MENTAL DEFICIENCY SECTION

Memorandum on The Responsibilities and Role of the Consultant Psychiatrist in Mental Handicap

The principles upon which the responsibilities and role of the Consultant in Mental Handicap should be based are as follows:

1. He must provide a psychiatric service for all mentally handicapped patients in the community and in hospital.
2. He must take a full share with medical and non-medical colleagues in the management of the service.
3. He must undertake as much administrative work as may be necessary in giving medical leadership in the hospitals, which can only be run satisfactorily as therapeutic communities, and in the treatment, management and support of patients and their families.
4. He must be able to act effectively as co-ordinator of the multi-disciplinary team which brings its skills to bear to the benefit of the patients for whose treatment he has final responsibility.
5. He has to be concerned with the ongoing psychiatric assessment of the mentally handicapped.
6. He must carry out care and treatment of the mentally handicapped.
7. He is to be concerned in the prevention and treatment of emotional disturbances which cause disability in the patient and family and may themselves affect the severity of intellectual retardation.
8. In the re-organized Health Service he will have an essential part to play in the appropriate health care planning team.
9. He has an essential function in research into the causes and prevention of mental handicap (along with colleagues in other specialties) and also in teaching about the psychiatry of mental handicap.

   (Facilities for carrying out these functions should be provided, with the creation of university-linked academic posts, including some chairs. The training of psychiatrists in mental handicap should be organized so that these posts can be occupied by specialists who, whatever their other skills, are concerned with the total care of the mentally handicapped.)

With the above in mind the Section considers that the attributes which a Consultant Psychiatrist in Mental Handicap should be expected to possess and towards which his training should be directed are as follows:

(a) He must have full and thorough basic knowledge of all branches of psychiatry.

(b) He must have specialized knowledge and experience of the psychiatric problems of the mentally handicapped, and this should continue to be his prime concern. He must have special skills in adapting psychiatric techniques to the needs of the mentally handicapped.

(c) He must be able to work in a team situation with a very wide range of other professional and non-professional people, and to give support to staff of all grades.

(d) He must be well versed in normal and abnormal child development and developmental medicine, including neurology, as applied to patients of all ages.

(e) He must have the skills necessary to carry out his special and essential role in the assessment team, i.e. the psychiatric assessment and re-assessment not only of the patient but also of the family situation.

(f) He must be oriented towards ongoing management and care rather than to episodic interventions.

(g) He must be able to give effective supportive therapy to the patient's family.

(h) He must be able effectively to stimulate, encourage and co-ordinate the skills of colleagues from different disciplines for the benefit of the patient.

(i) He must be able to work closely with colleagues working in the community, especially Social Services personnel. He must, therefore, have theoretical knowledge and working experience of community services.

(j) He must be fully conversant with principles of educational and clinical psychology as they affect mentally handicapped patients of all ages.

(k) He must be able to promote an understanding by the public of the problems and needs of the mentally handicapped and their families.

(l) He must have some knowledge of current research and preferably should be personally involved in some aspects of research.

(m) He must have competence in teaching medical and non-medical colleagues about the psychiatry of mental handicap.

[At its meeting on 15 February 1974, Council referred this Memorandum to the Joint Working Party of the Child Psychiatry and Mental Deficiency Sections for consideration.]

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