**Ave Atque Vale**

I was never a great fan of the late Robin Williams, at least not as an actor.  Preferred his comedy. On film I thought he was a bit saccharine.  “Patch Adams”, the doctor who used humour to heal his patients - yuk.

But did get nominated for an Oscar for “Dead Poets Society”. He played a teacher who inspired his students (you never get Oscar nominations playing uninspired teachers) via the Latin motto “Carpe diem” - seize the day.

And that’s not a bad motto for us.  Mental health is “in” at the moment.  Two Prime Ministers devoted full speeches to it.  All of the parties in the election included it in their manifestos.

The younger Royals have claimed this for their own, even if the Queen apparently still sees some merit in the oft derided essence of Englishness, the “stiff upper lip”, which by the way was originally an American attribute.

Before the Victorian era the British were if anything more likely to be seen as a nation of cry-babies.  And back in the present, last year every TV channel had a mental health week, and just how many more celebrities are there left to share their mental health stories?

**Playing our part**

We have played our part in this. We have achieved fantastic coverage in the last 12 months, pushing good news, combatting errors and myths and highlighting injustice and failures.

We now produce a daily summary of “RCPsych in the News” - because we need one.

I said when I took over that I wanted us to be the calm authoritative voice people turn to when it comes to psychiatry and mental illness.  We are well on the way to achieving that.

And our political impact has likewise increased dramatically.  Of the Royal Colleges only the GPs get more mentions in Hansard - and they are five times our size.

**Work to do**

But it’s not all gone well.  When I took office I also spoke about improving recruitment. And I might as well confess now, we haven’t.  OK, we have stopped the decline, and in the context of what is going on across medicine that’s an achievement.

But I think we have created the foundations (pun intended) to improve on this. We have achieved the target of 45% of junior doctors doing a foundation post in psychiatry. If that recruits not a single psychiatrist, it will still have done good.  But I believe the strategy will pay dividends in time.

But we must do better, and so it’s time to seize another day. Before the General Election we did our best to influence all the parties to make commitments to improving mental health services.

So when we read their election manifestos we quietly congratulated ourselves our efforts were not in vain. Now I am not naïve, and I know that a manifesto is not the Ten Commandments.

But having something there increases the likelihood it will happen, and not having it there does the opposite.

The new government - whatever, whoever and wherever it might be (who knows, it might be Belfast) - will be committed to finding ways to ensure that the expansion of medical places is linked to what the NHS needs (and I know for a fact this means general practice and psychiatry), and several of the ways they plan to do this are a direct lift from  **[our own manifesto for mental health](http://www.rcpsych.ac.uk/policyandparliamentary/manifesto5stepstofairness.aspx)**.

We can also see some of our handiwork in other commitments as well, for example around schools and mental health.  These things don’t just happen, they are the result of a lot of hard work by a lot of people - and many of them belong to your College.

**Prod and push**

But we cannot rely on government, of whatever political persuasion, to do our work for us. We can and will prod, push and occasionally kick, but it’s not enough.

We all need to work hard in schools, universities and in the media to see that that the interest in mental health of the new generation of students is translated into career choices.

And how we do that?  By telling the truth - that psychiatry is a great profession, with a great future.

It’s on the up - if you are academically inclined and want to crown your career with a trip to Stockholm, join us.

**A privileged job**

If you want to practise mind/body medicine, by all means think about clinical psychology, but remember you have more chance of success if you do this via medicine.

And whatever you do, there are few more privileged jobs around than one in which people will tell you things that they have never ever told anyone else before.

Yes, we have problems. But it’s important that we don’t paint an unduly negative picture.

If you want to get to know someone better in a bar or at a party, you don’t kick off by saying how generally miserable, put upon, stressed and ignored you are. It never worked for me, and I doubt it works when persuading people to think about a career in medicine in general or psychiatry in particular.

So Carpe Diemi. But that’s not the full quote - it’s “carpe diem, quam minimum credula postero”. In other words, "Seize the day, but put very little trust in tomorrow”.

**Doing more than simply raising awareness**

And there are concerns for the future.

Evidence now suggests that most people are aware of mental health and what that means. Most of those who had diagnosable mental health disorders identified in the last Adult Psychiatric Morbidity Survey knew that they had.

True, many remained unwilling to do anything about it for a variety of reasons. But they were aware.

But if that’s all we have done - raise awareness - but nothing to actually help, then expectations will be replaced by disillusionment and anger. I propose that next year we replace Mental Health Awareness Day with Mental Health Delivery Day.

And then there’s the money. There always is. Or to be more precise, perhaps there won’t be.  There is a consensus that NHS finances will drop of a cliff in 2018/19.  And then there will be covetous glances thrown at us.

**Joined up approach**

I am convinced that the senior voices in NHS-E are serious about achieving real gains for mental health services. But will that survive a sustained assault from other parts of the service, especially if the anarchy introduced by the discredited but still extant 2012 Act continues.

Between now and then we must use every effort to continue to build alliances across our sector - charities, think tanks, media, politicians - we need a united front.

Next, integration. My career has been partly about better integration of the physical and mental.  And a lot has been achieved.

New RCPsych data confirms that we are taking the physical health of our patients more seriously. And across the road we even more of a presence in A and Es and general hospitals than before, with more expansion coming.

But it would be a sad irony if at the same time we permit a greater separation of the physical, social and psychological in our own back yards.

IAPTS has been an amazing success, achieved partly by a remarkable single mindedness and desire to disrupt a system that was not delivering psychological treatments on anything like the necessary scale.  But in the future we need also to ensure that we don’t permit the development of silos within mental health.

In the large consultation before the start of the Five Year Forward View which occupied much of my Presidential time the commonest thing that people told us that they wanted their physical and mental health care together.

They minded less where it was, more that it was in the same place, delivered by people who worked together. We have made progress on this, but success will depend on continued vigilance

**So many days seized**

Carpe diem. Seize the day.  And as I look the last three years have been full of many days that we have seized. The day we launched the Crisp Commission into Acute Care, and the days we spent on implementing it.

The days spend on the Five Year Forward View, and the days working with NHS-E on how to make it a reality. Days plotting how to shame CCGs lagging behind on mental health spending.

Evenings at the College listening to so many talented speakers, reflecting the breadth and depth of our profession. Mornings hearing about our fantastic plans for modernising our approach to the promise of neuroscience.

Early mornings getting up to do battle on the Today programme. Evenings spent in the devolved administrations and countries hearing the different paths they are taking, and trying not to be jealous.

And the days spent with your staff here at the College and your Officers - two Registrars, two Deans and two Scrooges. Democracy has had a bit of a bad press recently.

Last year it delivered two results that try as we might, many of us find difficult to believe will turn out well. But when it comes to our RCPsych democratic process, it resulted in the best colleagues I could have hoped to have.

One of them, Wendy, is about to take over.  We are in good hands.

And now my favourite last words. When *Ramón Maria Narváez, Spanish General and political leader, was on his death bed, the priest asked him if he forgave his enemies.  His last words were “I do not have to forgive my enemies. I have had them all shot.”*

[i] Pedanticus retired last month, but I am afraid I was unable to prevent him staging one final bow. “Carpe diem” comes from the Roman poet Horace, one of his Odes. But he says that readers might think my title “Ave Atque Vale” - translated as “greetings and goodbye” is also from Horace. I told him he was being silly, and that you would all know this is Catullus mourning his dead brother, but he insists that I point this out. He does have a bit of a temper, so I am doing what I am told.

**Professor Sir Simon Wessely**

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