



Management of patients with physical and psychological problems in primary care (joint report between the Royal College of Psychiatrists and the Royal College of General Practitioners)

College Report CR152,
June 2008, £12.50, 126 pp.

This report aims to highlight the importance of improving the management of individuals with both physical and psychological problems in primary care. Depression and anxiety are common in physical illness, yet mental health services are separated from physical health services with separate commissioning processes, targets and service boundaries.

As commissioning arrangements in England change, this report takes the opportunity to contribute to the provision of needs-led integrated services for people with both comorbid physical and mental health needs, as these individuals often fall through the funding gap between physical and mental health commissioners.

Most liaison psychiatry has traditionally been hospital-based, but as health services in England change, with more individuals receiving their treatment in primary care, liaison services can provide valuable support to general practitioners (GPs) and Tier 2 services, in addition to acute hospital work.

A GP is usually the first health professional to whom people turn when they develop symptoms. The report has been written as a practical guide to improve the detection and management of psychological issues and problems in the context of diagnosing and managing physical illness in the primary care setting. It is jargon-free, yet full of useful professional guidance and advice, with twelve overall recommendations and five

action points; GP registrars and trainee psychiatrists should find it helpful.

The report is divided into three sections: person, process and practitioner. In all three, 'patient-centred bio-psychosocial model' of care is presented – it tries to move away from a mind/body dichotomy and present an approach based on successful clinical practice, supported by a strong body of research.

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Links not boundaries: service transitions for people growing older with enduring or relapsing mental illness

College Report CR153,
October 2008, £7.50,
24 pp.

This document updates Council Report CR110 *Caring for People who Enter Old Age with Enduring or Relapsing Mental Illness ('Graduates')*. It has been produced by a working party including representatives from the Faculties of Old Age Psychiatry, General and Community Psychiatry, and Rehabilitation Psychiatry, from the Faculty of Old Age Psychiatry Consumer Group and a mental health nurse.

The report makes a series of recommendations aimed at improving the care of people who are growing old with enduring or relapsing mental illness and who face the possibility of moving between psychiatric services, most commonly from general and community (or rehabilitation) psychiatry to the psychiatry of old age.

The recommendations fall into six main areas:

- 1 use of transition protocols
- 2 assessment
- 3 process of transition
- 4 care plan
- 5 monitoring
- 6 commissioning.

Transition between services can be a difficult and worrying time for service users and their families or carers. Mental health service providers are advised to consider these recommendations, produced after wide debate to which many people have contributed, and to review their policies and procedures in order to improve the experiences of individuals using their service.

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The Royal College of Psychiatrists' Winter Business Meeting 2009

The Winter Business Meeting was held at the Royal College of Psychiatrists on 23 January 2009. There were 35 members of the College present.

1. Minutes

The minutes of the Winter Business Meeting held at the Royal College of Psychiatrists on 25 January 2008 were approved as a correct record.

2. Obituary

The obituary list of Members and Associates who had died since the Annual General Meeting in 2008 was received.

3. Election of Honorary Fellows

The following were elected to the Honorary Fellowship for 2009:

Mr Stephen Fry
Professor Sheila Hollins, FRCPsych
Professor Eve Johnstone, FRCPsych
Dr Fiona Subotsky, FRCPsych
Dr Lakshmi Vijayakumar

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