

really important questions confronting the mental health field today, only three are not basically questions in psychology, sociology, or ethics:

1. Are there biochemical and/or genetic abnormalities which play a causative role in schizophrenia?
2. Are endogenous depressions really manifestations of physiological malfunction?
3. To what extent does "subclinical" cerebral dysfunction play a part in childhood behavior disorders?

The investigation of these questions is properly in the hands of the biochemists, the geneticists, and other researchers; it is beyond the professional scope of the psychiatrist as we usually know him, despite his medical training. And, to repeat, if these conditions should be found to be, let us say, "metabolic diseases," they would cease to be primarily "mental health problems" in the same way that "psychosomatic headaches" cease to be a "mental health problem" when they are discovered to be caused by a brain tumor.

The mental health professional, then, is really working in the field of applied psychology in the best sense of that much-misused term—psychology applied to the task of alleviating psychological suffering—with some excursions into the realm of applied psychopharmacology. This is his true operational field no matter what his professional background has been. That jurisdiction over this field should be claimed by a profession whose basic education usually includes not a single course in psychology is, when viewed dispassionately, little short of fantastic.

My purpose in this paper is not to propose the details of a curriculum for future mental health professionals, but rather to evaluate the present education of the most influential of these professionals—the psychiatrists—and to suggest a direction for change. Such change must be in a psychological direction if our education is to make sense in terms of the realities of our professional work. When is some enterprising university going to formulate a curriculum for a School of Mental Health, based on the existing curriculum in clinical psychology and including appropriate additions from other fields (medicine, sociology, social work), and produce graduates whose work can then be compared with that of their more traditionally trained colleagues? It is a dream worth considering.

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