

## Trainees' forum

### Training in the psychiatry of mental handicap

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Over recent years there has been an increase in the number of training schemes in general psychiatry which offer posts in the psychiatry of mental handicap. I will describe my experience as a registrar during a nine month full-time placement in psychiatry of mental handicap as part of the Charing Cross Rotational Training Scheme in Psychiatry.

#### *The setting*

The placement was based at Cell Barnes Hospital in St Albans which is a hospital for people with mental handicap, originally built as a colony in the 1920s. There are presently about 560 residents placed there. Under consultant supervision I was responsible for two long-stay wards, selected patients on two acute admission wards and selected patients on the Challenging Behaviour Unit. I would usually spend the morning at Cell Barnes Hospital and the afternoon in the community where I held out-patient clinics and visited residential settings. I was a member of two community mental handicap teams in East Hertfordshire and was responsible there, under consultant supervision, for a community hospital for people with mental handicap. I regularly attended the resettlement meetings which coordinated the resettlement of patients in East Hertfordshire. I was supervised medically by both a consultant psychiatrist who worked full time in the psychiatry of mental handicap, and a senior lecturer and honorary consultant psychiatrist based at Charing Cross and Westminster Hospital and Medical School.

#### *The experience*

The most striking experience was the close contact that I developed with residents on the long-stay wards and particularly with the elderly residents. These people were able to show a natural and almost uninhibited degree of affection which was an unforgettable experience for me.

As I was responsible for both the medical and psychiatric care of the long-stay patients, I gained experience in the medical difficulties and physical

vulnerabilities that people with mental handicap have. For instance, I learned how susceptible people with mental handicaps may be to infection and that they need more vigorous medical treatment than the general adult population.

My main experience was within the field of psychiatric, psychological, social and behavioural problems of people with mental handicap. I learnt about the difficulties of diagnosing mental illness among people with mental handicap and of locating aetiological factors. People with mental handicap can suffer from both organic and functional psychiatric disorders. The assessment and differentiation of these disorders was a very valuable experience. On the Challenging Behaviour Unit I learnt about assessment, and about various psychological and pharmacological methods of treating challenging behaviour. The involvement in the community care and resettlement programme gave me good insight into the assessment of coping abilities and the placement of people with mental handicap in the community.

It was a new experience for me to learn about the extreme importance of carers. The relationship of an individual with mental handicap with his immediate family can be complex. As an outsider the professional can feel frustrated, at times, when trying to understand the sometimes competing needs of carers and clients and to find the best solution for a client.

#### *Difficulties*

The most frustrating and pervasive difficulty was the overall feeling of loneliness and isolation. There was only one other registrar who worked part of the time in a different district. There were five part-time clinical assistants and four consultants who spent most of their time in the community. I missed the feeling of belonging to a medical community and having peers around with whom to share experiences and feelings.

Plans for the closure of Cell Barnes Hospital had created a lot of anxieties and fears among staff and especially among the nurses. These feelings created a

very difficult working atmosphere. Repeated discussions about the value of psychiatry of mental handicap as a subspeciality also created uncertainties among those working in community settings with people with mental handicap and about the value of my work as a psychiatrist.

### Comments

Most publications of the Royal College of Psychiatrists have dealt with the changes in service provision for people with mental handicap rather than with the training of staff (Royal College of Psychiatrists, 1978, 1980, 1983).

In 1980 the Mental Deficiency Section of the College complained about the state of the mental handicap services and noted a shortage of manpower and poor recruitment to the speciality resulting in a deteriorating service (Royal College of Psychiatrists, 1980). As one of then long-term solutions, they recommended that each trainee in general psychiatric training should complete six months in mental handicap as part of the rotational scheme. At this stage it seemed that the incorporation of a training post in the psychiatry of mental handicap should serve to attract trainees into this subspeciality rather than to give future adult general psychiatrists some experience in the psychiatry of mental handicap.

In 1985, the College published guidelines for registrar training in mental handicap (Royal College of Psychiatrists, 1985). In the introduction the College stated that in the future all psychiatrists, whatever their speciality, would be likely to encounter the mentally handicapped during the course of their professional life, and therefore recommended adequate exposure to the subject in vocational training programmes. The training recommendations were fairly detailed for the academic

course, but remained rather vague when outlining clinical experience. It stated that the attachment should aim to provide experience in all aspects of care with the main emphasis on psychiatric aspects.

South West Thames and the St George's Hospital Medical School Rotational Training Scheme in Psychiatry provides registrars with a syllabus of the training experiences that are appropriate during a placement as registrar in the psychiatry of mental handicap. I feel that a placement in psychiatry of mental handicap is a valuable experience for trainees, whatever speciality they plan to enter. It may attract trainees to this subspeciality but this should not be the main object of such a placement. I have outlined above my experiences during the placement both in terms of personal and psychiatric experiences. If such a placement should become an integral part of training in general psychiatry, written guidance such as that provided by the St George's scheme would help to validate the experience.

### Acknowledgement

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### References

- ROYAL COLLEGE OF PSYCHIATRISTS (1978) Memorandum on mental handicap. *Bulletin of the Royal College of Psychiatrists*, 2, 56–61.
- (1980) Mental Deficiency Section. *Bulletin of the Royal College of Psychiatrists*, 4, 61.
- (1983) Mental handicap services – the future. *Bulletin of the Royal College of Psychiatrists*, 7, 131–133.
- (1985) Registrar training in mental handicap. *Bulletin of the Royal College of Psychiatrists*, 9, 206.

## Winter Quarterly Meeting 1993: tape recordings

The Programmes and Meetings Committee have taped the proceedings of the Winter Quarterly Meeting 1993. This Meeting consists of the Maudsley Bequest Lecture Series, which are overview presentations aimed primarily but not exclusively at the needs of trainees.

Individual copies of the tapes can be purchased from Deborah Hart, Public Education Officer, at

the College at £6.00 a copy (each tape will include two lectures); a set of nine tapes of the whole meeting can be obtained for £40.00. These costs include postage and packing and cheques should be made payable to The Royal College of Psychiatrists.