

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.

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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.

Then there is an invidious attempt to sustain the anachronistic division between educational and clinical psychologists (the latter being 'apt to adopt an academic and patronizing approach': in fact, 'clinical' psychologists have made significant contributions, e.g. in the management of children with behaviour disorders in the classroom situation). This division has been criticized by other authors, notably those actually concerned with maladjusted children, and the same point will no doubt be more cogently expressed in the views of the Child Psychiatry Section of the College.

Under 'Special points of concern' the Memorandum presents a situation which clearly its authors found most disturbing—the psychologist who refused to give an IQ. The circumstances of this act of gross insubordination are not mentioned, but I have met a number of psychiatrists who would use the IQ simply as a basis for classifying the patient and from whom it would be in the patient's interest to withhold such a figure.

Psychological tests cannot be more valid than the criteria on which they are based. The fault in these situations, and underlying many other criticisms in the Memorandum lies not in psychologists but in what psychiatrists have been taught about psychology.

The Conclusions of the Memorandum follow inevitably from the preceding argument: they are almost entirely concerned with restrictions which should be placed on the activities of psychologists. The Memorandum, in short, displays a remarkable degree of surface hostility toward psychologists, and does not consider how the present situation has arisen, nor suggest any (other than repressive) measures for alleviating it. Reconsidering it, however, and noting the amount of space devoted to criticisms of unorthodox therapies and views of 'mental illness', makes it clear that the aggressive tone of the report reflects in fact the profound divisions within psychiatry itself. All the innovators in psychiatric theory and treatment, from Freud and Reich to Laing and Szasz, have themselves been psychiatrists: it is not surprising that their innovations have been taken up by psychologists, nor is it surprising that this should evoke a particularly hostile response from orthodox psychiatrists. However, until psychiatrists have set their own house in order there is no reason for them to wish to confine psychologists to the basement. A more appropriate solution would be to encourage them to set up house next door and be good neighbours.

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DEAR SIR,

As practising clinical psychologists we wish to express our concern about the contents of the Memorandum of the Royal College of Psychiatry entitled 'The Role of Psychologists in the Health Service'. We feel that the conception of the psychologist's role outlined and discussed in the Memorandum is far removed from current practice in the Health Service, and even further from the psychologist's role as envisaged by us.

It is particularly regrettable that one of the first public policy statements of the newly-formed College should be so restrictive. We are surprised and disappointed at the tenor of many of the remarks and suggestions of the Working Party, which seem to be at variance with the opinions and practice of many of our psychiatric colleagues. May we take the opportunity to draw the Memorandum to the attention of all psychiatrists who work or have worked in close contact with psychologists and ask them if it fairly represents their views on the role of psychologists in the Health Service? It is our hope that those who find themselves in substantial disagreement with the Memorandum will express their views independently to the Royal College and to the Sub-Committee of the Mental Health Advisory Committee.

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DEAR SIR,

We, the undersigned, being Child or Family Psychiatrists in the East Anglian Region, wish to place on record our strong general support of the College's Memorandum on 'The Role of Psychologists in the Health Service'. While the document by the Executive Committee of the Child Psychiatry Section of the College makes useful comments on matters appertaining solely to child psychiatry, we are of the opinion that on general matters it is not a responsible or a representative document. Far from reflecting the views of psychiatrists, it seems more