

The College

Section for the Psychiatry of Mental Handicap

1. Registrar Training in Mental Handicap

Changing concepts of care mean that in the future all psychiatrists, whatever their specialty, are likely to encounter the mentally handicapped during the course of their professional life. It is essential, therefore, that adequate exposure to the subject is provided in vocational training programmes. This exposure should include formal academic training and a period of clinical experience.

The extent to which mental handicap experience is of general benefit to psychiatric training needs stressing. Experience of mental illness occurring in the mentally handicapped throws valuable light on the nature of mental illness generally, there is a large forensic component to the work, and plenty of opportunity for family psychiatry. Many of the principles involved in the care, management and rehabilitation of the mentally handicapped are equally applicable to the chronically mentally ill. A mental handicap attachment also provides valuable experience in the multidisciplinary approach and team work with a wide range of disciplines and services.

Aims

The aim of the academic course and clinical experience should be to provide a general introduction to the field of mental handicap with special emphasis on the psychiatric aspects of the care of the mentally handicapped and their families.

Academic course

Ideally a formal academic course in mental handicap should be available to all trainees as part of the MRCPsych course, and would usually be based on a University Department of Psychiatry. The following topics should be covered: (i) the nature of mental handicap: prevalence, classification, aetiology, prevention, clinical features; (ii) approaches to care: changing concepts, development and role of health and local authority services, role of psychiatrist and specialized health services, the modern mental handicap hospital service; (iii) care of the individual: assessment, management and care of the mentally handicapped child and adult, specialized management techniques, occupational, social and recreational training; (iv) neuropsychiatric aspects: epilepsy, its diagnosis and management in the mentally handicapped; impact of a mentally handicapped member on the family—family psychiatry; developmental psychiatry—the presentation and management of mental illness and behaviour disorders in mentally handicapped children, adolescents and adults; assessment and care of the mentally handicapped offender; (v) legal and ethical aspects of care and management; and (vi) up to 16 hours' lecture time will be required for adequate coverage.

Lectures should, where possible, be drawn from a range of relevant disciplines including paediatrics, genetics, psychol-

ogy, social services and education as well as psychiatry. Where available, films and videos should be used to illustrate service provisions.

In those areas where there is no course readily available, the above topics should be covered during the clinical attachment.

Clinical experience

Clinical experience should be obtained by a minimum of three months' and ideally six months' attachment to a mental handicap hospital and community service. This should preferably be during the latter part of the three-year rotational training programme to enable the trainee to gain basic experience in general psychiatry. Full-time attachments are preferred, but properly programmed shared attachments (e.g. with child psychiatry) can be equally satisfactory provided that the total time spent is not less than three months. Sessional arrangements of less than five sessions per week are generally unsatisfactory and should be avoided.

It is emphasized that the registrar post is essentially a training post. The registrar should have a proper programme with specific tasks and should *not* be used as a pair of hands mainly employed in providing for the physical care of long-stay residents.

The attachment should aim to provide experience in all aspects of care with the main emphasis on psychiatric aspects. This requires an active, progressive hospital with a community-orientated approach linked to a comprehensive area service. It also requires committed and interested consultants and teachers.

Formal teaching should be carried out during the clinical attachment through the media of seminars, journal clubs and case presentations. The form will depend upon local circumstances and the number of junior medical staff based at the hospital.

Library facilities

The trainee should have ready access to core text books and journals at the base hospital. A more comprehensive range of text books, journals, etc. on mental handicap should be available in the postgraduate or Department of Psychiatry library (see College reading list).

Teaching staff

Academic posts in the psychiatry of mental handicap at lecturer/senior lecturer and professorial levels should be established to develop both undergraduate and postgraduate training.

A specialty tutor in mental handicap, recognized by the College, should be appointed to organize and co-ordinate teaching programmes in each Region, or in a part of a Region, if appropriate.