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Careers in psychiatric specialities

2. Mental handicap

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Mental handicap

Definition

This speciality is concerned with the psychiatry of patients whose development of intelligence has been impaired.

Career prospects

At present, career prospects are excellent. Mental handicap is an expanding speciality and there are unfilled consultant posts. Once posts have remained unfilled for some time, however, they often fall into abeyance and have to be 'resurrected' so the number of actually available empty posts is not as high as might be anticipated.

Training requirements

The Joint Committee on Higher Psychiatric Training recommends the following training requirements:

(a) For full-time consultant psychiatrist in mental handicap a four year specialist senior registrar training scheme which would include attachments in mental handicap psychiatry with the opportunity for placements in related specialities such as neurology, adult psychiatry and child psychiatry.

(b) For consultant posts with special responsibility for mental handicap, two years in either an adult or a child psychiatry senior registrar scheme plus two years in posts approved for specialist training (leading to posts as either an adult or child psychiatrist with special responsibility for mental handicap).

Because of the shortfall in suitably trained candidates, some consultant appointments may be offered to senior registrars without sufficient experience in the psychiatry of mental handicap with a recommendation that they receive further training.

Job structure

Many consultant posts are based in local (district) services and may involve the resettlement of patients from mental handicap hospitals. Some posts, however, are still based in large mental handicap hospitals. In some regions, most jobs have a general psychiatry component, while other regions appoint full-time consultants in mental handicap.

The consultant spends a relatively small proportion of his/her time dealing with individual patients compared to colleagues in other psychiatric specialities. This is usually for the purpose of diagnosis and treatment of mental illness, but also involves supervising rehabilitation programmes. A significant part of the consultant's time is spent in managing and coordinating a district service. This includes working with a multidisciplinary team of professional staff and liaising with other social and educational agencies. There is a range of different support networks for people with mental handicap which are of varying quantity and quality throughout the country.

Workers in this field can easily become demoralised by the demands of the job and an important role for the consultant is to provide support and education to those involved in the day to day care of mentally handicapped patients.

Satisfactions and frustrations

Special skills are required to diagnose psychiatric illness accurately in patients whose communication abilities are severely limited. It can be rewarding to witness dramatic changes in the level of function of some mentally handicapped patients whose psychiatric illnesses are brought under control.

The neuropsychiatric aspects of the psychiatry of mental handicap are particularly interesting. There are currently exciting developments in the understanding of the role of genetic factors in the aetiology of mental handicap. Other people may find other aspects of greater personal interest, such as the study of unusual developmental disorders (e.g. autism, Asperger's syndrome, Tourette's syndrome), and the management of developmental issues continuing into adult life (e.g. teenage rebellion at age 40). There is scope for the use of psychotherapeutic skills and in

particular for family therapy and there may be the opportunity to become involved in forensic work.

The consultant may play a leading role in the teaching of the psychiatry of mental handicap to medical students, psychiatrists in training and other mental health professionals.

It must be said, however, that there are also many frustrations. Services, both medical and social, are often limited and are virtually non-existent for older patients in some districts. Many patients are looked after by elderly parents in their homes, with little support from services. It can be disheartening for the psychiatrist to have little to offer to these unfortunate and caring families. The psychiatrist may find it difficult to delineate clearly his/her area of responsibility and may be pressed to become involved with mentally handicapped individuals in whom there is no evidence of mental illness. A particular area of controversy is the delineation between behavioural problems and mental illness. Clarification of the question of the extent to which abnormal behaviour should fall within the province of psychiatry may be an important educative role for the consultant.

Negotiating with the multidisciplinary team is crucial and can be satisfying if it works well as a range of different skills can be brought to bear on a patient's problems. It can, however, prove exasperating at times when others may adhere rigidly to ideologically attractive but unrealistic expectations of their patients. For example, although normalisation is a worthy principle, practically it is not always possible. It is in no-one's best interest, least of all that of the patient, if this objective is pursued slavishly.

Prospects for research

The opportunities for research are good. There are already several academic departments of the psychiatry of mental handicap. The need for evaluation of the changes in service provision will be paramount with the introduction of the White Paper on community care. In addition, research in the fields of genetics and neuropsychiatry is likely to be a major source of interest in the near future. This may raise the possibility of collaborative research in the sphere of mental handicap.

Conclusion

The psychiatry of mental handicap has been an unpopular speciality in the past. Recent changes in the pattern of provision of psychiatric care, the clarification of the role of the consultant in the delivery of this service and improved training programmes have contributed to its development as a more varied and attractive career option. Job prospects are good and it is particularly suitable for a psychiatrist with an interest in developing and managing psychiatric services.

Further reading

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