

budgets under increasing pressure from rising course fees and more courses being available. The feedback, career advice, and counselling needs are stressed; trainees need to be advised if they have made the wrong career choice as well as guidance through the obstacles even the best trainees face.

Support with clinical case-load and general conditions of service are covered next. Meaningful involvement with trainees in rotation organisation and allocation committees, as well as being a College requirement, is a good training experience. It also helps improve morale and the smooth running of a rotation by making people feel involved in decisions and therefore more committed to seeing them work.

The final item should be self-evident but many trainees are still bitter about posts they have held. People feel under-valued, left carrying excessive workloads with poor supervision, denied educational opportunities, and feel humiliated and undermined by their consultants. Although not common it is an unpleasant experience which we should do all we can to prevent.

In summary, the Trainees' Charter would seek to raise the standards of psychiatric rotations by increasing awareness of what trainees should receive and encouraging them to ask their trainers for it at an early stage.

It is open to the same criticisms as the Patients' Charter in that it publicises standards without the resources both in money and consultant time to back it up. Unlike the Patients' Charter, it tries to emphasise the rights and responsibilities in the trainer/trainee relationship. Although designed locally for a rotation which meets most of its criteria, I hope it has a national application. Every trainee should ask, "Am I receiving this?" and every trainer, "Am I providing this?"

The views expressed are the responsibility of the author.

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Foreign report

Patient advocacy in the Netherlands

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Advocacy for psychiatric patients in the United Kingdom has been established for many years. In 1983 the Mental Health Act set up the Mental Health Act Commission, with powers to safeguard the interests of detained patients; however the commission has no responsibility to safeguard the interests of informal patients. The act sets down guidelines for appeal procedures for detained patients, but appeal procedures are limited in frequency and can be rather formal and intimidating. In addition, appeal procedures deal with major issues such as detention, but not with the patients day to day management. The influence patients, detained, or informal, have on their day to day management is variable, and depends to an extent on staff attitudes.

In the case of an unresolved disagreement between patient and staff, a letter of complaint to the hospital manager is followed up, but some delay in response is hard to avoid. There are various local initiatives, often organised by patient groups, but a structured approach to patients advocacy, apart from the Mental Health Act 1983, does not exist.

In the Netherlands there is an equivalent of the Mental Health Act 1983, which also safeguards the interests of detained patients, but in addition, a separate body, the National Foundation of Patient Advocates offers a structured approach to patient advocacy. In 1986 and 1987 I worked in psychiatry in the Netherlands and frequently came in contact with Patient Advocates (PAs). This report describes

the organisation of this foundation, its powers, philosophies and actions.

In 1981 the National foundation of Patient Advocates was founded in the Netherlands, following discussions between government, psychiatric hospitals and organisations concerned with patients' rights. PAs are recruited and paid for by the foundation. Psychiatric hospitals must allow PAs on their grounds and currently nearly every mental hospital has one working there. Hospitals are obliged to provide suitable resources for PAs, such as office facilities. PAs have right of access to patients (detained and informal patients) and can request information regarding patients from staff. Negotiations regarding patients' rights occur most frequently between members of the management team (doctors, nurses, occupational therapists etc.) and the PA who is directed by the patient. The PA also has access to the hospital administrators and can approach specialists from outside the hospital if additional skills are required. In case of a complaint, the working tools of a PA are limited to persistence in negotiating, tact and in the case of detained patients, observation whether the required legal/clinical procedures are followed correctly. They are unable to enforce decisions nor can they use sanctions against the management team.

The foundation recruits PAs and requires them to have experience and a detailed knowledge of the psychiatric and legal issues involved. Furthermore he or she is expected to be able to relate to psychiatric patients and to have negotiating and problem solving skills. A University degree or Polytechnic degree is a basic requirement as well. In addition they need to have an affinity to the foundation's main four characteristics (Donker *et al*, 1988) which are as follows.

Independence. Being recruited and paid by the Foundation results in an independent status, which contributes to the PA being seen by the patients as separate from the hospital as regards their management and therefore easier to trust and communicate with. On the other hand, the PA's lack of contacts within the hospital can be a disadvantage.

Accessibility. This is crucial and the aim is to keep the threshold as low as possible. Accessibility is promoted by regular visits to the wards by the PA, and the distribution of leaflets explaining the service. Detained patients are visited by the PA on the PA's initiative.

Non selective. Every complaint is dealt with. The assumption is that the stigma of being a psychiatric patient in a psychiatric institution influences staff perception of the patients' judgement with respect to their requests for representation.

True advocacy. This characteristic is the most controversial. Hospital staff are frequently able to accept the PA choosing the side of the patient, as long as treatment objectives can be achieved. However, when objectives are not achieved, for example in the case of a patient refusing treatment with the support of a PA, staff will often see this as unacceptable. For the PA the patient's right to make his or her own decisions prevails, while for staff the need for treatment prevails, resulting in an ethical dilemma in which both parties stand for what they feel is the best interest of the patient, from their different perspectives.

In the first six months of 1991 (Krant, 1991) over 3,000 patients contacted one of the 33 PAs covering all 42 Dutch mental hospitals (with a total of approximately 20,000 in-patients). Almost 6,000 complaints and inquiries were made, most frequently about treatment and issues around detainment. Complaints about staff attitudes and restrictive measures were common as well. Fifty per cent of complaints were dealt with either by discussion alone between PA and patient, including giving information to the patient or by referral to other organisations. In the other 50%, the PA approached a member of staff to negotiate on behalf of or with the patient, resulting in a mutually satisfactory resolution of the problem in 50% of this latter group.

In 1987 the work of the National Foundation for PAs was evaluated by interviewing patients, management team members, senior administrators and PAs (Donker *et al*, 1988). This report stated that patients were positive about the support they received from PAs. They tended to trust their PA and felt empowered in their dealings with hospital staff. The strength of the PA lay in the individual approach; i.e., support of individual patients. However it was noted that hospital staff had found it difficult to deal with the "true advocacy" characteristic of the PA, particularly if it interfered with treatment objectives.

Recently concern has been expressed about the management of psychiatric patients in the United Kingdom, the Ashworth Inquiry being the most detailed example. A need for a more structured approach to patients' advocacy in the UK is an issue worthy of consideration. Perhaps the Dutch example could inspire us.

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