ELECTION RESULTS

COUNCIL

The result of the ballot for four members of Council was:

Elected: Prof. M. Hamilton, Drs. R. Cawley, R. Gosling, F. J. Letemendia.

Prof. Hamilton was re-elected, and the other new members replace Prof. Carstairs, Sir Denis Hill and Prof. Ferguson Rodger.

COURT OF ELECTORS

The result of the recent ballot for membership of the Court of Electors was as follows:

Elected: Drs. T. H. Bewley, R. Cawley, Professors J. L. Gibbons, M. Hamilton, Dr. W. L. Tonge.

They take the place of Professors G. M. Carstairs, Sir Denis Hill and T. Ferguson Rodger and Drs. D. H. Clark, C. Tetlow and T. M. Cuthbert, who have retired.

'NORMS' FOR MEDICAL STAFFING OF PSYCHIATRIC SERVICES: (2) MENTAL HANDICAP. (3) CHILD PSYCHIATRY

These Memoranda, like the previous one on a service for Adult Psychiatry (Mental Illness) published in *News and Notes* for October, p. 5, have been prepared in response to the Central Manpower Committee's request for the College's opinion on the level of medical staffing needed (a) for a minimum acceptable standard, and (b) for a desirable or ideal standard of service. They are based on the requirements for a population of 200,000.

MENTAL HANDICAP

The functions of consultant psychiatrists working in the field of mental handicap can be considered in the following way:

(1) Community and out-patient services
(2) In-patient services
  (a) Acute and assessment
  (b) Chronic medium and long-stay
  (c) Staff counselling service
(3) Teaching
(4) Administration, including liaison with other services
(5) Research

Emphasis must be placed on continuity of care when working with the mentally handicapped, and concepts of transition based on chronological age from childhood through adolescence to adulthood are not meaningful.

Community and out-patient services

(a) Visits by the consultant to special schools for the subnormal and severely subnormal to join in case conferences on individual children in a multidisciplinary team setting with other doctors (for example, school medical officers, child psychiatrists, family doctors), teachers, social workers, physiotherapists, speech therapists, parents and others. This is an endeavour to meet the individual needs of individual children. Often time has also to be spent, at the request of the head teacher or school medical officer, to discuss matters of policy, attitudes and planning.

(b) Visits to adult training centres run by local authority Social Services Departments. The purpose of such visits is similar to that in the schools, namely, to join in multidisciplinary team work dealing with individual problems, and also, in collaboration with the manager of the Centre, to take an active part in the more general aspects of the Centre's work as outlined in the paragraph above for schools.

(c) Domiciliary visits to patients' homes. This is an invaluable means of understanding the degree of family stress and is also vital if support is to be effective and maintenance in the community is to be a reality.

(d) Out-patient services consist of clinics held in either general hospitals, subnormality hospitals or local authority premises (usually health clinics, special schools, adult training centres or hostels). Referral of patients to these clinics may come from a wide variety of sources including general practitioners, school medical officers, local authority social workers, parents and voluntary organizations. Assessment of the various factors, particularly the way in which the handicapped person is affecting his family, and vice versa, is made, together with the clinical procedures leading to a provisional diagnosis. It is common experience that much time has to be spent in out-patient work in terms of services to the family rather than to the individual handicapped person.

https://doi.org/10.1192/S0007125073303400 Published online by Cambridge University Press