Correspondence

Consultant jobs in mental handicap

DEAR SIRS

If there are any psychiatric trainees considering a career in mental handicap who have been depressed and disheartened by Dr Nwulu's article on the subject (*Bulletin*, July 1988, **12**, 279-281), I would like to point out that his experience and opinion is by no means representative of the majority of the profession. While not denying that there are problems with consultant posts in some areas of the country, these are in the minority, and the Mental Handicap Section of the College has been active in providing guidelines to ensure that consultant posts in the speciality are of good quality.

As with any other speciality, the amount of satisfaction you get from the job depends a great deal on how much effort you are prepared to put into it. The 'centres of excellence' that Dr Nwulu mentions have only become so because of the hard work and enthusiasm of the consultants involved. Involvement in management is essential if one is to get the kind of service in which one wishes to work, and the time and energy spent on research and teaching is more than compensated for by the intellectual stimulation which it provides.

Neither is it true that all academic units are divorced from the realities of life in the rest of the service. In the Stoke Park Group we have a University Department which is involved in the teaching of medical students, psychiatric trainees, and other professionals, and is actively involved in many research projects concerning the aetiology, amelioration and hopefully, prevention of mental handicap. But we also run an 800 bedded hospital group in which *all* patients are regularly discussed by a multidisciplinary team and are subject to short and long-term goal planning, as well as providing a comprehensive service to a catchment area of 200,000 population, including long-term support to families with a mentally handicapped member. With the development of more community-based care, we are planning for the new role of the (much reduced) hospital – that of providing specialised units for those people who will not realistically be able to be cared for in the community e.g. the psychiatrically ill, behaviourally disturbed, ageing etc., as well as an increased demand for short-term assessment and treatment, and respite care for those with special needs.

Services for the mentally handicapped are in the midst of enormous upheaval at present and the consultant is the one person with both the knowledge and training to know what services are required, and the power to obtain them. The next few years may well be challenging but they certainly will not be boring.

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DEAR SIRS

I would like to commend Dr Nwulu on his excellent article 'Consultant Jobs in Mental Handicap: Dead End Posts' which appeared in the July *Bulletin* (12, 279–281). Dr Nwulu suggested measures to rectify this situation but the question of who should do this arises – DHSS or Royal College of Psychiatrists? I would have thought that both have a responsibility to do so and would suggest that a joint committee should consider this and implement the necessary changes as soon as possible.

Although dissatisfaction among psychiatrists in mental handicap is quite widespread, no measures to improve the situation have been taken. I am afraid that inactivity will not solve this situation and urgent measures are required.

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Psychotherapy training

DEAR SIRS

Professor Marks' recent letter regarding psychotherapy training raises several important issues. A consultant psychotherapist in the National Health Service should, as he indicates, have a broad knowledge of all the various types of psychotherapy, whatever his own personal preferences, and be able to assess patients and assign them to whichever type seems most appropriate at that moment. I am sure he is right too in urging more rigorous attention to determining success of outcome in all types of psychotherapy, in spite of the difficulties this poses. Objective measurements of success are notoriously

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