

# The Psychiatrist is an extinct species

Dr Digby Quested  
General Adult Psychiatrist  
Oxford

# Oxford v Cambridge

- On 12 March 1829, Cambridge sent a challenge to Oxford and thus the tradition was born which has continued to the present day, where the loser of the previous year's race challenges the opposition to a re-match.
- The first Boat Race took place at Henley-on-Thames in Oxfordshire and contemporary newspapers report crowds of twenty thousand travelled to watch. The race was stopped soon after the start and, following the restart, Oxford were clear winners.

# The Boat Race 2008



# Aims of the proposal

- The nature of evolution
- Modes of extinction
- Heisenberg's Uncertainty Principle
- Reductions in capacity/resources
- Political agenda's – NWW
  - PMETB
- Training issues - MTAS

# The nature of evolution

- Survival of the fittest (The Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races) Darwin, 1859)
- Sexual traits selection
- Available resources
- The ecological niche



**The real reason dinosaurs became extinct.**

# The dinosaur story

- No dinosaur skeletons post KT boundary (Cretaceous/Tertiary, Iridium line)
- However – a reduction in numbers for centuries before the final extinction
- A cataclysm - Chicxulub crater
- Inability to manage seasonal change
- Lizards, tortoises, alligators, snakes, and tuatara survived. ? Birds as remnants.
- Temperature based gender determinism

# Modes of extinction

- Controversy over gradual and 'punctuated equilibrium'
- Single vs multiple species
- Changed habitat
- Reduced resources
- On-going loss of species

# Dodo, ca late 17<sup>th</sup> Century



# Heisenberg's Uncertainty Principle

- Werner Heisenberg (1901-1976) - a German physicist who helped to formulate [quantum mechanics](#) at the beginning of the 20th century.
- February 1927 in a letter to Wolfgang Pauli, then published it later that year.
- Heisenberg's Uncertainty Principle states that it is impossible to know both the exact position and the exact velocity of an object at the same time.
- *'the observer affects the observed'*

# Reduction in capacity

- Since the 1950's deinstitutionalisation has resulted in the number of psychiatric beds declining from 150,000 in 1955 to less than 55,000 in 1995.
- Patrick Keown and colleagues examined the changing face of psychiatric care in England between 1996 and 2006 by analysing data from the NHS Information Centre, the Department of Health, and the 2006 'Count me in' census.

BMJ 2008; 337;1561

# Progressive reduction

- While the number of compulsory admissions to inpatient psychiatric care has increased dramatically and there has also been a significant increase in the number of patients admitted for alcohol and drug problems, the number of NHS beds has fallen.
- This should be seen against an overall fall in bed numbers of 80% since the 1950s.
- *‘Although the rate of reduction may have slowed it shows no signs of stopping’.*

# Higher threshold for admission

- They report that as the number of NHS psychiatric beds decreased by 29%, the proportion of NHS beds occupied by patients admitted under a section of the mental health act increased from 23% in 1996 to 36% in 2006.
- Now > 50% on section
- Total NHS admissions for mental disorders peaked in 1998 at around 214,000 and then began to fall. Reductions in admissions were confined to patients suffering from learning disabilities (decreased by 58%), depression (33%) and dementia (28%).

# Reinstitutionalisation

- ‘However, the evidence suggests that involuntary admissions are increasing and that perhaps a new era of reinstitutionalisation has begun’.
- Priebe S, Badesconyi A, Fioritti A, Hansson L, Kilian R, Torrez-Gonzales F, et al.  
Reinstitutionalisation in mental health care: comparison of data on service provision from six European countries. *BMJ* 2005;330:123-6.

# Financial - reduction in budgets

- Major cuts over last 10 years – beds, wards and posts, Day Centres.
- Efficiency measures of 1.7% PA
- If this occurs year on year – 50% reduction in services in 30 years.
- Increases recently into functional teams but sometimes unclear where the money goes.
- Limited spending on the medical aspects of care.

# Political agenda's : New ways of working

- *New Ways of Working for Psychiatrists* (DoH, 2004)
- '2. NWW is *not* about saving money, releasing resources for other things, nor about undermining the role of the consultant psychiatrist.'

EG:

- **'16: To support the spread of supplementary and independent prescribing:**
- for nurses;
- for pharmacists; and
- for others. '
- *Action: DH/NIMHE nursing and specialist pharmacy group*

# NWW – the view of an academic mental health nurse

- ‘Many services continue to carry out case reviews in the form of ward rounds, a pervasive approach that maintains an outmoded workplace culture focused upon ‘treatment’ and risk management rather than recovery. (Baguley et al; JMHTEP 2007)’
- ‘Recently the Royal College of Psychiatrists (2006b) stated that a full multidisciplinary ward round should occur at least once a week to fulfil the accreditation standards for acute mental health wards. This requirement, together with the responsibility that consultants feel for outpatients and service users in the community, influences their relationships with service users and with other professional groups, and makes meaningful change difficult to achieve.’

# Political agenda's - PMETB

- Centralised control over the training mandates of the Royal Colleges
- Little objection from doctors – ‘slipped out in the summer’ - 2002
- Over – bureacratism of a training process that previously owed much to an apprenticeship model.
- ‘The devil, as usual, will be in the detail and in particular, in the apportionment of powers and responsibilities between the profession(s) and the government’ Prof P Hutton – RC of Anaesthetists 2002

# Training issues:

## Vignette – current risks in attitude

- On call trainee – joint week-end assessment with CRHT
- Assessment proforma completed (handwritten)
- Copied to CMHT triage (Wednesday)
- No GP letter, no trainee notes
- T/C to trainee – ‘CRHT responsible’
- Trainee CT2

# The mindset of the psychiatrist

- Transactional issues – avoidance of parent/child interactions
- Hierarchical issues often require moving into non adult-adult mode
- When under threat psychiatrists choose flight (autonomic reaction)
- Inability to tolerate disturbances of mind in confrontation – eager to please?
- Overactive limbic systems?

# In summary

- Diminishing resources (beds)
- Loss of medical skills in diagnosis and leadership
- Dissipation of role to others
- Loss of individual statutory role
- Reducing ecological niche
- Expensive resource
- = EXTINCTION (? Time period)

# Thank you for your attention

