Correspondence

College president elections – are members not bothered?

Only 26.5% of members participated in the voting process in the 2011 Royal College of Psychiatrists president elections, even though there were many options to get involved including online voting. Only 12.2% of members voted for the president (at first stage, 7.8%). And even though using the internet would appear to be an easier option, there were fewer votes cast using this method. When will the British psychiatrists wake up and start to take part in these elections?†

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The hubris syndrome: is it necessarily pathological?

The 'hubris syndrome' is of unquestionable interest but unfortunately the account given by Russell and Owen was lacking in sociopolitical and historical context.[1,2] In addition, it was unhelpful to confound this putative syndrome with the impairment of a politician's decision-making as a result of physical or mental illness. These two phenomena are unrelated and must therefore be kept separate.

By contrast, Freedman's comments[3] were more nuanced and took account of the complexity of this interesting phenomenon. Freedman pointed out the important distinction that must be made between leaders in democratic and non-democratic systems. Whereas egalitarian systems of leadership appear to have been prevalent among pre-Neolithic hunter-gatherers,[4] following the advent of agriculture more tyrannical forms of leadership become the norm. Certainly since the rise of the state some 5000 years ago the most common systems of governance have been autocratic or tyrannical.[5] The checks and balances that leaders in a democratic system (a very recent historical development) have to endure, although imperfect, severely limit their ability to indulge in the kind of hubris that their tyrannical counterparts can do. I suggest that the syndrome in its purest form should therefore be studied in autocrats and tyrants to correctly identify its full-blown manifestations. There is no shortage of candidates for such a study both historical and contemporary. It is of interest that the events taking place in many Arab countries at present involve the actual or attempted removal from power of a group of tyrannical leaders who represent extreme examples of the hubris syndrome. Any of these leaders would qualify as a case study of hubris syndrome.

It is debatable as to whether the syndrome is an illness or simply a human psychological phenomenon or response that results from the interaction of certain specific personality traits with the experience of power, authority and elevated status. It may even be argued that this syndrome has been a necessary qualification for all tyrants throughout history and that it has only become dysfunctional and maladaptive in democratic systems.

1 Russell G. Psychiatry and politicians: the 'hubris syndrome'. *Psychiatrist* 2011; **35**: 140–5.

2 Lord Owen D. Psychiatry and politicians – afterword. Commentary on . . . Psychiatry and politicians. *Psychiatrist* 2011; **35**: 145–8.

3 Freedman L. Mental states and political decisions. Commentary on . . . Psychiatry and politicians. *Psychiatrist* 2011; **35**: 148–50.

4 Boehm C. Egalitarian behaviour and reverse dominance hierarchy. *Curr Anthropol* 1993; **14**: 227–54.

5 Abed RT. Tyranny and mental health. *Br Med Bull* 2005; **72**: 1–13.

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What about the Crisis Centre's contribution?

Barker *et al*[1] argue that the introduction of a 'high fidelity' model of a crisis resolution and home treatment team (CRHTT) in Edinburgh is responsible for a marked reduction in acute psychiatric admissions. The authors found a decrease of 24% in acute psychiatric admissions in the year after the introduction of two intensive home treatment teams in November 2008. They claim, 'there were no changes to mental health services' in Edinburgh at that time other than the introduction of the CRHTT and a coinciding reduction in acute general adult in-patient beds.

However, Barker *et al* omitted to include other changes that may have influenced acute psychiatric admissions. The Edinburgh Crisis Centre operated as an interim service between 2006 and 2009.[2] In March 2009 the service became fully operational, with overnight facilities and four beds. The Crisis Centre is a unique user-led service in Scotland jointly funded by NHS Lothian and City of Edinburgh Council. The Centre is based on a crisis house model with a voluntary sector provider and provides a round-the-clock, non-medical crisis service to residents of the City of Edinburgh. The staff team has a manager, assistant manager and 5.5 full-time equivalent project workers, some with social worker and nursing qualifications. The team also has 5.5 full-time equivalent crisis workers. The service only accepts self-referrals via its free-phone number.

Since opening in 2006, the Crisis service has systematically collected service usage data; between November 2008 and November 2009, 1241 service users self-referred. The introduction of four beds to the Crisis Centre in March 2009 gave users a further community-based option to hospital admission; 6% of those who self-referred used the beds for periods varying from one night up to seven nights. Some of these individuals also received treatment from the intensive home treatment teams in Edinburgh while using the Crisis Centre overnight. I suggest that this unique model of mental health service provision in Edinburgh of a Crisis Centre

†Professor Sue Bailey, the new College President, will take office on 30 June 2011.