NEWS AND NOTES
Supplement to the
BRITISH JOURNAL OF PSYCHIATRY
*Published by authority of the Royal College of Psychiatrists* ©

# THE ROYAL COLLEGE OF PSYCHIATRISTS

## CHILD PSYCHIATRIC SERVICES

### Comments on DHSS Document

The future of the child psychiatric service as a whole has been so far the subject of two documents, the DES/DHSS Draft Circular on Child Guidance and the present DHSS Document on Child Psychiatric Services. These are to be regarded as part of an overall plan. The Department's concern, in the present Document, with the child psychiatric services is welcomed, but attention is drawn to the following points:

1. The age range of the children with whom the Document is concerned is not stated, but it is assumed that it includes children from birth to school-leaving age. This last may be as late as 18, and this means that a number of adolescents will come into the group. Indeed, unless adolescent psychiatry becomes a true specialty child psychiatrists will continue to provide the bulk of the psychiatric services for disturbed adolescents. This must be borne in mind when staffing ratios are being considered.

2. There is much concern about Paras. 1 and 4, which state that the child psychiatric services are concerned with 'mentally ill and seriously disturbed children' and with 'mental illness and severe disturbance'. Child psychiatry deals with the intellectual, emotional and behavioural problems of developing children and their families, and to regard it as working solely with the psychotic and psychopathic, as might be inferred from these paragraphs, is to hold an erroneous and overly narrow view which does not equate with the much wider functions of the specialty that are implicit in the rest of the document. Many disturbed children do not manifest obvious gross problems of behaviour.

3. Perhaps this concern with 'mentally ill and severely disturbed' children accounts for the great emphasis which the document places on hospital-based units and on hospital beds.

Para. 3 states that services in the community may in part take place through existing child guidance

## Contents

The Royal College of Psychiatrists:
- Child Psychiatric Services: Comments on the DHSS Document 1
- A Comprehensive District Psychiatric Service for the Mentally Ill: Comments by the Irish Division 4
- Parliamentary News (to the Dissolution, February 1974) 6
- Requirements for Candidates taking the Membership Examination 6

Women in Psychiatry. By Peter Brook 7
The 'Schizophrenia Bulletin' (National Institute of Mental Health, U.S.A.) 8
Correspondence 8
Mental Health Trust and Research Fund 9
Forthcoming Events and Annual Meeting 10

https://doi.org/10.1192/S0007125074300001 Published online by Cambridge University Press

arrangements. It is to be hoped that this does not mean that child guidance clinics are to be regarded as forming an inferior service. Child guidance clinics in the community and child psychiatric units in hospitals are both dealing with similar child psychiatric problems, and they should be considered as complementary parts of a unified service.

4. If the intention stated in Para. 4 is carried out and all child psychiatric work becomes part of a comprehensive Health Service it would be anomalous for local authorities to appoint child psychiatrists to similar services outside this Service. It is hoped that all child psychiatrists, wherever they work, will be employed in the Health Service. There is a danger that competition may arise for scarce manpower resources of a specialized kind. This could occur especially if expansion within the Health Service is limited by policy decisions on the part of the Department.

5. Fears have been expressed lest the concept of a child psychiatric service based physically on the District General Hospital might hamper the development of the service. With the almost certain reduction in DGH building, expansion of the child psychiatric services could be held up indefinitely, whereas units could probably be sited elsewhere fairly quickly and at far less cost.

6. The emphasis on multidisciplinary teamwork is welcomed, but the omission of the psychologist and psychotherapist in Para. 5 is noted with concern.

7. In commenting on the DES/DHSS Draft Circular on Child Guidance the College noted that Paras. 23, 24 and 25 appeared to negate the whole concept of child psychiatric teamwork as practised at present. Paras. 6 and 7 of the present document seem to confirm this view. The possibility of an irrevocable disruption of working teams must be deplored, as it can only lead to an inefficient service. It should be stressed that although a full team is the basis of child psychiatric work this does not mean that all members of the team are necessarily involved with every patient.

The extra community-based commitments envisaged in the document, such as work with the mentally handicapped and in relation to the Courts, are welcomed, and indeed are an essential part of a comprehensive service, but they cannot be undertaken unless adequate manpower resources are available and are planned for. Teamwork is as important for these functions as it is in more traditional child psychiatric work.

8. *Planning*

Para. 8 is welcomed, but attention is drawn to the College's comments on the DES/DHSS Draft Circular which expressed the hope that child psychiatrists would be represented on Joint Consultative Committees.

9. Para. 10 suggests staffing ratios for the service. These appear to be too low. In a report to the Central Manpower Committee the College gave reasons for recommending a ratio of 2 consultants with supporting junior staff for a population of 200,000 as an ideal minimum, but accepted that 1½ consultants might be more realistic at the present time. These figures would have to be increased if there were any subnormality commitments. It is urged that they should be accepted as a target, particularly as child psychiatrists will be providing a service for the majority of disturbed adolescents for some time to come. (Our Para. 1.) All District Mental Health Teams and Area Mental Health Teams should include a child psychiatrist. It might be necessary to increase ratios in some areas to provide this.

Expansion of training grades as set out in the report to the Central Manpower Committee will be essential if this target is to be reached.

10. The proposals in Para. 16 are supported.

11. *Nurses* (Para. 17)

It is encouraging that the need to maintain nursing staff as a unit is accepted and that the need for appropriate training is recognized. In this context it should be noted that in the opinion of some child psychiatrists there is room for staff from a variety of backgrounds and training in addition to State-Registered nurses. It is to be hoped that the General Nursing Council's pilot scheme in which nurses working for the SEN will be able to spend a large part of their training period in units for disturbed children will be implemented in the near future.

12. *Psychologists* (Para. 22)

Psychologists not only make 'an important contribution' to the child psychiatric services, but form an essential and integral part of them. It is to be hoped that the sub-committee which is considering the role of psychologists in the health service will be concerned with both clinical and educational psychologists.

13. *Child Psychotherapists* (Para. 23)

The recognition of the role of child psychotherapists is welcomed, but the definition of their work is



https://doi.org/10.1192/S0007125074300001 Published online by Cambridge University Press

perhaps somewhat narrow. While they do, indeed, treat individual children by analytical psychotherapy, they also fulfil a valuable role in training other workers, including doctors, in principles and techniques of psychotherapy, as well as contributing to research. They suffer at the moment from lack of a proper pay scale and career structure; the reorganization of the Health Service could provide the opportunity to alter this.

There is also a growing employment of group therapy methods in which non-medical therapists are involved.

An increasing number of non-medical workers are using behaviour modification techniques, and given adequate safeguards some may have a valuable contribution to make to child psychiatry. Like the analytically trained psychotherapists, their career structure is not at present clearly defined.

Occupational therapists are working as part of the team in many in-patient units and must be considered in any staffing plan.

14. *Social Workers* (Para. 24)

Social workers are essential rather than merely 'important' to the functioning of any child psychiatric service. It should be emphasized that the work done by social workers in child psychiatric units is highly specialized and requires particular skills. It cannot be undertaken at a senior level by anyone without previous training in child psychiatric work.

The College has already drawn attention (Comments on DES/DHSS Draft Circular Para. 9) to the need to safeguard the place of social workers in the multidisciplinary team. This must apply to any future workers as well as to existing staff.

15. *Teachers* (Para. 24)

In addition to the work they carry out in in-patient units, teachers have an integral function in the work of some out-patient clinics and must be regarded as an essential part of the multidisciplinary team.

16. *In-Patients*

Para. 26 comments on the low bed occupancy of some units. While this is true, it does not necessarily mean that these units are under-used. Many units function on a five-day basis and the children return home for the week-end. This represents a deliberate policy as far as the patients are concerned, though in some units staff shortages may also be a factor. It does, however, mean that in some cases the bed occupancy may appear as only 5/7th of the total. Even in those units which are not run on a formal five-day basis, the policy of arranging frequent overnight home visits is often standard practice, and this too leads to an apparently low bed occupancy.

It is also essential to keep some beds available for emergencies. This has a greater effect on the bed occupancy figures in child psychiatric units than it has on the majority of general medical and surgical ones. Child psychiatric units are usually smaller and the turnover of patients is considerably slower.

17. *Day Patients*

Day units should be regarded as being complementary to in-patient facilities and not as a substitute for them. There is undoubtedly a need for more day places in some areas. The question of total facilities for disturbed children should be considered on an area basis, and the provision of in-patient beds, day units, maladjusted school places and tutorial classes should be regarded as a whole. A variety of local needs could demand a variety of local solutions.

18. *Siting of Child Psychiatric Units*

It is gratifying that detailed consideration is given to the needs of new child psychiatric units, but it is to be hoped that Paras. 29–31 are intended as guidelines only. There is a place for a wide variety of units, and this will be determined only partly by local needs. It may be appropriate to consider the type of child or the clinical nature of the disturbance for which the unit is intended. There is, for instance, a need to provide for both long-stay and short-stay cases, for those children who need considerable structure and containment and those who may need prolonged individual therapy. Children who in addition to psychiatric problems suffer from physical handicap or disease may also require special provision. The needs of all disturbed children are not identical, and this should be recognized when appropriate units are planned. This aspect of planning for in-patient care was considered in memoranda produced by the Child Psychiatry Section of the (then) Royal Medico-Psychological Association in 1957 and 1960.

## References


Comments on DES/DHSS Draft Circular on Child Guidance. Royal College of Psychiatrists. 1973.

Norms for Medical Staffing in a Child Psychiatric Service. Royal College of Psychiatrists' Report to Central Manpower Committee. 1973.

In-Patient Accommodation for Child and Adolescent Psychiatric Patients. Royal Medico-Psychological Association. 1957.

Units for Long-Term Medical Care of Emotionally Disturbed Children and Adolescents. Royal Medico-Psychological Association, 1960.






https://doi.org/10.1192/S0007125074300001 Published online by Cambridge University Press