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# THE ROYAL COLLEGE OF PSYCHIATRISTS

## MENTAL DEFICIENCY SECTION

### A Statement to Council

At the meeting of Council on 16 June the following statement on behalf of the Section was read by the Chairman, Dr Valerie Cowie:

'The Mental Deficiency Section wishes to express its serious concern about the grave situation facing mental deficiency services in England and Wales. A large part of these services come within the ambit of the National Health Service, and psychiatrists in that sector are facing a crisis for a number of reasons.

First, although the medical manpower available to the service has increased over the years, it falls far short of the needs. There is a severe shortage of junior staff; too few effective or attractive training schemes exist, and undoubtedly this has impeded recruitment. The few training situations that do exist are too frequently used as service posts. The dearth of Senior Registrar posts has led to further poverty in training programmes, and has contributed to the present state of affairs where often no suitable candidates are available to fill consultant posts as these fall vacant. As a result of this, impossibly large in-patient loads overburden many consultants, and this militates against effective family support and community care. We feel that these problems will not be eased by increasing the number of consultant posts as seems to be the present policy, but that, on the contrary, this will exacerbate the difficulties. We would draw attention to the note on recruitment by the Trainees' Working Party in respect of mental deficiency in the report of the Specialist Advisory Sub-Committee submitted to the Education

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Committee on 4 May 1976. In this it was noted that the College was being pressed to approve training and include mental deficiency in the rotational programmes for trainees. This, and improvement in undergraduate training in mental deficiency, are growing points from which will stem the future strength of the specialty; the present plight is undoubtedly largely due to lack of heed given to training in the past. We feel that everything should be done to attract junior doctors into a specialty that offers rich clinical and research opportunities.

Secondly, uncertainty of the future of the specialty for hospital medical staff would also account for the drop in the number of new entrants. This uncertainty is exacerbated by the opinion that is sometimes expressed, regrettably on occasion by psychiatrists themselves in other specialties, and quite explicitly in the note from the Working Party mentioned above, that medical staff in mental deficiency are mainly employed in a 'general practitioner' role, and the psychiatric element is minimal to the point of being irrelevant. Alternatively, it is not infrequently suggested that the specialist in mental deficiency should relinquish his role to a psychiatrist in another sub-specialty. On the contrary, the specialist in mental deficiency requires special psychiatric skills in dealing with the patient and his family, and we would emphasize that these have to be exercised not only while the patient is a child but throughout his entire life-span.

A third matter of grave concern is the matter of consultant responsibility. Although the position of the consultant in our sub-specialty is no different in terms of his legal contract or ethical standing from that of any other consultant in psychiatry, his authority is being eroded even though ultimate responsibility remains his burden. In the report of the Working Party set up by the Executive Committee of the Mental Deficiency Section we have embodied a statement on the responsibilities of the consultant in our field, and we reject the suggestion that mental handicap should be regarded as a social or educational problem in isolation from its medical aspects. Interdisciplinary teamwork has been an integral part of our tradition, but now disruption is threatening as various disciplines vie for autonomy with the danger of dire consequences for patients entrusted to our care as doctors. Within the hospital service, medical decisions are increasingly flouted through ill-considered action by other staff who have a training that is empirical or whose education does not encompass total care. Whilst it is true that the psychologist has a large part to play in training, the clinician must remain the co-ordinator of the clinical team to ensure that training principles do not take precedence over humanitarian values. And whilst it must be accepted that the nurse trained to care for the mentally subnormal has a large part to play in providing the best therapeutic milieu, in the past Inquiries have shown that when medical monitoring is ineffective there is a risk of unethical and even brutal treatment.

In the recent past, repeated Inquiries carried out within the law yet without the democratic safeguards normally available to those who stand accused have thrown our section of the Health Service into unwarranted disrepute. Consultants have been made the scapegoats for poor facilities and staff shortages even though these have been repeatedly brought to the attention of management at high level (e.g. the South Ockenden Report). In a meeting between Dr David Owen and representatives of the College at the Department of Health and Social Security in December 1974, Sir Martin Roth stressed the anxieties of the College at the inadequate facilities of the existing mental handicap services, which he felt made the likelihood of the necessity for further Inquiries inevitable. Inquiries were understandably followed by periods of considerable anxiety and lowering of morale in the hospitals concerned, which were likely to be overcome only if staff could see the prospect of a real understanding of the difficulties under which they work and a steady improvement in the facilities for the care of patients.

I have been asked to express the view that our Section is facing a crisis, and we feel the need to request endorsement of the belief of the College in the continuation of our sub-specialty. We ask also for the unified support of our College. We request further that, if Council considers it appropriate and desirable, a College Working Party under the personal chairmanship of the President be set up to resolve outstanding differences of opinion within the College itself, and to bring all possible power to bear upon resolving the other problems put forward in this statement.

Following this morning's discussions, it is clear that Council is already preparing itself to meet the challenge of the present situation, particularly with respect to consultant-responsibility. It is clear that we should present unified agreement as a College on this and related issues.

I have been asked to say most emphatically that our real hope for the future lies in the commitment of the College, of which we are an integral part, to our cause. Moreover, although these problems are already with us in mental deficiency, it is probable that they will spread. Already erosion of the clinician's authority is beginning to be seen in other sub-specialties, as we have heard today. We feel that



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unless these matters are dealt with firmly and swiftly they may hold serious consequences for psychiatry as a whole.'

After discussion, it was agreed that Council should record its opinion that mental deficiency should remain a specialty of psychiatry, and further agreed to the setting up of a Special Committee under the chairmanship of the President. This Committee has now held its first meeting and will report to Council when it has completed its deliberations.

## TWO ANNUAL MEETINGS: 1926 AND 1976:

## RECOLLECTIONS AND IMPRESSIONS

### 1. The Charter Meeting 1926

Fifty years ago the Medico-Psychological Association, the predecessor of our College, was granted first the privilege of using the prefix 'Royal' and next a Royal Charter of Incorporation. There followed the grant by the Heralds' College of a coat of arms, with the medical caduceus, the serpents of Aesculapius and the butterflies of Psyche. And the acquisition of these status symbols was duly celebrated by a bumper Annual Meeting, impressive from both the ceremonial and the scientific aspects, and so well worth recalling. As was the practice at that time, the proceedings were very fully reported in the *Journal of Mental Science*, and nearly all the papers—with a notable exception—were published in the October 1926 issue; the present writer can supplement the published account from his own memory, this being the first Meeting he attended after his election as a member. Almost simultaneously with the Meeting there was published the Report of the Royal (Macmillan) Commission on Lunacy and Mental Disorder, and this too is summarized and commented on in the same issue of the *Journal*.

The President for 1925-26 had been Sir Frederick Mott, who after his retirement from the LCC Laboratory at the Maudsley Hospital had directed the Research Unit in Birmingham. Unfortunately he had died half way through his Presidential year. His successor was J. R. Lord, medical superintendent of Horton Hospital, Epsom. Col. Lord, as he liked to be called—having been officer in command when Horton had been a war hospital—was a colourful, somewhat flamboyant personality, a live wire both in his own hospital and in the affairs of British psychiatry. His urge to start new ventures, even if they were unlikely to develop with any speed, may have sprung partly from a foreknowledge of his own premature death a few years later. He was by far the most active member of the RMPA, for not only was he the senior Editor of the *Journal of Mental Science* but he took a large share of the work of the General Secretary, and during his Presidency formed a Research Committee with himself as Chairman, and with numerous sub-committees in all of whose projects he took a hand. Moreover he was one of the founders of the National Council for Mental Hygiene and its Secretary for several years. As with others of his temperament, there was a somewhat naïve side to him, as could be seen in his preoccupation with details of ceremonial meant to enhance the dignity of the Association and in his futile legalistic battles with the GNC over that body's and the RMPA's rival examinations for mental nurses.

Thus Lord, being elected President for the Association's Charter Year, set about organizing a meeting on a larger scale than had been customary, with a programme representative of many if not all aspects of psychiatry and a measure of pomp and circumstance. Remember that there was then no Programmes Committee, nor did the Association have a paid Secretary or an office of its own; so everything was done from Horton, with minimal assistance from other hospitals. So handicapped, Lord nevertheless secured speakers to present papers or open discussions on the outstanding topics of the day: encephalitis lethargica and its mental sequelae, educational psychology, psycho-analysis, preventive psychiatry, forensic psychiatry, and the malarial treatment of GPI; and psychiatric history (or mythology) was not forgotten. And to crown it all he prepared a Presidential Address that might well have been designed to end all Presidential Addresses—in the event, after speaking for nearly



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