

## CORRESPONDENCE

DEAR SIR,

May I use your columns to protest about the memorandum entitled 'The Role of Psychologists in the Health Service'. It seems extraordinary that such a document can have been written (except perhaps as a parody), far less endorsed by Council. It gives all the appearance of a defensive restrictive-practices document produced as a rearguard stand by an old-fashioned craft trade union about to be overwhelmed by modernity. However, rarely do craftsmen insult their colleagues in quite this style.

One hopes—and it seems likely—that the Trethowan Committee (to whom it is addressed) won't take it too seriously, but I believe that if, as a College, we persist with such a document we risk bringing psychiatry and our College into disrepute.

Perhaps all is not lost, as it is understood that the Child Psychiatry Section have prepared alternative proposals. These should be made available to all members of the College, for they throw the original memorandum into stark relief.

Perhaps, even at this late stage it may be possible to re-open this matter at Council level.

JOHN GUNN.

*Institute of Psychiatry,  
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DEAR SIR,

Clinical psychologists have long hoped that the gap that existed between their profession and the profession of psychiatry was steadily decreasing, but the publication of the College's Memorandum on the 'Role of Psychologists in the Health Service' shows that the gap is not only as wide as ever but in danger of becoming unbridgeable.

The British Psychological Society's Report of the Working Party to prepare evidence from the Trethowan Committee on the Role of Psychologists in the Health Service (Document 1, Answers to General Questionnaire) reflects the attitudes of a group of people who are curious about their environment, understanding of the nature of scientific enquiry, willing to adapt to change and seeing their role as useful members of many different types of therapeutic teams. On reading this document one felt proud to be a member of this profession. By contrast, the psychiatrists' Memorandum reflects an anxiety about a possible loss of power and authority, a resistance to change and a rejection of the methods and attitudes of scientific enquiry. This picture is not typical of the psychiatrists with whom I have worked, and I cannot believe that it is typical of the Royal College as a whole.

Most psychiatrists understand that the changes in the methods of clinical psychologists stem not from 'the growing realization of the limitations of psychological tests' but from changes in theoretical models, changes which are the essence of a healthy science. Similarly, most psychiatrists have grasped in their training in scientific method that all measurements contain some unknown and unknowable degree of error. Such psychiatrists understand why psychologists object to an IQ being quoted as a fact about a person and such psychiatrists do not quote IQs out of context.

What is the objective evidence which led to the statement that 'all too often, when in contact with schools they (clinical psychologists) are apt to adopt an academic and patronizing approach which does little to ease the natural professional jealousies existing in this field'? As it stands it is a gratuitous insult.

The conclusion of the Memorandum that no independent departments of clinical psychology should be set up can be no more than a gesture of the kind (wrongly) attributed to King Canute. Nearly two years ago I came to Lincolnshire to establish an Area Department of Clinical Psychology. We are directly responsible to the Lincoln Health Management Committee and accept work not only from psychiatrists but also from paediatricians, general practitioners, nurses, social workers and school teachers, none of whom seem to experience any difficulty in recognizing 'the presence of developing behavioural disturbance.' Our department is by no means unique in Britain.

If the question is asked, 'Why do clinical psychologists wish to be independent of psychiatrists?' this Memorandum supplies the answer. However, when one has had the pleasure and stimulation of working with psychiatrists who understand the modes of thought and operations of psychology and who are secure individuals, not feeling threatened by new ideas and practices but welcoming them, one can only feel distress at this mischievous and biased Memorandum, written more out of fear of change than out of reason, unworthy of the people whose views it purports to represent.

DOROTHY ROWE.

*Principal Psychologist,  
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St. John's Hospital, Lincoln.*

DEAR SIR,

On behalf of the Executive Committee of the Association of Psychiatrists in Training, I wish to express its profound dismay and that of many junior

psychiatrists with regard to the content of the Memorandum on 'The Role of Psychologists in the Health Service'. The manner in which this Memorandum considers the contribution made by psychologists to the elucidation of further knowledge concerning the nature of psychiatric disorder and to the development of new therapeutic techniques is to be deplored. The authors of the Memorandum appear preoccupied with the vision of psychologists prescribing drugs, destroying the medical model of mental illness, refusing to perform IQ tests, neglecting to pay attention to serious physical illnesses in patients under their care, and generally operating in a highly unprofessional and irresponsible fashion. On the few occasions when the document refers directly to the recent developments in clinical psychology it is to disparage the knowledge required to apply techniques of behaviour therapy effectively and efficiently and to question in an ignoble fashion the competence of individual psychologists in coping with the responsibility of caring for patients.

This College professes itself interested in training and research, yet when it is asked for its opinions on such matters as they affect psychologists it takes the opportunity to embark on a denunciation of 'professional "elites" with built-in privileges removed from the urgency of clinical pressures'. The authors of this Memorandum, in addition, do not appear to have heard of the Brook report nor to have read the section on the guidance (or rather lack of guidance) received by psychiatric trainees in the use of psychological test material. Had they done so they might have devoted something more than eight lines to the question of the psychologists' role in teaching other professional groups.

One can only hope that this Memorandum is an aberration and is not representative of the College's view of the roles of other non-medical professionals alongside whom psychiatrists work. While it may seem that irreparable damage has been done in that this reprehensible document has already gone forward in the name of the College to the Trethowan Committee, it is not too late to put alternative views. An encouraging sign is that the Executive Committee of the Child Psychiatry Section, having considered this Memorandum to be largely inappropriate as far as child psychiatry is concerned, is currently drafting its own document. It is to be hoped that the other Specialist Sections may feel and act similarly. We would like to assure our colleagues in psychology that the views contained in this Memorandum do not reflect the views of junior psychiatrists, nor, it is believed, of many senior psychiatrists either.

ANTHONY W. CLARE.

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DEAR SIR,

The College's Memorandum on the Role of Psychologists reads like the crusty complaints of some surgeon-general in the Crimea about the meddlesome intrusions of Florence Nightingale; or, to bring it within living memory, the misgivings of psychiatrists about psychologists might be paralleled by the earlier misgivings of general physicians about psychiatrists.

I write as one who has worked as a clinical psychologist intermittently for the past 25 years, while being at the same time medically qualified.

In its early sections, the Memorandum lays an extraordinary amount of stress on 'clinical responsibility', with physical diagnosis, and with 'caring', and by implication suggests that clinical psychology has nothing to do with these. The first of these is in fact more a legal matter, but it is worth noting how much 'clinical responsibility' is currently assumed by non-medical staff, such as nurses (e.g. in factory clinics) and by social workers (in all their casework). 'Caring for patients and easing distress', is just as much a part of the practice of clinical psychology as it is of psychiatry: indeed, it is precisely over their different approaches to caring that a source of the friction between psychologists and psychiatrists has arisen. Physical diagnosis is, indeed, a field which is generally the prerogative of the medically qualified; but psychiatrists often turn to psychologists for assistance with the diagnosis of organic dementia.

Given that (as admitted in the Memorandum) the field of clinical psychology has now spread far beyond that of doing 'assessments' for psychiatrists—not only into various aspects of therapy, but also into collaboration with paediatricians, neurologists, geriatricians, departments of physical medicine, to name but a few fruitful areas—it is entirely appropriate that psychologists should work in independent departments, to which referrals could be made by any consultant, or any branch of the health and social services. The authors of the Memorandum do not appear to realize the extent to which events have overtaken their thinking; that the pressing problems of the mentally handicapped, discharged and other psychiatric patients, drug addicts, ex-prisoners etc. living in the community have persuaded social service departments to appoint community psychologists, who are trying to cope with these problems on a scale utterly beyond those of conventional psychiatry or clinical psychology. The Memorandum overlooks the fact that the special training of psychologists (a training of which it makes no mention) enables them not only to assess individual disabilities but also to plan, on the basis of psychological principles, programmes of re-education and rehabilitation and to evaluate these programmes.