

B.P.R. Gersons (1979). Kanttekeningen bij de rol en de plaats van de psychiater in de GGZ. *Tijdschrift voor Psychiatrie*, 21, 420-425.

Summary op pagina 474.

#### SUMMARY

*Some remarks concerning the role and position of the psychiatrists to the mental health field.*

Some factors are of special relevance considering the contribution of the psychiatrists to the mental health care delivery. This contribution is relatively decreasing, meanwhile there is a sharp rise in the need for psychiatrists. This has resulted from the multiplying of mental health teams as a consequence of the enormous increase of non-medical caregivers while every team wants his own psychiatrist as part of the multidisciplinary team. Psychiatrists who are contributing to these teams are confronted by team members who are experts in their own fields and who are claiming these fields. So the psychiatrist is endangered by the restricted task of medication and less acknowledged as a trained integral caregiver. This part of the reductionistic process concerning the task of the psychiatrist is intensified by the complication of the usual role-blurring of psychiatrists.

L.A.M. van Eck (1975). Veranderend Santpoort – in de wijze van behandelen (behandelplan). *Tijdschrift voor Psychiatrie*, 17, 329-337.

Summary op p. 364 (onderdeel van een drieluik over Santpoort).

#### SUMMARY

*The aims of treatment.*

When changing the hospital some basic principles were chosen to replace the original wards traditionally centred around the medical profession – the doctor treating 'his' patients:

- 1 every ward should dedicate itself to one kind of treatment, leaving other kinds to other wards (the principle of uniformity, the differentiation of treatment goals per ward);
- 2 the group approach should be preferred to the original individualistic approach of the traditional ward;
- 3 as far as possible the wards should have a mixed population as regards to the sexes;
- 4 therapeutic disciplines should be decentralised, workers from different professional fields working together within the therapeutic teams;
- 5 a subdivision of the hospital according to treatment goals should be organised as follows: crisis intervention and short stay treatment clinical psychotherapy in therapeutic communities, resocialisation and revalidation for those in need of special training programmes and better housing facilities for those unable to leave the hospital.