

**Job description**

New patterns of care for the mentally handicapped are evolving at different rates and in different ways in different parts of the country. There have also been serious recruitment problems in the past which have left a substantial number of posts chronically vacant. It is, therefore, impossible to be totally dogmatic about job descriptions for consultant posts which are constantly being adapted to meet local needs. However, the following general principles should be applied:

- (a) The primary role, namely the provision of a psychiatric service to the mentally handicapped and their families, should be clearly stated in the contract, which should also indicate the facilities available or to be developed to enable this duty to be properly discharged.
- (b) Job descriptions should delineate the catchment area which should be of reasonable size, the position regarding in-patient facilities (whether they are in local mental handicap hospital or elsewhere or still in the planning stage) and the whole range of other services to which he will have access or for which he will be responsible. This should include sub-regional and regional services for the mentally handicapped to which he may have access.
- (c) When a consultant is appointed to a large hospital his responsibilities in relation to long-stay residents and his

role and responsibilities in developing a specialized psychiatric service should be clearly defined. Where a service is primarily community based the number of psychiatric treatment beds available and the role and responsibilities of the consultant in relation to any locally based hospital units or community units should be clearly stated.

- (d) Administrative responsibilities including the planning machinery for mental handicap services and membership of medical committees should be specified together with any teaching responsibilities and associated local honorary university status. An adequate number of sessions should be allocated to teaching and administrative duties.
- (e) Special attention should be paid to the problems of isolation attendant upon the appointment of a district base single-handed consultant. There should be close working contact with other consultant psychiatrists both in mental handicap and other psychiatric specialties.

## REFERENCES

- <sup>1</sup>ROYAL COLLEGE OF PSYCHIATRISTS (1983) Mental handicap services—The future. *Bulletin of the Royal College of Psychiatrists*, 7, 131–134.
- <sup>2</sup>DAY, K. A. (1983) A hospital based psychiatric unit for mentally handicapped adults. *Mental Handicap*, 11, 137–140.

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### **Management of Deliberate Self-Harm in Children and Young People**

The Child and Adolescent Psychiatry Specialist Section wishes to draw the attention of child and adolescent psychiatrists to the DHSS Circular HN(84)25 LASSL(84)5 dated December 1984 for the following reasons:

1. This circular was prepared by a multidisciplinary working group formed by the Royal College of Psychiatrists at the invitation of the DHSS.
2. Para 2, (6) deals with children and young people who have taken an overdose.
3. This paragraph recommends that wherever possible a child and adolescent psychiatrist and other appropriate members of the team should not only take part in the assessment and management of young people under 16 but also *help to*

*draw up local policy.*

4. Para 2, (4) states that each district or hospital should have a clearly laid down policy or code of practice agreed by clinical consultants, consultant psychiatrists, and other relevant staff. It also says that the DHA should set up local multidisciplinary groups, in order to formulate appropriate policies.
5. The Section suggests that any child and adolescent psychiatrist who has not been consulted about future arrangements in their own district for the management of such children and young people should make their views known to the local multidisciplinary group which is considering this matter.

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### **Election to the Fellowship**

Candidates for election to the Fellowship are considered annually by the Court of Electors.

Candidates may not make a personal approach to the College for election, *but must be nominated by two sponsors, who must be Fellows of the College.*

Sponsors should *apply in writing* to the Registrar for the relevant forms. Completed nominations should be submitted to the Registrar by 30 September in any year, for consideration by the Court at its meeting the following February.

**Eligibility of nominees**

- a. Candidates must either be Members of the College by Examination of more than five years standing, or Members

who have been granted exemption from examination.

- b. The Fellowship is ordinarily awarded to a Member for unusual distinction in teaching, research, and/or administrative ability, or for exceptional service to patients, especially where the supporting services have been inadequate. Sponsors are therefore asked to indicate any factors which go beyond the carrying out of consultant or academic duties by the candidates of their choice.

All sponsors and all successful candidates will be notified by letter of the decision of the Court of Electors.

Individuals elected to the Fellowship become entitled to use the designation FRCPsych after they have paid the prescribed registration fee.