

# Finding My Voice

**A Recovery Journey by Dr Sarah Markham**

# The Patient Lacks Insight...

- ...lacks insight into her risk
  - ...lacks insight into her support needs
  - ...lacks insight!
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- But do we?
  - Or is it simply a default response to the patient when he/she disagrees with her RC?
  - Can this pattern be found elsewhere?

According to a recent paper in the BMJ:

Senior doctors say to junior doctors  
“you lack insight”, when they really  
mean “I disagree with you, but I  
don’t know how to justify my view  
over yours”

## And even worse...

**‘You do not cross them’**: Hierarchy and emotion in doctors' narratives of power relations in specialist training

(Journal of Social Science & Medicine – August 2017)

**‘Anger, fear and intimidation characterised trainee-trainer relationships.’**

**‘The emotional roles accessible to trainees impact learning and patient outcomes.’**

# Evidence Base for Violence Risk Assessment

According to Professor Seena Fazel of the University of Oxford and Wellcome Trust Fellow, systemic review and meta-analysis of research findings to date indicate:

- **Prediction of risk is not possible using commonly used tools**
- **Risk Assessment Tools cannot be used to determine risk of reoffending in individuals**
- **They can roughly identify different risk groups, inform management plans, and remind clinicians to ask about risk factors**

# Oh, and by the way...on the subject or risk:

**BMJ 2017;359:j5531 doi: 10.1136/bmj.j5531 (Published 7 December 2017):**

**“Risk tools are used to protect doctors and institutions”**

**Frederick P Souza-Faria consultant psychiatrist**

‘Risk instruments ... serve to protect individual clinicians and institutions...Trusts’ insurance premiums are decreased if they can show that systematic risk assessments are being used by clinical staff...There is now consensus ... that these instruments add little to patient care and can act as a distraction, causing vital clinical cues to be overlooked. But we cannot underestimate the importance of form filling rituals in decreasing institutional anxiety. I call for more honesty about the process.’

# And then, of course there's the...

## **Independent Review of the Mental Health Act!**

Editorial: Mental health law: revision or reformation?  
[www.thelancet.com/psychiatry](http://www.thelancet.com/psychiatry) Vol 4 December 2017

**'Concerns have been raised over a 47% increase in detentions (including recalls of patients under a s41 restriction order) under the Mental Health Act (MHA) 1983 during the past decade.** This has led the UK Government to commission an Independent Review which is currently taking place —to look at what changes might be needed.

**The review has sparked debate on both the fundamental principles, such as whether mental health law and compulsory detentions are ever justified, and whether problems in the UK are a result of the legislation itself, or its practical application'**

**'In the MHA, the term mental disorder is loosely defined, so is open to misinterpretation.** Although a person can be detained for treatment only if a specific treatment exists, **in practice it appears that people are treated in very non-specific ways, such as receiving nursing care.**

# So where does that leave us?

- IMHAs
- Peer Support
- Patient Advocates
- Ourselves?

When others lack the courage, knowledge or skill to help us be heard, how can we best help ourselves?

Access to the wider psychiatric debate via BMJ, Lancet Psychiatry and other online journals and similar resources.

# What I tried... And what works for you?

- Background reading – raising awareness of the debate in wider psychiatric and legal spheres regarding concerns about the ethicality, quality and efficacy of secure and forensic care.
- Grounded rational argument – but will/do they listen.
- Compromise and consistency – how the minority may be able to sway the majority.
- And what about you? What works for you?

**Q&A**