

From the Editor's desk

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THIS MONTH'S ISSUE: SPEEDING UP OR SLOWING DOWN

In 1958 I was interviewed for an undergraduate place at Gonville & Caius College, well known as the most medical of Cambridge colleges since the time of William Harvey. I found this stressful and my state of anticipatory anxiety prevented me from taking in all I encountered when I walked into the interview room. It seemed I was being interviewed only by the senior tutor but, after the first few minutes, became aware of a half-hidden second figure, relaxed and recumbent, or possibly asleep, on a sofa in the far corner of the room. This awakened a vague recollection that I was also going to be interviewed by someone called 'the pastor', so perhaps this was something to do with my ongoing care. The senior tutor interviewed me in a correct and conventional manner and I gradually lost interest in the distraction at the edge of the room. Then came the predictable question, 'What branch of medicine would you wish to pursue were you to be successful in coming here?' At last, an easy question. 'Psychiatry', I promptly responded. There was a pregnant silence. The senior tutor struggled for something intelligent to say. Suddenly a disembodied voice rose from the sofa; 'What would you do with people; speed them up or slow them down?' 'I think the subject is a complex one', I replied, desperate not to continue this line of conversation, 'but on balance I would be inclined to slow them down'. The owner of the voice appeared satisfied and drifted back into oblivion. After my interview I discovered that 'the pastor' was actually the Master of the College, Sir James Chadwick, physicist, Nobel prize-winner and discoverer of the neutron, and his question now made more sense.

Although my interview with Sir James could hardly be described as chatty, it now could qualify for CHATTI (Holmes

et al, 2004), and showed considerable prescience. In this issue we have two articles on attention-deficit hyperactivity disorder, a disorder unknown at the time of my interview, in which slowing down is clearly the main aim of both prevention and intervention (Asherson *et al*, pp. 103–105; Button *et al*, pp. 155–160), and several others in which slower activity would be a boon to mental health. These include the influence of how the frenetic life circumstances of living in Cali, Columbia, affect young people's mental health and attitudes (Harpham *et al*, pp. 161–167), where Table 3 (p. 164) gives a bleak summary of the awful damage created by violence; the malign influence of stalking on victims' mental health (Dressing *et al*, pp. 168–172); and the greater propensity of those of low IQ to develop psychiatric disorders associated with impulsivity and behavioural disturbance (Batty *et al*, pp. 180–181). However, the need to speed up or spur people on is also detected in the challenging editorial on social defeat by Selten & Cantor-Graae (pp. 101–102), and in the article by Sylvia Park and her colleagues (pp. 137–142). In community settings the prescription of antiparkinsonian drugs is certainly affected by 'other factors such as patient demand'; my patients love the 'speeding up' feeling created by these drugs independent of their effects on dyskinesia. It is also reassuring to read that the number of elemental particles in a case description is also finite (Hutchemaekers *et al*, pp. 173–179). After 544 320 assessments I will begin to repeat myself, but there is some way to go.

NEWS FROM ACROSS THE POND

There was a lively 158th Annual Meeting of the American Psychiatric Association (APA) in Atlanta between 21 and 26 May this year, where the Royal College of Psychiatrists was well represented, particularly at the

launch of its new Pan-American Chapter hosted by Nigel Bark. Presidents of the APA hold office for 1 year only and I had witnessed the inauguration of the previous president – Dr Michelle Riba from Michigan – in New York a year ago, which ushered a year of special interest in psychosomatic medicine. Steven Sharfstein was inaugurated as the new President and his time in office might subsequently become known as 'American psychiatry re-branded'. In his inaugural address, which was notable in including not one unctuous phrase, he pointed a stern finger at a 'crisis of credibility for American medicine and American psychiatry' in which patchy quality and poor access to care are paradoxically associated with steadily increasing costs, with 15% of the gross domestic product being spent on health. In tackling the enormous reforms necessary Dr Sharfstein wants the credibility of the APA to be improved dramatically. He proposes to do this by getting the Association to focus less on private care and more on public mental health, to remind ourselves that the biopsychosocial model of psychiatry must not 'become the bio-bio-bio model', to re-examine our relationship with the pharmaceutical industry that makes 'offers that can and must be refused', and to defend the core values of the profession against ignorant attacks from special interest groups. In his task of 'remaking our flawed healthcare system' I'm sure we all wish Steven well, and we reinforced his resolve when he joined us at our Annual Meeting in Edinburgh in June. His task is one that will not be finished by the time he leaves office in 2006, but we should give what assistance we can to get the American leviathan back on track again.

DOGGEREL OF THE MONTH

... a call to action delivered at the Pan-American Chapter in Atlanta:

We're pleased you're here to see us join
America, North, South – and middle
To some tiny islands across the sea
Whose world influence remains – a riddle
We need you now for a constant task
No worry, it's not complicated
Don't stay away from the US of A
But don't let yourself be dominated
Because if you are – the world will think
That psychiatry is just APA Inc.

Holmes, J., Lawson, D., Langley, K., *et al* (2004) The Child Attention-Deficit Hyperactivity Disorder Teacher Telephone Interview (CHATTI): reliability and validity. *British Journal of Psychiatry*, 184, 74–78.