

**Royal College of Psychiatrists Submission to the EU  
Commission consultation on Legal proposal on Information to  
Patients**



## **General**

The Royal College of Psychiatrists welcomes the principles outlined in the European Commission public consultation on Legal proposal on information to patients.

People with mental health problems and learning disabilities share the need for clear information provision, and in addition have some specific needs outlined in our comments below.

We endorse the need for information to include full and balanced description of potential side effects and **warning about the need for gradual withdrawal from medication for mental illness and the need to take medical advice before withdrawing.**

## **Comments on specific sections**

3.1 Information should pay particular regard to a minority of patients who may be vulnerable to the influence of others and therefore more than usually susceptible to advertising techniques

3.2 Clarity of language is especially important to those with mental health problems and learning disabilities. Reference should more often be made to symptoms (low mood, confusion, poor memory, 'voices') than to diagnostic terms (depression, dementia, schizophrenia) as some patients will not be aware of, or agree with, the diagnostic term used by their professional carers.

3.2 It should be born in mind that some patients receive medication against their wishes, yet those people have as great a need for information. People with a learning disability may need info provided in a different form (eg use of pictures).

3.2 Detailed Guidance will need to be produced on the difficult issue of the boundary between information and communication. It is not adequate to define communication by default, that is as anything that is not advertisement. There should be a clear statement of what is permissible and what is not.

3.3.2 We welcome the provision of information on the internet, and paper leaflets in boxes should signpost readers to it. The medium should be used to provide an expanded amount of information, in a variety of languages (not just European but the principle immigrant group's), and supported by pictures as well to aid those with poor reading skills.

## 4. Quality criteria

Information needs to be comprehensive and balanced as well as unbiased and objective, that is it needs to cover all relevant issues and not, by omission of inconvenient research findings (for instance of side effects) give a false picture. It should cover benefits and risks of the treatment based on evidence.

Many psychotropic drugs are used as adjuncts (and sometimes alternatives) to changes in lifestyle, as well as social, occupational and psychological therapies. This should be made clear in the literature provided, and more fully on the internet. The importance should also be emphasised of making lifestyle changes to combat the tendency for instance to develop obesity/metabolic syndrome as an adverse effect of the majority of these drugs.

#### 5. Proposed structure for monitoring and sanctions

The tri partite composition of the National co-regulatory bodies is welcomed. However it is important that each of the groups has equal representation on the bodies . Too often the representation of patient organisations is tokenistic. The distinction also needs to be made between organisations for patients and of patients. It is vital that the latter be strongly represented.

The College considers that patient organisations should be represented at all levels of decision making on the information and therefore should be involved at the levels of the EU Advisory Committee and the National Competent Authorities as well.

5a) and 5c) Regulatory and advisory bodies must include a proportionate number of experts on mental health. Mental health is often poorly represented on health bodies, but has substantially different needs; services are often provided separately, it is often under-recognised by health professionals as well as politicians and the rest of the public, and it represents a very large proportion of total disability and disadvantage in the population.

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