

government officers. Thus, service-orientated epidemiological surveys, integrated with mental health programmes, are essential for the development of psychiatry. The need for research and evaluation of the effectiveness and outcome of mental health care has also been suggested (Soong, 1988), with the full support of the health authority concerned.

Another scheme for which the Society is responsible, in conjunction with the Health Authority, is the certification of the Board of Psychiatric Specialty. Quality control is vital in psychiatric training. The screening and review of the psychiatric specialist helps safeguard the quality of psychiatric practice, and the Society has long been taking the leading role in setting professional qualifications.

Taiwan has emerged recently as a successful economic state among the developing countries. Psychiatry, has likewise undergone drastic changes in the past few decades. The Society has always actively participated not only in psychiatric services

but also in psychiatric manpower training and continuing education. Research and teaching serve as a milestone for the planning of good psychiatric services. More intensive research will be needed for future improvement (Rin, 1987). Taiwanese psychiatry, although young relative to the 150 years of British psychiatry, could provide valuable unique experience for those regions where psychiatry has long been deprived and alienated.

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Conference briefing

Primary care for people with mental handicap – a clear message to psychiatrists

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Approximately 50 people attended this meeting organised by the Royal College of General Practitioners on 5 March 1992. A combination of GPs, psychiatrists, social workers, community directors, psychologists and other case workers confirmed the multidisciplinary nature of this field.

The role of the general practitioner eloquently detailed by Dr M. Baker stressed the variety of the need and the lack of clear direction. Importantly, he stressed that many GPs do not know their responsibilities, are not able to access services and need help; particularly in areas such as rare disorders, behaviour disorders, family dynamics and therapeutics – a clear message to psychiatrists.

Professor Joan Bicknell, in discussing caring for the mentally handicapped in the community, focused on primary care, stressing a needs-led service. Key areas such as the transition from child to adult services were identified and she highlighted that a

network around the GP was necessary “to inform him so that he can be informative”.

The remainder of the day was spent in small multidisciplinary groups discussing medical problems, who can help, and a chronological view of needs and services. Practical issues of communication, health screening, practice registers and education for the primary health care teams were generally agreed conclusions.

The messages from this meeting are clear to psychiatrists. Firstly, general practitioners need support and specialist advice. Secondly, research is vital in health needs, education of GPs, the screening of people with mental handicaps and special support systems for GPs. The psychiatrist in mental handicap is ideally situated and has the skills to perform these tasks. However, it must be done in collaboration with GPs as in isolation we lose sight of the needs of the primary health care teams.