

NORTH EAST DIVISION: JOINT CONFERENCE WITH CLINICAL PSYCHOLOGISTS

A Personal Reaction

By DR IAN C. A. MARTIN

This conference, under the title 'Psychological and Psychiatric Perspectives in Mental Health', was held at the University of Durham on 28 September 1977. I suppose that among the regular attenders of clinical symposia there can be few who, with the passing years, do not have cause to adjust their levels of expectation. Our earlier attendances at meetings may have carried hopes for blinding revelations of new educational horizons, but as time goes by one is more than grateful if the slightest snippet of a new idea escapes from the formal proceedings, and one looks most eagerly towards the byways of 'between session' encounters for the greatest personal, professional—and vocational—revivals. This is a premise which some may regard as cynical but I believe is simply realistic.

Every so often, however, one is treated to the dazzling exception. This may comprise a major new insight, though perhaps more frequently it is an inspirational resumé of current concepts which skilfully distils the totality of our present attitudes and understanding. When such a recipe is presented with both compassion and wit, then truly we are in the presence of a *maitre d'hôtel*. Such an accolade I would unreservedly accord to Dr K. Davison for his masterly survey of the problems which beset the professional interrelationships of psychologists and psychiatrists. This was, in fact, the final paper to be delivered at the North East Division's meeting, but nonetheless he alone seemed prepared to grasp the nettle. Of this, more later.

Concerning the whole day, it is first important to acknowledge the organizers' impeccable planning. This is no conventional formula of appreciation: the logistical exercise of convening some 140 delegates, more or less equally representing the views of the Royal College of Psychiatrists and the British Psychological Society, is no mean feat and Dr D. A. Stephens and Dr T. E. Nelson, together with the Divisional Executive Committee as a whole, are to be warmly congratulated. Indeed, the whole idea of such interdisciplinary debates is to be commended.

At the same time one might fairly ask why such a (deliberately?) ambiguous title was chosen for the proceedings. At face value 'Psychological and Psychiatric Perspectives in Mental Health' is such an apparently neutral formula as to allow anyone to say anything about anything, and perhaps this was intended as a deliberate concession to the psycholo-

gist's reputed penchant for the projective technique. However, bearing in mind the comments of the Trethowan Committee, there can be little doubt that the issues of professional autonomy and 'who does what' would be foremost in most people's minds, and there might have been no harm in delineating a clearer mandate for all the principal speakers.

As it was, one gained a certain feeling that nearly all the contributors (from floor and platform alike) felt constrained by this rather nebulous agenda. Thus, both Dr W. A. Heaton-Ward and Dr Henry Rollin, presented historically-based pleas for the ultimate primacy and responsibility of the consultant psychiatrist in the realms of decision-making and the coordination of other workers in the areas of patient care. Neither expressed much enthusiasm for the concept of multi-disciplinary team management. Unhappily, to my mind, Dr Heaton-Ward found it difficult to sustain his thesis—particularly when faced with the counter-arguments, especially with regard to mental handicap; in this area much work is being carried out into the community with all the attendant implications for the key involvement of social agencies, and further, the major demands of such patients are those of intensive nursing care or behavioural retraining. This latter is, of course, an area where psychologists can make paramount contributions.

Moreover, many of these objections are equally applicable to the current state of evolution in adult mental illness, and it seemed to be here that Dr Rollin's propositions also lacked conviction: let's face it, few of us would deny the invaluable contributions made in former years by enlightened asylum medical superintendents, but the present-day practicality is that only a small proportion of acute psychiatric practice is conducted within such confines and many other professions are, nowadays, inevitably involved. Thus it is at least legitimate to question medical supremacy.

However, if such might be regarded as 'right of centre' views, there was no lack of redress. Mr Derek Thomas, Principal Psychologist at Northgate Hospital, Morpeth, treated us to an ebullient exposition of models of management in any institutional setting ranging from total autocracy to the multidisciplinary 'meeting of minds'. Nonetheless, nothing very new here and certainly he gave us no clues as to constructive approaches towards exchanging one model for another—always assuming this to be desirable.

Here, indeed, we reach the rub, because the whole day's proceedings left me with the impression that most people had made up their minds beforehand and the whole programme really comprised a re-statement of only too well recognized views—as opposed to a dialogue aimed at compromise or conversion.

Which is not to say that there is a clear-cut separatism between the philosophies of 'Psychiatry Rules—O.K.' and 'Autonomy for Psychology—or else'. Many conciliatory views were expressed, and Dr May Davidson, Psychologist, Warneford Hospital, made the invaluable point that in good organizations the question of interdisciplinary conflicts rarely arises: where personal relationships are good it never occurs to anyone to ask 'who should be doing what?'—one merely gets on with the job of total patient care. These moderating views were much re-emphasized by the Chairmen, Professor H. Gwynne Jones and Professor Max Hamilton. Indeed, Professor Hamilton was at great pains, in his closing address, to point out how vast was our joint task, the enormous limitations of our practical knowledge,

and, hence that, as matters presently stand, demarcation disputes are ludicrously superfluous. Perhaps it is in this context that Dr Davison's contribution was the most valuable because it gave us an opportunity to clear our thinking while quite rightly leaving to us the burden of solution: an edited transcript would merit separate publication.* It was intriguing that more than one member of the audience commented that they found the trend of his dissertation saddening. But perhaps this is because it accurately reflects a good deal of current—and unnecessary—bickering.

All in all, a rewarding day, but I only wish that I could have left its formal proceedings with the feeling that, if no more, attitudes had become at least a little more open, a little more fluid. However, as I hurried away, there was, in the lowering storm clouds over Durham city, an unusually brilliant rainbow. And this seemed the only truly promising portent. . . .

* A modified version of Dr Davison's paper will be published in a future edition of the *Bulletin*.

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WINTER QUARTERLY MEETING 1978

Preliminary Announcement

The Winter Quarterly Meeting will be held in London and the following is the provisional programme:

Monday, 6 February (evening): Blake Marsh Lecture: Dr F. Esher.

Tuesday, 7 February: Maudsley Bequest Lectures: 'The contributions of psychology to psychiatry': (Dr J. Rachman, Perspective in behaviour modification in psychiatry; Dr D. Peck, The

development and the value of the concept of personality in psychiatry; Dr E. Warrington, Organic syndromes; Dr D. Kelly, Beta blockers in psychiatry; Dr N. Yorkston, Beta blockers in schizophrenia; Dr R. Hale, title to be announced).

Wednesday, 8 February: Maudsley Bequest Lectures: (Professor M. Shepherd, Epidemiology in psychiatry; Dr M. Lipsedge, Transcultural psychiatry; Professor Sir Denis Hill, The qualities of a good psychiatrist; Dr M. Lader, Pharmacokinetics in psychiatry).

Quarterly Business Meeting.