The role of the psychiatrist in learning disability

How it is perceived by the general practitioner

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This study assessed, by postal questionnaire, how the role of the psychiatrist in learning disability is perceived by general practitioners. One hundred and forty-six GPs were questioned on various aspects of assessment and management that the psychiatrist in learning disability might be involved with; 43.5% of questionnaires were returned. The results indicated that confusion continues. The psychiatrist was perceived as having a global role in the care of this group of patients with lack of knowledge of community teams for learning disability being evident. Further education at a primary care level is indicated.

There has been a long history of confusion, controversy and subsequent review of the role of the psychiatrist in learning disability (Ryan & Thomas, 1987). The psychiatrist's role can be anywhere along a continuum from assuming total control, care and management (Shapiro, 1974), to offering only specific psychiatric advice (Pilkington, 1975). The Royal College of Psychiatrists, in an attempt to resolve the confusion, published guidelines for psychiatric services (Royal College of Psychiatrists, 1983) but confusion still exists. As a result, the availability of psychiatric input can be haphazard, and the primary care team may be uncertain who they should approach for more specialised advice on the management of this group of people.

This study aims to assess the general practitioner's perception and interpretation of the role of the psychiatrist in learning disability.

The study

A postal questionnaire was distributed to all GPs (n=146) within the London Borough of Bromley (population 297,000). This questionnaire was subdivided into two sections.

(a) A list of questions demanding true or false answers which broadly covered the recommendations from the Royal College of Psychiatrists on the role of the psychiatrist in learning disability.

(b) Data on the date of qualification of the GP and his or her professional and personal experience of learning disability and knowledge of the community team for learning disability (CTLD).

All information was anonymous and confidential and a stamped addressed envelope was provided for the return of the questionnaire.

Findings

The Ravensbourne NHS Trust has three community teams for people with a learning disability with input from one full-time consultant, one senior registrar and one registrar.

Of referrals to the psychiatric service, 40% are from GPs with 15% coming from other clinicians, including neurologists, paediatricians and general psychiatrists. A further 25% are from social services.

One hundred and forty-six questionnaires were distributed, and 64 (43.5%) were returned. Of those returned, three (5%) were not completed. Table 1 indicates the response to the first section of the questionnaire.

The age range of the GPs was from 29 to 67 years with their length of time from qualification from four years to 41 years.

Fourteen (23%) had heard of the CTLD but of those who had not heard of it 10% did not want further information.

Seven (11.5%) GPs had had some form of training in the psychiatry of learning disability.

Fifty-six (92%) had one or more patients under their care with a learning disability, with the other respondents being uncertain.

Comment

The London Borough of Bromley offers a specialist psychiatric service to people with learning disability, including psychiatric assessment and management for this group of people and their families, advice and liaison with other professionals, parenting skills assessment, monitoring of epilepsy with input available from the neurologist, assessment of the degree of disability and

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Table 1. Response to questions on the role of the psychiatrist in learning disability (n=61)

The role of the psychiatrist in learning disability includes:		True	False
1.	Psychiatric assessment and management	54 (88%)	6 (10%)
2.	Psychiatric assessment and management for families in which a member has a learning disability	45 (74%)	15 (25%)
3.	Advice to professionals involved with the management of a person with a learning disability	52 (85%)	9 (15%)
4.	To ensure adequate general medical care is provided by other specialities for people with learning disabilities	31 (51%)	29 (47%)
5.	To provide general medical care	48 (79%)	13 (21%)
6.	To provide an in-patient service for physically unwell people with a learning disability	48 (79%)	12 (20%)
7.	To assess parenting skills in people who have learning disability	40 (66%)	20 (33%)
8.	Monitoring of epilepsy	16 (26%)	45 (74%)
9.	Assessment of degree of disability	46 (75%)	15 (25%)
10.	To advise carers/parents about life planning	45 (74%)	13 (21%)

advice about life planning. These services are offered with input from the multidisciplinary team including nurses, social workers and psychologists. General medical care is provided by the GP with referral to the appropriate specialist where indicated.

It is evident from this study that confusion still exists over the role of the psychiatrist in learning disability. Some GPs continue to view psychiatrists as having total care while others see them as having no role at all.

Ten per cent of respondents did not believe that the psychiatrist had a role to play in the psychiatric assessment and management of this group of patients. The majority of GPs believe that the psychiatrist has a role in family management and advice, and in the provision of general medical care and provision of an in-patient service. These findings suggest that GPs still see the psychiatrist in learning disability as offering global care (Shapiro, 1974).

The management of epilepsy was not regarded as within the psychiatrist's remit by 74% of GPs although in our service, this is part of the psychiatrist's work, with input from a neurologist.

What was worrying was the lack of knowledge of the community team for learning disability. One reason for this could have been confusion over terminology. GPs may still be referring to the team as the community mental handicap team although within the Bromley area the change in terminology has been widely publicised. An additional reason is the very small number of patients with a learning disability that each GP is likely to encounter – an average of five people per GP in the Bromley district.

This survey suggests that GPs are still uncertain of the role of the psychiatrist in learning disability. With the move to community care and closure of the large mental handicap institutions it must then be asked if this uncertainty will result in patients failing to receive the professional assessment and management which they require, and that is available within the speciality.

Psychiatrists in learning disability must take steps to educate GPs about their role, and ensure that they are receptive to psychiatric input when this is indicated.

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