and inspiring speakers that Dr Stafford Clark introduced for the attention of medical students at Guy's Hospital. Russell's message and his style was so intriguingly different from the contrived out-patient and limited in-patient experience available at Guy's at the time that I was drawn to follow him to Severalls for a clinical attachment. I was able to spend time at Severalls during the period when it was still in the process of transformation from a locked environment with railings, separating males and females.

There was a pioneering heroic spirit with major conflicts between the two greatest men – Russell Barton and Richard Fox – but conducted, as far as I could see it, with good humour and mutual respect. They were having a huge impact on thinking and discussion among ordinary people across the populations of Essex and neighbouring counties, and the demystification and destigmatisation of serious mental illness made huge steps over a short time thanks to their enterprise.

It was wonderful to meet both patients and staff who had experienced the life of the old asylum system, and most particularly enjoyable to go out with Russell through the lanes and bigger roads of the county, to outposts and clinics in neighbouring towns. He was a great enthusiast for his MG and acknowledged every other MG that we passed. It felt like being part of a celebrity world – caring, unstuffy and determined to provide good quality, honest services to many disadvantaged individuals and families.

Russell had encouraged Tony Whitehead to establish one of the first truly community-based services for older people with mental health problems, particularly dementia. Tony, who sadly also died very recently, had moved on to Manchester by the time I joined Russell, but his legacy of day hospitals and outreach activities was there. The stories of rescuing older people who were not quite coping because of their dementia in isolated small-holdings in Cambridgeshire and other far off places, were quite wonderful. A converted old ambulance was used to take out not only staff, but also basic equipment such as coal for the fire, loaves of bread, eggs, milk and other simple foods.

Russell Barton was a hero. A huge amount of good has followed from his initiatives; very little of it knowing the source of its inspiration.

David Jolley Consultant in Old Age Psychiatry/ Medical Director, Penn Hospital, Penn Road, Wolverhampton WV4 5HN

the college

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

At the meeting of the Court of Electors held on 25 February 2003, the following nominees were approved:

Fellowship – UK

1 Adams, Dr Robert David
2 Bailey, Dr Anthony James
3 Baker, Dr Ronald Stewart
4 Banerjee, Dr Rina
5 Bendall Dr Patricia
6 Brown, Dr Keith Wilson
7 Browne, Dr Frederick William Arthur
8 Byrne, Dr Patrick John
9 Cawthron, Dr Paul Anthony
10 Chaloner, Dr Jill Margaret
11 Chithiramohan, Prof. Ramalingam
12 Clark, Dr Stella Anne
13 Cole, Dr Andrew James
14 Crisp, Dr Jennifer Anne
15 Davies, Dr Sandra Ruth
16 Deo, Dr Ripudaman Singh
17 Fernando, Dr Harsha Gamini
18 Foreman, Dr David Martin
19 Foster, Dr Thomas John
20 Garvey, Dr Timothy Patrick Noel
21 Grant, Dr William Neil Mcnab
22 Gururaj-Prasad, Dr Kasi Brahmanya
23 Hall, Dr Alyson
24 Hamilton, Dr David Stewart
25 Hand, Dr Marie Therese
26 Hendry, Dr James Duncan
27 Holman, Dr Christopher John
28 Kamala Chandrasekhar, Dr Turuvekere
29 Kaplan, Dr Selwyn Anthony
30 Keitch, Dr Ian Allan Philip
31 Kent, Dr Andrew John
32 Konar, Dr Sugata Ranjan
33 Larkin, Dr Emmet Phelim
34 Lomax, Dr Steven Roger
35 Luyombya, Dr Godfrey Andrew Matovu
36 Martin, Dr John Christopher
37 Mathew, Prof. Vallakalil Matthew
38 Matthews, Dr Helen Pinkerton
39 McManus, Group Capt Francis
40 Metcalfe, Dr Michael William
41 Miller, Dr Susan Mary
44 Misra, Dr Prem Chandra
43 Morriss, Prof. Richard Keith
44 Morton, Dr Michael John Stuart
45 Muir, Dr Walter John
46 Murray, Dr Christine
47 Oswald, Dr Alexander George
48 Owen, Dr John Hughes
49 Parmar, Dr Ranjana
50 Pelosi, Dr Anthony Joseph
51 Perini, Dr Anthony Francis
52 Ramamurthy, Dr Vathsala
53 Rice, Dr Peter Martin
54 Robertson, Dr Pauline Elizabeth
55 Scott, Dr Allan Ian Fraser
56 Scott, Dr Stephen Basil Cuthbert
57 Shanahan, Dr William John
58 Shaw, Dr Michael John Dennistoun
59 Simonoff, Prof. Emily Ann
60 Simpson, Dr Neill John
61 Slatford, Dr Kenneth
62 Stone, Dr John Huw
63 Thomas, Dr Anna Kathryn
64 Travers, Der William John Elton
65 Veale, Dr David Mikael William De C.
66 Warner, Dr Nicholas James
67 Watkins, Dr Sarah Elizabeth
68 Weeramanthri, Dr Tara Bernice
69 Whalley, Dr Mary Jane
70 Whitehouse, Dr Andrew Michael
71 Wood, Dr Eric Robert Miller
72 Wylie, Dr Kevan Richard
73 Zwi, Dr Morris

Fellowship – OS

1 Al-Azzawi, Dr Reyad Abdrazzak
2 Chong, Prof. Mian Yoon
3 Hoschl, Prof. Cyril
4 Kumar, Dr Vinod
5 Lemlij, Dr Moises
6 Ohaeri, Prof. Jude Uzoma
7 Olugbile, Dr Olufemi Bamidele
8 Ungvari, Dr Gabor Sandor
9 Velamoor, Dr Varadaraj Rajagopal
10 Wilkinson, Dr Simon Roger

Membership under Bye-Law II 2 (ii) (A)

1 Al-Saffar, Prof. Najat
2 Chaudhry, Prof. Haroon Rashid
3 Chowdhury, Dr Arabinda Narayan
4 El Azim, Prof. Said Abd
5 El Fiky, Prof. Mohamed Refaat
6 Freeman, Prof. Arthur Merrimon
7 Khandelwal, Dr S K
8 Rana, Dr Mowadat Hussain
9 Ustun, Dr Tevfik Bedirhaan

Membership under Bye-Law III (2 (ii) (B)/(C)

1 Al-Asady, Dr Mazin Hyder Saleem
2 Azarbaidjani-Do, Dr Mardjan
3 Berhe, Dr Tzeggai
4 Bernat, Dr Claudia
5 Brooks, Dr Kathleen
6 Claassen, Dr Dirk
7 Davidsson, Dr Lars
8 Feeney, Dr Eileen

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9 Gallus, Dr Ingeborg
10 Gijsman, Dr Harm Jan
11 Hammes, Dr Johan Pieter
12 Hicks, Dr Madelyn Hsiao-Rei
13 Kenny-Herbert, Dr Jeremy Patrick
14 Kircher, Dr Michael
15 Langley, Dr Beryl
16 Leach, Dr Jack Morrison
17 Leroi, Dr Iracema
18 Magner, Dr Maurice Bernard
19 Mercadillo, Dr Nieves
20 Mitra, Dr Debal
21 Sgouros, Dr Xenofon
22 Theis-Flechtner, Dr Karin
23 Tremblay, Dr M
24 Von Der Tann, Dr Mathias
25 Waterdrinker, Dr Astrid Ingeborg
26 Westerlund, Dr Marcel Stefan

Caring for people who enter old age with enduring or relapsing mental illness ('graduates')

CR110 2003 12 pp £5.00

This document has been produced jointly by the Faculty of General Psychiatry, the Section of Rehabilitation Psychiatry and the Faculty of Old Age Psychiatry.

Its purpose is to define and encourage good practice in the management of mental disorder in people who suffered from enduring or episodic severe mental disorder throughout adulthood and are now reaching old age. Such people are sometimes described as 'graduating' from services designed for the needs of adults of working age to those designed for older people. These patients are potentially at risk of neglect or sub-optimal care by services because of changes that have occurred in the organisation and responsibilities of services over the past 30–40 years. Their particular needs have never been addressed in policy documents. The principles of care for people with mental disorder, as outlined in the 'National Service Framework for Mental Health' remain applicable to them, although in many instances their care will fall to specialist services for older people working within the 'National Service Framework for Older People'.

Previous generations of graduates lived out their lives in mental hospitals. Many are now housed in hostels, residential or nursing homes, or may be supported with complicated packages of care in private households. Estimates of the most severely affected range from 11 to 60 per 100 000 population. The majority suffer from chronic schizophrenia or relapsing mood disorder. Many continue to demonstrate evidence of florid symptomatology as well as defect states. Their physical health is often poor and they might have no social infrastructure other than that provided by statutory services. Some have been relocated out of their district of origin as part of a mental hospital closure programme, and might have lost contact with their original services. New graduates often encounter difficulties when general psychiatry or rehabilitation services feel that they should give way to services for older people.

Recommendations to services

- Each local health and social care economy should identify all graduates as characterised.
- A full reassessment should be made of each individual's current health and social care needs and a care plan should be agreed, designed to meet these needs within available resources. Progress towards improved care and improved health should be monitored by annual reviews.
- For people who are currently approaching the age of 65, their birthday should trigger a comprehensive review of health and social care needs. Following this review, a care plan should be agreed and be subject to annual review.
- Medical responsibility will rest with a principal in general practice or a consultant psychiatrist, and maintenance of continuous review should be the responsibility of the case manager.

It is intended, with the support of the National Institute for Mental Health for England, to monitor progress in the implementation of these recommendations and to publish the findings annually.

reviews

Reading about self-help books on obsessive–compulsive and anxiety disorders – a review

Many treatment manuals were originally introduced for research purposes in psychotherapy to standardise treatment programmes among researchers. On the tail of these treatment manuals came the development of self-help manuals for patients. An example is Barlow & Craske's (1994) self-help publication for anxiety and panic, which was born out of their therapist manual.

The profession has not wholly welcomed the development of self-help manuals for clients. In their favour, such publications increase people's insight into their condition, empower them to take more responsibility for their treatment and give them material to show friends and relatives, helping to provide a more supportive social context for change. They also give access to methods of improvement for people not wishing to bring their anxiety disorder to the attention of professional services. When used in conjunction with treatment guided by a therapist, self-help publications can be read in advance of therapy and at the end of therapy to consolidate gains. Used under professional guidance, manuals also act as an aide to training for the therapist, enabling a consistent standard of therapy to be maintained.

There are, however, concerns and arguments against such publications. Wolpe (1977) objected to patients with phobia being treated with the same standard technique and highlighted that phobias can have different causes that require different therapeutic approaches. A further argument against self-help therapies is the lack of the reinforcing positive feedback and motivation that a therapist can offer. Ghosh *et al* (1988) found patients with phobia who bought a self-help book, then failed to take its self-help exposure advice until, as part of a randomised controlled trial, a psychiatrist asked them to follow it and then return to be rated.

Self-help manuals for anxiety and obsessive–compulsive disorders (OCDs) are largely based on empirically-validated cognitive–behavioural techniques, but very few controlled studies have looked at the efficacy of self-help literature for anxiety and OCDs. Those publications with proven efficacy are therefore high on the shopping list.

In a series of controlled studies, White (1995, 1998) has shown that 'Stresspac' a self-help cognitive–behavioural therapy package for individuals with anxiety disorders (White, 1997) produced clinically significant improvement in 67% of the participants at post-therapy, 89% at 1-year and 78% at 3-year follow-up. Ghosh *et al* (1988) showed that behavioural therapy delivered via a book, *Living with Fear* (Marks, 1978), was as effective as therapist-guided behavioural therapy. Eighty-four patients with chronic phobia were randomly assigned to self-exposure

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