



## the college

### Good Psychiatric Practice, Second Edition

Council Report CR125,  
November 2004, Royal College  
of Psychiatrists, 60 pp, £10.00

This second edition of *Good Psychiatric Practice* sets out standards for general good practice within psychiatry. For each area of practice, clinical guidance from the Royal College of Psychiatrists is laid out side by side with the guidelines given by

the General Medical Council in their document *Good Medical Practice*.  
Areas of practice covered include:

- Core attributes
- The trusting relationship
- Good clinical care
- Consent to treatment
- Note-keeping and inter-agency/inter-professional communication
- Confidentiality
- Availability and emergency care
- Working as a member of a team
- Referring patients

- Clinical governance
- Teaching and training
- Research
- Being a good employee and employer
- Basic knowledge and skills in the specialities of psychiatry (as an appendix)
- Good practice within the psychiatric specialities (as an appendix)

This report can be downloaded in full from the College website: <http://www.rcpsych.ac.uk/publications>

## obituary

### Donal F. M. Early

Formerly Consultant  
Psychiatrist, Glenside  
Hospital, Bristol

On 12 April 2004, the death occurred of one of the giants of twentieth century psychiatry. Don Early was the doyen of the industrial rehabilitation movement which contributed so much to the more enlightened treatment of chronic mental illness, the reduction of in-patient numbers and the move to community care.

He was born in Roscommon, Ireland on 20 May 1917, the tenth child of District Judge William Early and his wife Margaret. He was sent to boarding school at an early age and was educated at Clongoes Wood, West Kildare. Here he passed his leaving certificate but following the death of his father he was forced to leave school before his scholarship exams for financial reasons. He lived briefly on his farm in Tyrone where he met his future wife, Prudence Park. He was finally able to enter the College of Surgeons medical school, Dublin, where he qualified LRCPI and LM in 1941. He enjoyed college life, playing rugby and involving himself in amateur dramatics. On qualification he came to England and worked in Blackpool during the war, returning to Dublin to do his DPH and some initial psychiatric training at Grange Gorman Hospital, passing his DPM in 1945. He returned to England to join the staff at Bristol Mental Hospital in 1944. He married Prue in Ireland in 1946 and they came to Bristol to start their life together.

Like many medical advances, his ideas were born out of adversity and unpromising beginnings. When he came to Bristol Mental Hospital, most of the staff and resources had gone to the new Barrow



Hospital which had been used by the military during the war. Don would greet new medical staff with 'Welcome to Devil's Island', and then he said that he could offer them little but hard work and plenty of experience. With his example and good humour he, nevertheless, attracted a loyal and enthusiastic team and the opening of the Prichard Clinic allowed the treatment of acutely ill patients in more modern surroundings.

His appetite for work was phenomenal; he could never say no, so the number of patients at his clinics at both Frenchay and Southmead Hospitals was double or treble the norm. In addition, he spent many evenings and weekends in a flourishing private practice though many of his patients were what he called 'God reward me's'. He developed a unique method of explaining the relationship of depression and anxiety graphically, and most patients left clutching the piece of paper like a talisman.

It was in rehabilitation and industrial therapy that he made his mark. Institutionalisation was a major problem in all

mental hospitals. Many long-stay patients were unemployed or working for pocket money in the various hospital departments. New treatments improved prognosis, which without proper employment discharge was impossible. In 1957, he enlisted the help of a local industrialist whose business relied on out-workers to assemble ball-point pens. This was started in the occupational therapy department and, by the end of 1958, one-third of the patients were working.

These new ideas worried the trade unions. He invited their representatives to visit the hospital and gained the support of the regional secretary of the Transport and General Workers Union. In March 1960, their General Secretary visited the new Industrial Therapy Organisation (ITO) factory in central Bristol. The factory thrived: a hand car wash was opened and properties were bought to provide intermediate sheltered housing. People were enabled to move out of the hospital via ITO into sheltered groups in open industry. In its heyday ITO (Bristol) became the model for similar developments throughout the UK and internationally.

Don was invited to become a World Health Organization advisor in Industrial Rehabilitation and visited Spain, Turkey, France, Italy, the USA, Canada, Australia and New Zealand.

When he retired from the NHS he had time to develop his longstanding interest in forensic psychiatry. He became actively involved in providing psychiatric reports for the Court; service of a consistently high, authoritative standard. He remained on the Board of Directors of ITO until its closure in 2003, having completed its task. He continued to take a great interest in his old hospital and was the founder and guiding light of the Glenside Hospital Museum, an interest that he continued until this year. In 2003 he finished writing and published *The Lunatic Pauper Palace*,



columns

documenting the history of Glenside Hospital Bristol 1861–1994.

For much of his time at Glenside he lived in a hospital house 'Clonora' on Blackberry Hill, where he installed a swimming pool and held legendary barbecues in the garden for friends and colleagues. When he bought a run-down old rectory a few miles outside Bristol it was rumoured that he would open a 'cow-

wash', but over the years he and his wife developed it into a magnificent home and garden with plenty of room for his beloved Irish wolfhounds and another swimming pool for the grandchildren. This was enclosed in a building made of rescued windows which were bought from the hospital during renovations.

In October 2001 he suffered a severe stroke and, tragically, never regained his

power of speech. His wonderful smile and good humour rarely deserted him. He was a brave man loved by all who knew him.

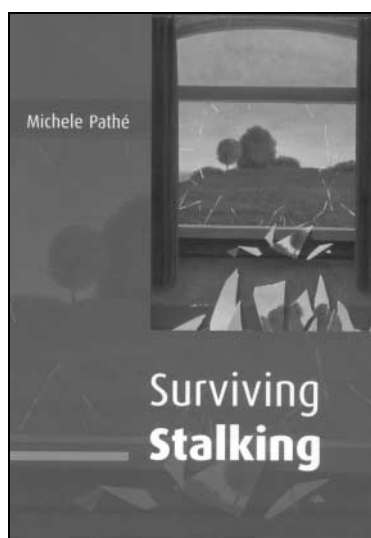
Donal Early is survived by his wife Prudence, and two daughters – all three are doctors – and four grandchildren. He was pre-deceased by his grandson, Toby, a medical student, who died in 1996.

Alan Ogden

## reviews

### Surviving Stalking

Michele Pathé  
Cambridge: Cambridge University Press, 2002, £17.95 pb, 174 pp., ISBN: 0 521 00964 2



Stalking is a significant social problem whose frequency is almost certainly increasing. Estimates of the prevalence of stalking vary widely with the definitions used and the populations studied. If however, we confine ourselves to the more severe end of the stalking spectrum, involving harassment and pursuit lasting for months on end, then currently 5–10% of people fall victim to such behaviour. Those stalked are predominantly young women, although no one, regardless of age and gender, is exempt from such unwanted attention. People who are being stalked not infrequently seek help for their psychological distress from

general practitioners and mental health professionals. They often request advice from those professionals about how they should respond to the stalking, how long it is likely to last and whether they are at risk of physical attack. Clinical experience suggests that the answers and advice they receive are all too often ill-informed and on occasion positively hazardous. The situation is analogous to domestic violence, in that clinicians should know enough about stalking and its impact to be able to provide help, support and advice to patients afflicted by this form of victimisation.

There is no shortage of books about stalking which cover the topic in a variety of ways, from the sensational, through the journalistic, to the scholarly. What has been lacking, however, is a guide to the impact of stalking on the person targeted and how best to manage being stalked. Dr Pathé has written just such a practical and straightforward account. This book is a goldmine of information on the best response to being stalked. It also contains a wealth of information relevant to clinicians. The book is well written and, unlike so many books by professionals intended for a general readership, never slides into becoming either dull or patronising. The book is further enhanced by chapters from Doreen Orion and Edward Petch, who place the advice for clinicians and their patients in the context of the law and practice in the USA and the UK respectively. This enables the reader to move from broad advice and information relevant to all stalking situations to the specifics of the law and support organisations available in the UK, USA or Australia. Hopefully, in future editions chapters on European and other jurisdictions with effective anti-stalking legislation services will also appear.

The book provides a balanced account of the nature of stalking, who stalks, what are the risks of being assaulted and even on the best methods of managing stalkers. Perhaps the most important contributions, however, for clinicians and patients alike, are the chapters on the impact of stalking, how to reduce the chances of becoming a stalking victim, and if you do experience such behaviour, how best to minimise the impact and evade the stalker. The book is full of sensible and practical advice derived from Dr Pathé's long experience of working with people who have been stalked.

One pleasure for this reviewer was the book's comparisons between the legislative frameworks for dealing with stalking in the various states of the USA and Australia and that of the UK. Only the UK legislative response requires a flowchart to illustrate its functioning: Dr Petch, in a gallant attempt to explain the functioning of the Protection from Harassment Act 1997, resorts to a diagram that contains no fewer than 46 separate boxes connected by a plethora of arrows going in each and every direction. This byzantine nightmare represents the response of the law of England and Wales to what is a relatively commonplace social problem. Time will tell whether those experiencing the attentions of a stalker are better served by the simple and direct legislation of most jurisdictions or the many-headed hydra of the Protection from Harassment Act.

This book is essential reading for clinicians and can be safely recommended to general readers as a sensible, practical and eminently well-informed account of stalking.

**Paul E. Mullen** Professor of Forensic Psychiatry, Monash University, Clinical Director, Victorian Institute of Forensic Mental Health, Melbourne, Australia



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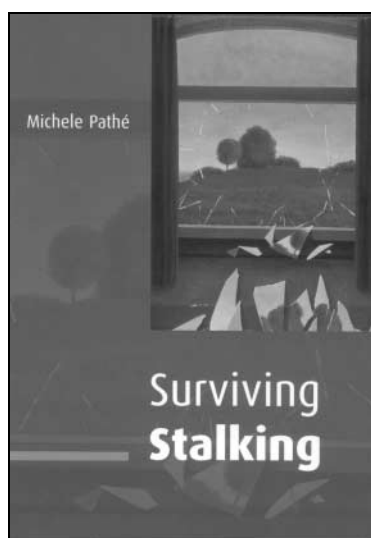
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