

# Skit

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Feeling unwell recently, I looked to the ICD-10 to give a name to my condition, but couldn't find it. Therefore I would like to suggest an addition to the section F62 – 'Enduring personality changes not attributable to brain damage and disease'.

## **F62.2 Enduring personality changes after membership of the Royal College of Psychiatrists**

Personality change attributable to chronic exposure to College literature, College meetings, the *British Journal of Psychiatry*, and contact with other members. The extent of the exposure must be sufficient to cause the changes in almost anyone, and there should be no evidence of pre-existing personality disorder, except for an interest in psychiatry or a wish to help people. Extreme forms of this disorder can result from additional contact with members of Her Majesty's Government, particularly the Secretary of State for Health. The essential feature of this disorder is an apparent desire to be impugned or belittled, coupled with passivity and a complete absence of protest. This disorder does not necessarily involve sexual gratification and therefore it should be differentiated from *sadomasochism* (F65.5) and other paraphilias.

### *Diagnostic guidelines*

- A reluctance to use the terms 'psychiatry' or 'mental illness', believing them to be degrading to patients, and a willingness to abandon them in favour of 'mental health'. Doctors with this disorder often ape solicitors or prostitutes and refer to patients as 'clients'.
- An overriding and absorbing interest in the possibility of holding high office, passing chains of office, sitting on the top table, or advising Ministers. These symptoms seem to worsen with age, and are usually inversely proportional to the amount of day-to-day exposure to patients. Associated with these symptoms is a blunting of interest in the needs of the mentally ill or the psychiatric profession.
- An overvalued idea, and in some cases a delusional belief, that psychiatry was in the doldrums until the Government showed the

way with the Care Programme Approach. Sufferers are extremely grateful to the Government for this breakthrough, and almost orgasmic when a tragedy can be attributed to a failure of the psychiatric services to carry it out to the letter. This sense of pleasure is enhanced when there are insufficient resources to operate the Care Programme Approach properly.

- A willingness to treat more and more dangerous patients in the community, helping to reduce the cost of special hospitals, prisons, and secure units. Sufferers may feel intimidated by such patients and avoid confrontations over treatment, but there is an acceptance of blame, and a collective lack of protest when things go wrong. They usually look forward to the day when they can be called to account in a public inquiry of their very own.
- A belief that the supervision register and the supervised discharge order are super.
- Persistent whingeing about the College, managers and the Government, but only to fellow sufferers. In extreme cases they are too timid to do this in an open fashion and often resort to writing sarcastic articles, litotes, or even satire.
- A touching willingness to contribute large amounts of money to retain expensive headquarters and a research unit in London. They enjoy the impossibility of getting there by car, the distance from most parts of the UK, the expensive hotels, and the Intercity sandwiches. It is more important for them to be near the seat of government – to influence policy, prevent bad law, promote the interests of the profession and patients, and have a 'Defeat Depression' Fun-Run in Hyde Park.
- The production and distribution of pornographic literature, often with lurid descriptions of how psychiatrists have conspired with managers to close beds, moved into the community, handed over their role to psychologists, and coped with vacant consultant posts. The current vogue is for literature on 'risk assessment', which is not only pleasurable for repeated private use, but also holds the exciting possibility of parts of it being quoted back at them in

court when a patient of theirs harms a member of the public. As this literature is not covered by the Obscene Publications Act it is legally distributed to sufferers, and production costs are covered by annual subscriptions.

- Sufferers of this disorder are more likely to experience a warm, secure feeling of pleasure when they register for Continuing Professional Development (CPD) and receive their own little personal organiser, evoking childhood memories of school projects, secret diaries, train-spotting, stamp-collecting, and of being teacher's pet. Although no extra resources have been provided to compensate for the time that they will need to devote to CPD, they are unlikely to protest and are happy to spend less time with their families.
- The adoption of a strange language, using words indiscriminately or sometimes randomly. Some examples are: *empower, enable, mental distress, user, crisis, advocate, counsel, resource, community, workshop, issues, survivor, rights*. Only fellow sufferers can understand them fully. Given the

opportunity, they will give their psychiatric unit or day centre a leafy, sort of woody, cuddly, non-loony-bin name like 'Privet Lodge' or 'Brookbank'. Pictures of trees, leaves, birds or acorns, subtitled with an emetic motto like 'Caring for the Community' often feature in their letterheads. They will almost certainly write a mission statement and feel good about it. Many will write a business plan and understand the point in having one, but this seems to be a terminal symptom.

*Includes*

Being on first-name terms with the Secretary of State for Health

An interest in audit or Europe

Contributing money to the President's leaving portrait

*Excludes*

Self-mutilation

Elective mutism (F94.0)

Hysterical paralysis (F44.4)

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