

**Health Professions Council  
12 September 2006**

**REPORTS FROM COUNCIL REPRESENTATIVES AT EXTERNAL MEETINGS**

**Executive Summary and Recommendations**

**Introduction**

The attached feedback forms have been received the following members of Council, reporting back from meetings at which they have represented the HPC;

Annie Turner

Diane Waller

**Decision**

The Council is requested to note the document. No decision is required.

**Background information**

None.

**Resource implications**

None.

**Financial implications**

None.

**Background papers**

None.

**Appendices**

Copies of feedback forms.

**Date of paper**

30 August 2006.

July 2006 FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-08-30	a	CNL	AGD	External meetings reports covering paper	Final DD: None	Public RD: None

Name of Council Member Diane Waller  
Title of Conference/Meeting World Psychiatric Association  
International Congress  
Date of Conference 12-16 July 2006  
Approximate number of people at the  
conference/meeting  
About 2-3000

This conference is mainly attended by psychiatrists, psychologists, neurologists and other medics, with very few other health professionals being invited to present papers.

My paper was in the symposium concerning Art and Anti-Stigma, which is an ongoing preoccupation of the WPA and the WHO and was entitled: Dementia, A Stigmatizing process. This was based on a recently completed research project. There were at least 10 parallel sessions each day with satellite symposia also held. I tried to attend those which would relate to HPC's work, namely on Ethics and Values, Developing mental health services and User led research in mental health. A very interesting session (poorly attended) featured the Kings College Research Unit which is devoted to developing user led as opposed to user collaborative research. Diane Rose (Director's) paper outlined the difficulty of such an initiative when involving service users with mental health issues, and moreover having the notion of user led research accepted by major funded bodies (due to the stigma of being a mental health patient and the assumption that such patients will not be rationale enough to participate). Ethics sessions focussed on how to maintain highest ethical standards when faced with bare minimum of resources. Projects from Georgia, Turkey, India, S.America were discussed. In these countries there is a dire lack of qualified people and hospital beds, so alternative ways of delivering services had to be found. Some participants illustrated their talks with slides of the shocking conditions they were working in (including two or more patients to a bed, restraint by binding to the bed, electro-convulsive therapy without anaesthetic). Maintaining the highest codes of medical and nursing practice in these conditions was, to say the least, challenging. There were some interesting and hopeful developments using community networks and training local women to act as health assistants in India. (The last, on ECT without anaesthetic, was the focus of a major symposium, as this practice has only just been outlawed in Turkey).

The best attended symposia were on bio-medics, particularly treatment of bipolar disorders and depression.

My thoughts are that HPC might make a connexion with the Unit at Kings and also organise a training day about Ethics. An excellent workshop was offered by Prof Bill Fulford of Warwick University concerning the identification of Ethics and Values. This was of particular importance when operating the Mental Health Act concerning Sectioning of patients (compulsory treatment). We were asked to respond quickly to 14 case vignettes saying yes or no to Sectioning. He has found a remarkable correspondence between responses over many groups, including users of services, suggesting that 'gut reaction' plays an important role in our decisionmaking.

I was able to spend time with some Turkish counsellors and psychologists, finding out about practice at the coal face. It is tough. The family and social networks are still the main source of support when people have mental health problems, except when these become severe, when, if they are rich they can get private treatment and if not, they take their chance in the state hospitals.

Currently there are few professions in HPC centrally involved with mental health, but if/when the psychologists join this will change, so it would be good to give a little more attention to this field.

I am very grateful to HPC for the chance to participate in this important event.

**FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING**

<b>Name of Council Member</b>	<b>Annie Turner</b>
<b>Title of Conference/Meeting</b>	<b>14<sup>th</sup> World Congress, World Federation of Occupational Therapists</b>
<b>Date of Conference</b>	<b>23-28<sup>th</sup> July</b>
<b>Approximate number of people at the conference/meeting</b>	<b>Approx 2000</b>
<b>Issues of Relevance to HPC</b>	
<p><b>The Conference, which is held every 4 years, is the high spot of the professional calendar. Relevant issues include:</b></p> <ul style="list-style-type: none"> <li>• <b>The concepts presented by the papers gave a global view of the profession’s development. What was of particular note is the way occupational therapy is developing it’s practice in countries that are not constrained by a strictly controlled health delivery service, and the dichotomy that exists where therapists are employed to meet the demands of the government’s agenda. Where these demands are less controlled, therapists are developing a wide range of practice with both individuals and groups who have extensive occupational needs e.g. ethnic minority groups, disaffected groups of all types, people affected by war and /or natural disaster etc. As a result OTs in the UK are increasingly questioning their relationship with the government agendas, in particular with the NHS, and many are looking beyond its boundaries for employment.</b></li> <li>• <b>Debates and presentations around entrepreneurship are likely to herald a rise in OTs considering and establishing independent practice</b></li> <li>• <b>There was wide debate about the issues surrounding the work of therapists with people from different cultural philosophies. In particular there was wide debate around the work by therapists whose theories and practice are based on Western cultural philosophies with those communities/individuals whose philosophy springs from eastern cultures. There may be a subsequent and steady rise in the employment of therapists from different cultures to address these issues as the country’s demography changes.</b></li> <li>• <b>It is likely that areas of work within statutory services are likely to undergo a</b></li> </ul>	

shift but this is unlikely to impact on the regulating body.

- I spoke informally to the New Zealand and Australian regulatory body representatives. Despite efforts to establish a regulators' meeting this sadly did not materialise.

### Key Decisions Taken

**Please complete as much of the above as you can and return by post to Sabrina Donaldson, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to [sabrina.donaldson@hpc-uk.org](mailto:sabrina.donaldson@hpc-uk.org).**

**July 2004**