstrate the applicant's equivalency to a UK qualified specialist.

Each application is normally scrutinised by three College evaluators and the time allocated to complete the assessment is three weeks. We particularly need evaluators in general adult psychiatry.

Although the College has already appointed a large number of evaluators, this has proved insufficient to cope with the high number of applications we regularly receive from the PMETB. The PMETB has set strict deadlines, which the College is obliged to meet under the current arrangements with the Board.

We therefore need evaluators who are reliable, IT-competent, comfortable working with complex documents on screen and able to devote 4–5 hours (or more) per application. All applications are sent to evaluators on a CD-ROM.

If you would be interested in offering your services to assist the College, please contact Miss Lena Hartley for an evaluator remit and further information:

Miss L. Hartley  
Article 14 Administrator  
Royal College of Psychiatrists  
17 Belgrave Square  
London  
SW1X 8PG

Tel: 020 7235 2351, ext. 139  
Email: [lhartley@rcpsych.ac.uk](mailto:lhartley@rcpsych.ac.uk)

## *A day in the life of ...*

### The National Director for Learning Disabilities

*Rob Greig*

One of the delights of the National Director job is that no two days are alike – so please read this as a sample, rather than a typical day.

On the 7:12 am train to London (that *is* typical), which provides an hour and a half to catch up with emails. This includes dealing with invitations to speak, reading and commenting on a draft submission to a Minister about a potential new policy initiative that will affect people with a LD, and correspondence with the Department for Education and Skills about joint work we are doing around parents with a LD. Best of all was saying an emphatic ‘yes’ to an email from the Department of Work and Pensions offering (after long discussions) a small amount of investment in the Valuing People Support Team (VPST) that will help take forward the team’s work on paid employment.

An early arrival at Richmond House, the main Department of Health office, for a meeting with David Behan, the newly-appointed Director General of Social Care, to discuss plans for the Department of Health response to the Healthcare Commission’s report into abuse in Cornwall. David will be a real ally on this and other issues and I leave, 45 minutes later, with good and clear agreement about the next steps. Then a dash across London to speak to about 40 middle managers on a leadership development programme organised by one of the development agencies. I’m doing this with Nicola Smith (Co-National Director for LD) – so they get both of our perspectives. Nicola is, as always, wonderfully clear in what she says and people respond with sensible and challenging questions for us both.

Next, a brief catch-up with Nicola about what we are each doing over the next few days. I speak with Pauline (my PA) to deal with messages and diary issues and read and comment on papers from the Office of Disability on issues about independent living; I am vice-chair to Dame Jane Campbell of the Expert Advisory panel for that work.

On to the launch of the report on the first 18 months of the ‘In Control’ Project. This is one of the great successes of the Valuing People programme; it will have an impact on social care policy for years to come. The evidence for

giving people real control over the money that is spent on their services is clear – people get what they want, they are happier and it doesn’t cost any more. There is an impressive line-up of senior people at the launch – a reflection of how much influence this work is having. The event survives Ivan Lewis, a Department of Health Minister, having to dash off to vote just as he is about to speak, and he returns to give a glowing endorsement of the In Control Team and their work.

I don’t actually have to do anything at the launch, which is a nice change. Rather, I use it to catch up with people about a range of issues: confirming with Sue Carmichael from the VPST about the next steps for the NHS campus closure programme; hearing from Professor Chris Hatton from Lancaster about the research he is doing into family leadership; and sharing understanding with a number of people about how a recent Social Security Commissioner judgement might impact on housing for people with LD and how we might respond to it.

From there, Ivan and I dash back to Richmond House for a meeting he has called to discuss autism policy. People are there from adult and children’s policy, LD and mental health. At the end, we are all clear about what the Minister wants and have ideas for taking the current work a bit further forward.

My final meeting is with the Department of Communities and Local Government. They have become a bit disengaged recently from the Learning Disability Task Force; hence the meeting to try and re-engage them. The session goes well – we agree how to do that and to set up a meeting with Task Force members to discuss ‘Supporting People’, the government finance system that meets the housing-related costs of people living independently but who need additional support. As an added bonus, we have a good discussion about the denial of housing rights that emerged in the Cornwall investigation and come up with some ideas on how we might do some joint work to help promote peoples’ housing rights more effectively.

Back to Paddington for the train home. A quick check of the 40 plus emails that have arrived since I last had the lap top on at 8:45 am, to make sure there is nothing desperately urgent, and then turn my attention to two specific tasks. First, to follow up from a meeting with the chairs of the National Forum of People with Learning Disabilities earlier in the week, where we talked about their ideas for the future of the Forum and what I need to do to help make that happen. Second, I re-open the laptop to write an account of a day in the life of a National Director ... ■

## *A day in the life of ...*

### The Co-National Director for Learning Disabilities

*Nicola Smith*

#### Monday ...

The working day begins when I leave my home in West Sussex. Today I am travelling up to London, but I could be going to anywhere in the country.

I am still quite new in my job and one of my aims is to visit each one of the regional groups who are part of the National Forum of People with Learning Disabilities. I will introduce myself and explain my role as Co-National Director for Learning Disabilities and Co-Chair of the Government's Learning Disability Task Force. This means that I will be doing quite a lot of travelling in the future.

This afternoon I am meeting with the National Family Carer Network coordinator to talk about some of the things that are my priorities:

- relationships with the self-advocacy movement. I have had a lot of experience as a self-advocate and I have worked with other self-advocates and family carers. We need to be able to work with people all over the country;
- family carers, especially people with LD who are family carers, or who are caring for a friend or partner. We need to make sure that carers have more rights and that they have support too!

Another priority in my job is to work on the closure of hospital campuses to make sure that people have better lives; to work together with and talk to the people who actually live in the hospital campuses to make sure that their rights are heard.

After my meeting with the coordinator, I am meeting with Rob Greig, my Co-National Director for LD, and Sally Hall-Demir, who is the new Head of the Office of the National Director; it's her first day. We will talk about how we are going to work together to make sure that people with LD have a voice – to talk to the government and to help people understand about policies, like the 'Valuing People' White Paper and new policies that are coming out.

Later in the afternoon, I will be travelling to the House of Commons with Rob and Sally to attend the Annual General

Meeting of the All Party Parliamentary Group on Learning Disability. I will be speaking at the meeting. One of the things on the agenda will be the recent Healthcare Commission/Commission for Social Care Inspection investigation into services for people with LD in Cornwall. As you may know, the investigation found widespread abuse and poor standards of care for people with LD in care homes. This is something that I feel strongly about – the abuse that happened to people with LD in Cornwall should never have happened.

After the meeting at the House of Commons I meet up with some friends and colleagues from People First, a self-advocacy group. We go for a drink and catch up on news and things happening to us and other people with LD. We talk about good things and bad things and about the fact that we need to work together to make sure people with LD are happier and have more fulfilling lives.

I catch the late evening train home. It's been a long day. ■

## Call for papers

A national conference on

**Health of People with Learning Disabilities:  
Promoting Best Practice**

23–25 April 2007

Cedar Court Hotel, Bradford, UK

Organised by the  
University of Bradford in association  
with MENCAP and the Foundation for People  
with Learning Disabilities

For further details, see  
[http://www.brad.ac.uk/admin/conted/eventlist/  
public/attach/ldconf/](http://www.brad.ac.uk/admin/conted/eventlist/public/attach/ldconf/)

## Update from Wales

*Helen Matthews, consultant psychiatrist for people with learning disabilities*

Health services in Wales during 2006 have concentrated on reviews of the model of acute care. Wales is 'over-hospitalised' – for example, if you have a crash on the M4 in South Wales, taking a maximum of 2 hours to travel, you could get admitted to any one of nine teaching or acute general hospitals!

The proposals to 'downgrade' or rationalise this situation have resulted in furious public debate and political posturing. The impact of such events makes it difficult for strategic work in mental health and LD services.

A review of generic mental health and secure services has just commenced. The Faculty is trying to ensure that people with LD needs are included within all these reviews. The greatest challenge is inclusion in the generic reviews.

The secure services review includes people in high relational security as well as people in environmentally secure settings – obviously of particular relevance to our specialty.

Faculty members have been involved in the development of draft Welsh Assembly practice guidance for people with challenging behaviour and/or complex mental health needs – we have tried to put into a Welsh context developments such as the English Traffic Lights and the Royal College of Psychiatrists/British Psychological Society draft guidelines.

We are very much using the same concepts of red/amber/green scoring, but trying to identify local drivers for change and hoping to include local good practice examples.

General health screening is being implemented to a varying degree across Wales. As there are 22 local health boards, significant variation is expected. The Faculty, via its work with the National Public Health Service (NPHS) – Wales, is planning to be involved in the development of audit tools for the process. Unfortunately, consultancy vacancy rates are similar to the rest of the UK at greater than 20%. Encouragingly, specialist higher training is about to recommence in North Wales. However, Welsh Faculty members have continued to play a prominent role in College life: Ray (Jacques) continuing his work on involving service users, Roger (Banks) as Faculty Secretary and Umpathy (Sivagamasundari) leading on Continuing Professional Development for the Welsh Division. Most recently, Val (Anness) was elected this summer to chair the Welsh Division. ■

## Launch of the Service User Involvement Group

*Ray Jacques*

The initial meeting of the Service User Involvement Group was held at the Royal College of Psychiatrists on 13 June 2006. The group has been developed as an initiative by the Faculty of the Psychiatry of Learning Disability to actively involve service users in the work of the executive and the Faculty as a whole, and represents a significant move to a more inclusive way of working for the Faculty.

The first meeting was a busy and eventful one, with the service users and psychiatrists travelling from all parts of the UK and meeting the evening before to get know each other. The next day, the hard work began, with the group meeting College officials and being taken on a tour of the College to get an overview of the work it undertakes. The rest of the morning was spent in lively discussion on the ground rules for the group and the areas of work to be undertaken.

As the instigator of the group, the first meeting was always going to be a nerve-racking affair. Would people turn up? Would the logistics of bringing service users from Scotland, Northern Ireland, Wales and England really work in practice? Would anybody say anything? Thankfully, these fears quickly vanished when the group started to discuss what work they wanted to do and how they wanted to work over the next 2 years. For someone who seems to spend his life in meetings, the enthusiasm, desire to participate and ability to focus on the issues was an eye opener and a contrast to the thin gruel of trust and management meetings that is the usual diet of a clinical director.

Over lunch, the group was given a high-profile formal launch, with Lord Rix and our President, Professor Sheila Hollins, joining the group and adding their support. Mencap Cymru were facilitating the group and Sue Edwards had worked tirelessly and with enthusiasm to attract a national membership and support people to attend. The presence and support of Lord Rix was particularly welcome, therefore, in reinforcing the organisation's support of the project. He was able to tell us about his work in the House of Lords in championing the rights of people with LD.

The discussions continued after lunch, with agreements on the charring of the group and the priorities the group wanted to set for itself. This done, the group dispersed again to the four corners of the UK looking forward to the next meeting in September.

In setting up the group, we wanted it to include people from all parts of the UK and also to attract people to the group with experience of services and of involvement in

advocacy and group work and committees. We felt that, just as the psychiatrists on the group should have experience at this level, then it was also important that the service users could bring their 'political expertise' to the group. The membership of the group reflects this. There are four service users, two psychiatrists and a facilitator.

### **Olcay Ucurel**

Olcay lives in London, although was originally from Turkey, and is very active within People's First in London, where she also works.

### **Gary MacIntyre**

Gary is from Lanarkshire, and has a long history of involvement in advocacy and chairs a large advocacy group in Lanarkshire. He is also on the executive committee of Enable in Scotland and has initiated and developed a number of projects.

### **John Paul McCusker**

John Paul is from Northern Ireland and works in a residential care home. He is a member of several self-advocacy groups in N. Ireland, including the JEDI project, the Shout Out group and the Strule Buzz. He is also a member of the Equal Live group, who recently worked on the Mental Health and Learning Disability Review in Northern Ireland.

### **Joan Llewelyn**

Joan is from South Wales and has been involved in advocacy groups and Mencap in Wales for a number of years. She has attended Mencap's 'Partners in Politics' course and been involved in self-advocacy groups and European initiatives into the rights of people with LD.

### **Sue Edwards**

Sue facilitates the group and works for Mencap Cymru. When not doing this, she supports a number of projects for Mencap Cymru in her role as a Campaigns Officer. Sue's input has been essential to the running of the group.

### **Ray Jacques**

Ray is a member of the executive who has had led the development of the group. He currently works as a consultant psychiatrist and clinical director in South Wales.

### **Roger Banks**

Roger is the Secretary of the Faculty executive committee and has supported the project from its inception. Roger has many strings to his bow and is involved in a wide range of College activities and groups. He is also a founder member of the Institute for Psychotherapy and Disability.

The group is funded to meet for the next 2 years. Its main tasks will be to advise the Faculty on user involvement,



consult on reports of other working groups within the Faculty and develop a priority list of issues for the Faculty to consider. This is quite a hefty agenda of work for the group, and, even on the first day, when Sab Bhaumik put his head round the door and asked if the group could comment on the 'Copying Letters to Patients' working group report, Sheila Hollins wondered whether the group could also consider service user involvement in training!

We will endeavour to update the Faculty on the progress of the group and there are already preliminary plans for the group to present/run workshops at next year's Faculty residential meeting. ■

## Specialist Registrars' Column

### *Bala Raju, Chair, Specialist Registrars in Psychiatry of Learning Disability*

Let us start with some good news. It was good to see many of you at the Prague Faculty Residential Meeting. We received a lot of positive feedback from those who attended the conference – and apart from enjoying the lectures and workshops, most of us also had the chance to see the beauty of Prague and try the local food. Coming back to the UK, this year's Specialist Registrars (SpRs) Annual Residential Meeting was a grand success. It was held at the Carlton Hotel in Edinburgh from 30 November to 1 December. A special thanks to Dr Tanya Thiagarajah and Dr Mark Hughes for organising the wonderful 2-day programme with the 'Pick and Mix' theme. The lectures were all of a high standard, with good and popular speakers who brought their topics to life. The accommodation and food were excellent. I must admit that the social highlights of the meeting were the 'haggis and pipes' and the ceilidh (pronounced kay-lee), which really got the whole group going. The group also voted for the new SpR chair, Dr Suchitra Thirulokachandran (aka Suchi).

The venue for next year's meeting is Birmingham. Congratulations to our new chair and to the 'Berrmingum' group for winning the hosting rights. We hope that they put on a good show and live up to their wild reputation.

Other news includes the creation of an informal SpR forum for those interested in forensic psychiatry in LD. This was set up by Dr Pancho Ghatak from Roehampton Hospital. I am glad that such a forum exists, as forensic LD is a specialism that many trainees do not get access to, despite the experience being relevant in complex situations that occasionally arise within our clinical work.

At the Faculty level, there have been some new initiatives that are of value to the trainees, for example, the Research Forum. We heard from Dr Jane McCarthy at the Edinburgh meeting about research opportunities for trainees and how we could move this forward. Dr Sabyasachi Bhaumik and Professor Gregory O'Brien are the key contacts for the Research Forum and would be happy to deal with your queries.

The Faculty has also prioritised certain areas, including understanding how to apply New Ways of Working for Psychiatrists and Payment by Results to our clinical practice and the development of care pathways for the management of problems commonly seen in our specialty.

The College volunteer programme for SpRs is also gaining ground. This allows SpRs in their second or third years to be eligible for an overseas placement of up to one year to

be recognised towards the CCT. You may have read the reports of the placements by Dr Rob Stewart on the College website and this is a good opportunity for trainees who are interested in gaining some experience in a low- or middle-income country. Nationally, Dr Jonathan Campion has led the SpRs' group in liaising with the Board of International Affairs on developing this programme. Please check the College website for the current volunteering opportunities.

Now the not-so-good news. This has been a turbulent year for trainees in psychiatry in all specialties. There have been cuts in study leave budgets nationally and available national training numbers have actually been reduced or withdrawn following financial problems faced by NHS trusts. Unfortunately, the situation has not improved and a number of doctors who have passed the MRCPsych examinations will be left without an SpR grade placement until August 2007. In addition to this, I am not sure how the consequences of such budget limitations along with the changes due to the PMETB and MMC will impact on the number of 'SpR grade equivalent' trainees (ST4 onwards) in the psychiatry of LD. Although the formation of the single CCT is still a long way away, it has also become apparent that dual training posts are disappearing in the new system. It is not clear whether dual training in any form would be encouraged for those who wish to train in LD as well as in another specialty.

However, the future is not entirely bleak and we are not alone in dealing with these issues. Information on the issues is being updated on the College website and attempts are constantly being made to ensure that our training becomes more structured. This may eventually help to reduce some of the differences that have existed across the UK for trainees in the psychiatry of LD. ■

# New research group on stigma and discrimination in mental health

A new UK Mental Health Research Network group, led by Professor Graham Thornicroft from the Institute of Psychiatry, will focus on stigma and discrimination in mental health. The research group will form a British network of those actively interested in research on this topic. Participants are a multidisciplinary group of investigators across the fields of: sociology, psychology, geography, health economics, service user research, psychiatry, epidemiology, psychometrics, mental health policy, occupational health and LD. The research group plan to:

- develop high-quality measures of stigma and discrimination suitable for cross-sectional and longitudinal use both nationally and internationally;
- measure stigma and discrimination with different groups of people with mental illness and people with LD;
- pilot candidate interventions to reduce stigma and discrimination;
- take successful interventions on to the exploratory and definitive trial stages.

Dr Andre Strydom is the convener for the Learning Disability subgroup. We are hoping to generate ideas that will be taken up and supported by the main group for national, funded studies. We would like to invite anyone with an interest in this important and exciting new research area to join the group; this is an opportunity to develop research ideas and interventions that have the potential to improve the lives of people with LD. Please contact Andre for more information: a.strydom@medsch.ucl.ac.uk.

## Letters

### From Jill Sanders

#### Do you want to work for the Council?

Anyone who's worked in the NHS for a few years will have seen lots of reorganisations. We've become change-immune, or change-fatigued. I've been a consultant in learning disabilities for over 12 years; now it seems I might have to work for the Council. Following another reorganisation in Sussex, it is proposed that my job will be seconded from a mental health trust to the local council. I believe this would have a serious impact on recruitment, retention and, possibly, long-term funding for the post. Has anyone else had a similar experience? (We all know it's already hard to recruit to LD posts.)

Yes, I believe in team-working; yes, Section 31 integration was a good thing – but no, I do not wish to work for the Council. Is this further denial of the real medical/psychiatric problems that some people with LD have? Is it political correctness to say that people with LD only have 'social care needs'?

Have other members of the Faculty had similar experiences? What do such moves mean for the future of LD psychiatry? I'd like to hear about other peoples' experiences. ■

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86 Denmark Villas, Hove BN3 3TY, Tel: 01273 206647

### From Professor Gregory O'Brien

#### A letter from the old chair to the new

#### Dear Sab

What a year for you! First, Hospital Doctor of the Year, then your OBE and now the ultimate accolade – Faculty Chair. Okay, so some might suggest that OBE is a *slightly* higher honour than being elected to be the chair of our august group, but no matter. We are talking peer recognition here and there is no higher esteem than that.

I guess by now though the novelty of your election will have worn off and you will be facing the demands of the job. These are many and varied, as you knew only too well before you put yourself forward for the task; it's quite another thing experiencing it. 'Chairing Faculty' is the least part of the job, it is all the College liaison and representation that goes with it that is really demanding. At first, that is all new and fun, but at times it gets wearing; when you get warnings that your inbox is full for the second time that morning and you know that what comes in from the College is not like all those NHS circulars – you do need to check them all before hitting the "delete" button, just in case.

I have enjoyed my time as Chair immensely and I am sure that you will too. You heard me say a couple of things about that in Prague; for the sake of posterity, I'll say them again here.

First, it is astounding, and at times quite humbling, to witness how much effort so many of our colleagues contribute to Faculty work: 'If you want anything done, ask the busiest person', they always say. This is especially true of our Faculty, where I have been indebted to so many people who have so helpfully given so much of their efforts and are often out of sight, out of mind, on essential 'background' matters. To these people (and you were one) I owe a deep sense of gratitude. I cannot mention everyone, but neither can I let mention of this pass without citing the guidance of my predecessor Mary Lindsay and the immense support of the two secretaries with whom I had the honour of coordinating Faculty efforts, Geraldine Holt and Roger Banks. It also did help just a wee bit that our latest President has more than a passing interest in LD matters. I am sure you don't need any advice from me, but if you were to ask for one hint it would be: 'When in doubt, ask Sheila'. I have found her counsel always insightful, supportive and invaluable. And when she doesn't know, well, that's when one goes to the real oracles in College matters: Gill Gibbins and Vanessa Cameron herself.

Next, the political bit. As our spokesperson, with the mandate of the broad group we represent, you will be

listened to. Don't underestimate how powerful that can be. Being such a broad group in our Faculty, coming from so many clinical specialist disciplines, our 'Disability First' message is listened to. The various bodies within the College expect you to represent the interests of people with developmental disabilities; other forums are always interested to hear what we have to say, so say it loud and clear. Those marginalised, excluded people for whom we work deserve it.

Finally, select your theme. By this, I mean be clear in what you want to achieve as Chair. For my tenure, in the prevailing political climate, it had to be about developing inclusivity and partnership working. I think I can guess what yours might be but I'll leave it to you to go public on that.

In all of this, be assured that, as Associate Dean with special responsibility for inter-collegiate PMETB-related matters and the development of common training, I will do all I can to support you in all that you do. But finally, and, most of all, enjoy.

Greg O'B ■



## IASSID World Congress 2008

**The International Association for the Scientific Study of Intellectual Disabilities (IASSID) will be holding its 13th World Congress**

**Cape Town, South Africa**

**25–30 August 2008**

Over 1500 delegates are expected, including experts in all aspects of intellectual disabilities, including early childhood, health & social care services, families, epidemiology, aetiology, inclusion, ageing, physical & mental health, education, employment, parenting, quality of life, end-of-life, empowerment, basic research, forensic issues, communication and social policy.

**Be there!**  
**[www.iassid.org](http://www.iassid.org)**

