# Life in The West Wing

It’s hard to believe that I have now been President of the College for nearly six months. Most of the time it has felt like I have joined the cast of my favourite programme, “The West Wing”, except that I am the only member of the cast who hasn’t got a script. But it is steadily getting better.

The good news - psychiatry and mental health continues to be high in the news and political agenda. The importance of “parity of esteem” between physical and mental health has been recognised not only by government, but all the political parties in the run-up to the general election in 2015. The bad news – there is no more money.  So we will have to keep the pressure up to ensure at least some of the broad sunlit uplands that we are promised will actually come to pass. It is not all bad though – we have already achieved things in developing more liaison services, and more CAMHS Tier 4 beds.

As is customary, when you start, there is a brief media circus, in which journalists interview you at length in the hope you will say something interesting. And try as one will, it is very difficult to remain completely bland and boring for an hour, so usually something slips out, and inevitably that is the story.

So I got a lot of column inches and even a Times Leader on my first day, courtesy of my views on the dangers of over-medicalisation and professionalisation of distress. The Guardian’s Health Editor Sarah Boseley then interviewed me for an exclusive in which I highlighted the need for government to deliver "parity of esteem" for mental and physical health services. A long interview with HSJ went very well – by which I mean everything was so sensible that the journalist started to lose the will to live, perking up only with a side swipe at Monitor – but who doesn’t do that. The Times had another go – this time focusing on my use of “parity of misery” as a more accurate description of the current situation.

And so it goes on – the usual dance in which one party seeks to be statesmanlike, sensible, balanced and so on, whilst the other looks thoroughly bored until you finally say something interesting.

Closer to home, Council have supported my priorities for the next three years. These include recruitment and retention (workforce and training), College standards for individual practice and services, and communications and engagement. Or as Peter Aitken put it - making us visible, credible and useful.

Most of you probably don’t care, but because of major changes in our governance procedures, we now have a Board of Trustees that deals with all the important but occasionally dull stuff, and also is the arena in which our new (and spectacularly impressive lay trustees) hold us up to independent scrutiny. This means that Council can now spend longer looking at major policy issues in depth – such as assisted dying, community treatment orders and so on.

My major concerns remain with recruitment and retention. If we crack that, then all else follows. The expansion of the Foundation Year so that 50% of all junior doctors will do a psychiatry post, is a challenge, but if we get it right, the impact will be profound. We know that we need more, not fewer, psychiatrists in the future – and the 20 year forward look by the Centre for Workforce Intelligence confirmed that; but it is for us to ensure that we attract more medical students into psychiatry to fulfil those posts.

I am also very keen that we get working on new student initiatives such as a Student Psychotherapy Scheme in every medical school, and I am pleased to report that the Medical Psychotherapy Faculty is running with this, probably just to take their minds off the irresistible rise of IAPTS.

And just as in the West Wing, there are moments of fun. I did 'Any Questions' in August. Once we got started it was actually enjoyable. Less enjoyable was the two days of irritable bowel syndrome between receiving the call and doing the programme. Any doubts as to whether IBS is a psychosomatic disorder are hereby ended. That never happened to President Barlett.

Talking to an audience of 1,000 people in [a debate](http://www.intelligencesquared.com/events/psychiatrists-and-the-pharmaceutical-industry-are-to-blame-for-the-current-epidemic-of-mental-disorders/) with Will Self, not a great admirer of our profession, was also daunting. But it’s great that so many people were prepared to come out on a rainy night to take part in a debate on mental health. Even better – we won.

There’s more debating to come in January 2015 when, in keeping with the tradition past President Sue Bailey began, College HQ will be hosting the first of RCPsych’s Evening Lectures series. The first, ‘Time to put psychedelics back into psychiatry?, will be given by Professor David Nutt at 6.30pm on Tuesday 20 January. The prospect of a cult psychiatrist talking about cult drugs should be irresistible.

So that’s life in the West Wing to date. Certainly not boring. Not ever.

21st November 2014