

The future of the Consultant Psychiatrist

Nick Craddock

Department of Psychological Medicine

Cardiff University

Declaration of interests: None

BJPsych

The British Journal of Psychiatry

Efficacy of anti-depressants in juvenile depression: meta-analysis

Yvonne M. Tzavala
et al.

Principal components analysis of a large cohort with Tourette syndrome

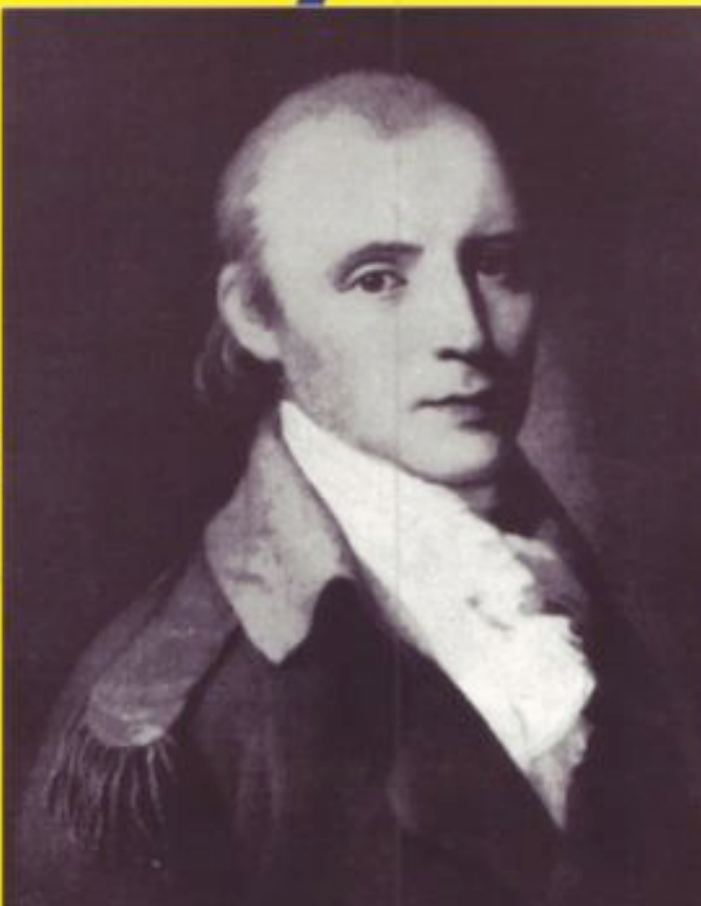
Mary M. Robertson
et al.

Comparison of antipsychotic medication effects on reducing violence in people with schizophrenia

Jeffrey W. Swanson
et al.

Brain dopamine response in human opioid addiction

Mark R. C. Doolish *et al.*



BJPsych

The British Journal of Psychiatry (2008)
193, 1-3, doi: 10.1192/bjp.bp.108.051367

Editorial

Psychiatry's 200th birthday

Andreas Mameros



Summary

Professor Johann Christian Reil of Halle, Germany, first introduced the term 'psychiatry' in 1808. He argued that mental illness should be treated by physicians and that psychiatry required the very best medical practitioners. He stressed the important relationships between physical and mental factors in illness and the role of psychotherapy as

one of the main treatment approaches in medicine. He was a strong advocate of humane treatment and reduction of stigma. Many of his ideas remain important today.

Declaration of interest

None.

The next 25 years*

R. E. KENDELL

**THE IMPORTANCE
OF MENTAL ILLNESS**

**UNDERSTANDING
THE AETIOLOGY**

THERAPEUTIC ADVANCES

PSYCHIATRY AND MEDICINE

The next 25 years*

R. E. KENDELL

CONSUMERISM

**PUBLIC ATTITUDES
TO DOCTORS**

**PUBLIC ATTITUDES
TO DOCTORS**

**INCREASING FINANCIAL
CONSTRAINTS**

**COMPETITION BETWEEN
PROFESSIONS**

Robert Goemans asks if psychiatry is £1 billion well spent?

the bigger picture

Over Christmas, newspapers published details of a leaked letter from the government-appointed Independent Challenge Group warning of budget shortfalls and unachievable savings in the NHS. One of the warnings was that even greater cuts to social care will have to be made as the £2.2 billion of expected efficiency savings are unlikely to be achieved.

It is surely time to reconsider the way NHS money is spent on mental health services. According to the NHS Information Centre, which collates workforce information for the NHS in England, 9,230 psychiatrists are employed on an average annual salary of £86,000. Including other costs, such as national insurance, this costs the NHS more than £1 billion, more than 1% of the total national health spend. This same money could employ 29,000 CPNs, just 17,337 of which are currently employed in England. While these numbers are not directly comparable – some relate to just England or just adults – the bottom line is clear: we spend a huge proportion of our limited NHS mental health budget on medical staff and it is important to consider if they present value for money.

While we are still a long way from understanding what mental illness is (or isn't), there is increasing evidence as to what factors are important in determining who becomes mentally ill and what happens to them: when they do; and these are overwhelmingly social and psychological. The links between ethnicity and psychosis show that a number of social factors (such as living alone, socio-economic status etc) are responsible for the massively increased risk of developing a psychotic illness in African-Caribbean people, and also for the even bigger risk of receiving a much more restrictive and coercive service (e.g. Ritzinghaus et al, 2008). Also, research on how childhood trauma, such as sexual abuse, can lead to serious mental illness later in life suggests that early psychological issues are one of the primary factors that cause mental illness (e.g. Rennie et al, 2009).

As this type of evidence increasingly sheds light on social and psychological understandings of mental illness, advances in evidence for a biological understanding remain remarkably lacking. Old arguments for genetic links are being eroded under the light of modern objective research (Joseph, 2004) and medication is either being shown to do more harm than good (Whitaker, 2004) or nothing at all (Kirsch, 2009). Irving Kirsch (2009) used data from official drug trials to assess the differences between the effects of antidepressant medication and non-biologically active placebo. He showed that there is nothing biologically

active in antidepressants that has any effect on depression, and improvements in a person's mood must be explained by their feeling of doing something positive (i.e. taking a pill) or by simply talking about their problems.

'New Ways of Working for Psychiatrists' attempted to re-examine the role of the psychiatrist, making them more relevant to people who use mental health services, an admission that psychiatrists perhaps lagged behind other professions in the shift towards person-centred services (DRI, 2003). This project has now finished, and while it was able to improve services in some areas, traditional psychiatry has been reluctant to change its practices and has been resistant to issue prescribing, psychotherapy, and equality of opinion in multidisciplinary teams (Hope, 2009).

The irony is that most of those people who have advanced our understanding of mental illness to a stage where we can question the need for medical involvement are psychiatrists. With the exception of psychologists such as John Read or Richard Bentall, members of other professions have been slow to step up and argue their case; if anything is to change, nurses, social workers, and especially non-professionals and service users, must develop a coherent and viable alternative to the medical model.

The question is that if mental illness is not a medical issue, why are we spending so much on people trained in how the body works? Psychiatry's only specialist role is in diagnosis and prescription, the first of which is entirely unscientific and the second can be done by GPs or nurse prescribers. Psychiatry has had supremacy in mental health for some 100 years – it's time to move over and give someone else a go.

Department of Health (2003) *New ways of working for psychiatrists: following a different person-centred services through new ways of working to multidisciplinary and multi-agency contexts*. London: DfH.

Hope R (2009) 'Blowing out' from New Ways of Working to a Creative, Capable Workforce. Available from <http://www.newwaysofworking.org.uk> (accessed January 2011).

Joseph J (2004) Schizophrenia and heredity: why the evidence has us grim. In: J Read, L Hudson, & Bentall RP (2004) *Models of Madness: Psychological, social and biological approaches to schizophrenia*. Harv: Routledge.

Kirsch I (2009) *The Deception of New Drugs: Exploiting the antidepressant myth*. London: Hachette.

Ritzinghaus et al (2008) *Overprescription, social isolation, socioeconomic inequalities: research and psychotic findings from the FUSP Study*. *Social Psychiatry & Psychiatric Epidemiology* 43 (7): 743-751.

Rennie M & Morris M (eds) (2009) *Living with Unwell: 50 stories of recovery*. FOCUS Books.

Whitaker R (2004) *The case against antidepressant drugs: a 10-year record of doing more harm than good*. *Medical Hypotheses* 62: 1-12.

Robert Goemans is professional social work lead for Unwellshire Partnership NHS Foundation Trust and a lecturer/practitioner in public work for the University of Lincoln as well as a Social Perspectives Network executive committee member. Email: rgoemans@nhs.uk



For information about SPN, visit www.spn.org.uk

Mental Health Today



Modern Standards and Service Models

Mental Health

national
service
frameworks



**New ways of working for psychiatrists:
Enhancing effective, person-centred services through new ways of working in multidisciplinary and multi-agency contexts**

**Executive Summary of the Final Report
'but not the end of the story'**

Royal College of Psychiatrists
National Institute for Mental Health in England
Supported by the Changing Workforce Programme

October 2005

A collaborative venture between the following organisations:



**Iechyd Meddwl Cymru
IMC**

**A Well Being and Mental Health Service
Fit For Wales**

Michael AH Williams

April 2008

Special article

Wake-up call for British psychiatry

Nick Craddock, Danny Antebi, Mary-Jane Attenburrow, Anthony Bailey, Alan Carson, Phil Cowen, Bridget Craddock, John Eagles, Klaus Ebmeier, Anne Farmer, Seena Fazel, Nicol Ferrier, John Geddes, Guy Goodwin, Paul Harrison, Keith Hawton, Stephen Hunter, Robin Jacoby, Ian Jones, Paul Keedwell, Mike Kerr, Paul Mackin, Peter McGuffin, Donald J. Macintyre, Pauline McConville, Deborah Mountain, Michael C. O'Donovan, Michael J. Owen, Femi Oyeboade, Mary Phillips, Jonathan Price, Prem Shah, Danny J. Smith, James Walters, Peter Woodruff, Allan Young and Stan Zammit

Summary

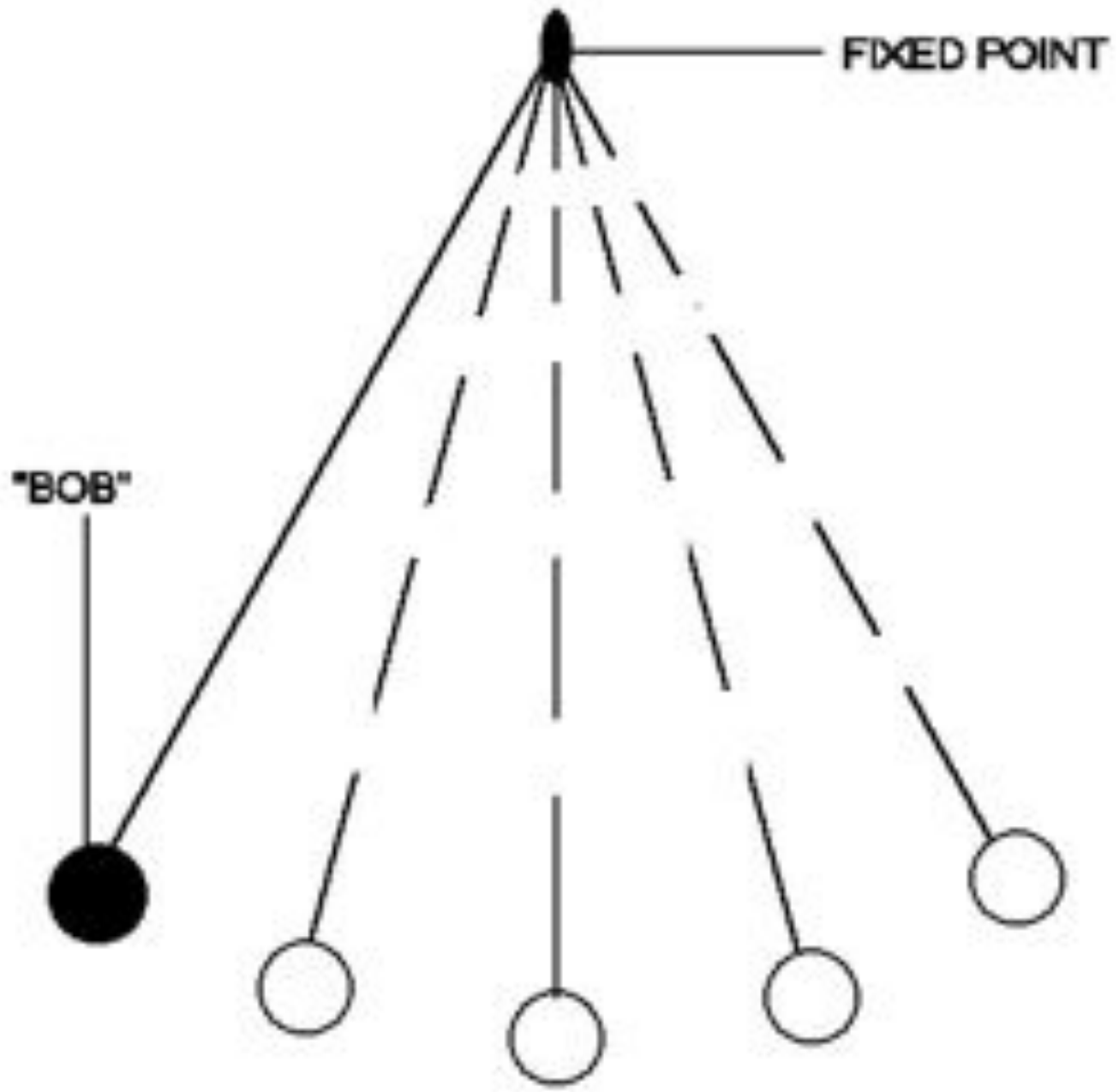
The recent drive within the UK National Health Service to improve psychosocial care for people with mental illness is both understandable and welcome: evidence-based psychological and social interventions are extremely important in managing psychiatric illness. Nevertheless, the accompanying downgrading of medical aspects of care has resulted in services that often are better suited to offering non-specific psychosocial support, rather than thorough, broad-based diagnostic assessment leading to specific treatments to optimise well-being and functioning. In part, these changes have been politically driven, but they could not have occurred without the collusion, or at least the acquiescence, of psychiatrists. This creeping devaluation of medicine disadvantages patients and is very

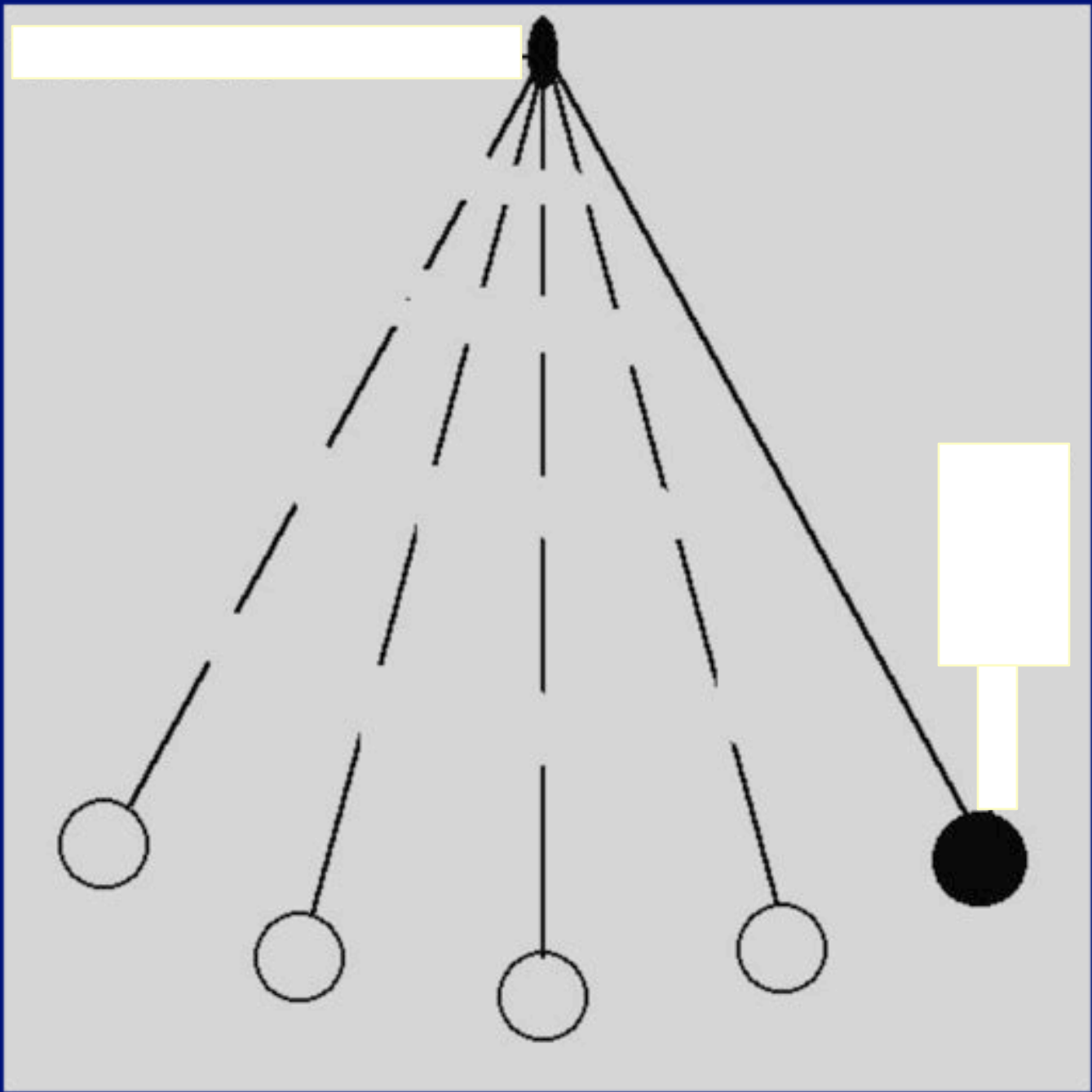
damaging to both the standing and the understanding of psychiatry in the minds of the public, fellow professionals and the medical students who will be responsible for the specialty's future. On the 200th birthday of psychiatry, it is fitting to reconsider the specialty's core values and renew efforts to use psychiatric skills for the maximum benefit of patients.

Declaration of interest

All authors are members or fellows of the Royal College of Psychiatrists and currently work within, or have recently worked within, the UK National Health Service. We hope that both of these organisations will be influenced by this paper.







Royal College of Paediatrics and Child Health

Specialty Curriculum unless stated

[Paediatrics](#)

Sub-specialties

[Community child health \(pdf\)](#)

[Children's mental health \(pdf\)](#)

[Neonatal medicine \(pdf\)](#)

[Paediatric clinical pharmacology and therapeutics \(pdf\)](#)

[Paediatric diabetes and endocrinology \(pdf\)](#)

[Paediatric gastroenterology, hepatology and nutrition \(pdf\)](#)

[Paediatric immunology, infectious diseases and allergy \(pdf\)](#)

[Paediatric intensive care medicine \(pdf\)](#)

[Paediatric nephrology \(pdf\)](#)

[Paediatric neurodisability \(pdf\)](#)

[Paediatric neurology \(pdf\)](#)

[Paediatric oncology \(pdf\)](#)

[Paediatric respiratory medicine \(pdf\)](#)

[Paediatric rheumatology \(pdf\)](#)

[Paediatric inherited metabolic medicine \(pdf\)](#)

[Paediatric emergency medicine \(pdf\)](#)

EDITORIAL

What is the core expertise of the psychiatrist?

Nick Craddock,¹ Mike Kerr,¹ Anita Thapar¹

The Psychiatrist (2010), 34, 457-460, doi: 10.1192/pb.bp.110.030114

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Summary Psychiatrists make important and specific contributions to the care of those with mental health problems and high-quality services should enable patients to benefit optimally from a psychiatrist's distinctive skills. In this article we seek to identify and consider the core expertise of the psychiatrist.

Declaration of interest None.

The Psychiatrist November 2010 34: 457-460.

Box 2 Core attributes of the psychiatrist

- Uses broad perspective including biological, psychological and social factors
- Uses comprehensive and systematic diagnosis of both mental and somatic ill health
- Has knowledge of broad range of diseases
- Uses broad background in biology and clinically relevant aspects of neuroscience
- Is willing and able to provide clinical leadership
- Embraces complexity and uses pragmatism
- Values research and uses evidence
- Acts as advocate for individuals with mental illness including championing high-quality services
- Uses broad training to adapt as knowledge develops.

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- Diagnosis/ formulation
- Big picture
- Launch help-seeker on best trajectory
- Liaise with other doctors

ding

Journal of Mental Health,
August 2010; 19(4): 301–304

informa
healthcare

EDITORIAL

Diagnosis, diagnosis, diagnosis: towards DSM-5

TIL WYKES & FELICITY CALLARD

King's College London and the NIHR Biomedical Research Centre for Mental Health at the South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, Kings College London, UK

“Making a diagnosis is not – as many might mistakenly imagine – an essential part of treatment decisions.”

“I ... believe that the first point of contact is the most important. It is when the assessment is done and resources initially deployed - it is economic folly not to get the best most experienced assessors making these decisions. It is also the time to engage the patient and family i.e. to inspire confidence - this also needs to be done by an experienced well trained clinician. Problems with engagement lead to a more expensive patient with poorer clinical outcome.”

Clinical Director, Adult Services

Service user, patient, client, user or survivor: describing recipients of mental health services

Peter Simmons,¹ Chris J. Hawley,^{1,2} Tim M. Gale,¹ Thanusha Sivakumaran¹

The Psychiatrist (2010), 34, 20-23, doi: 10.1192/pb.bp.109.025247

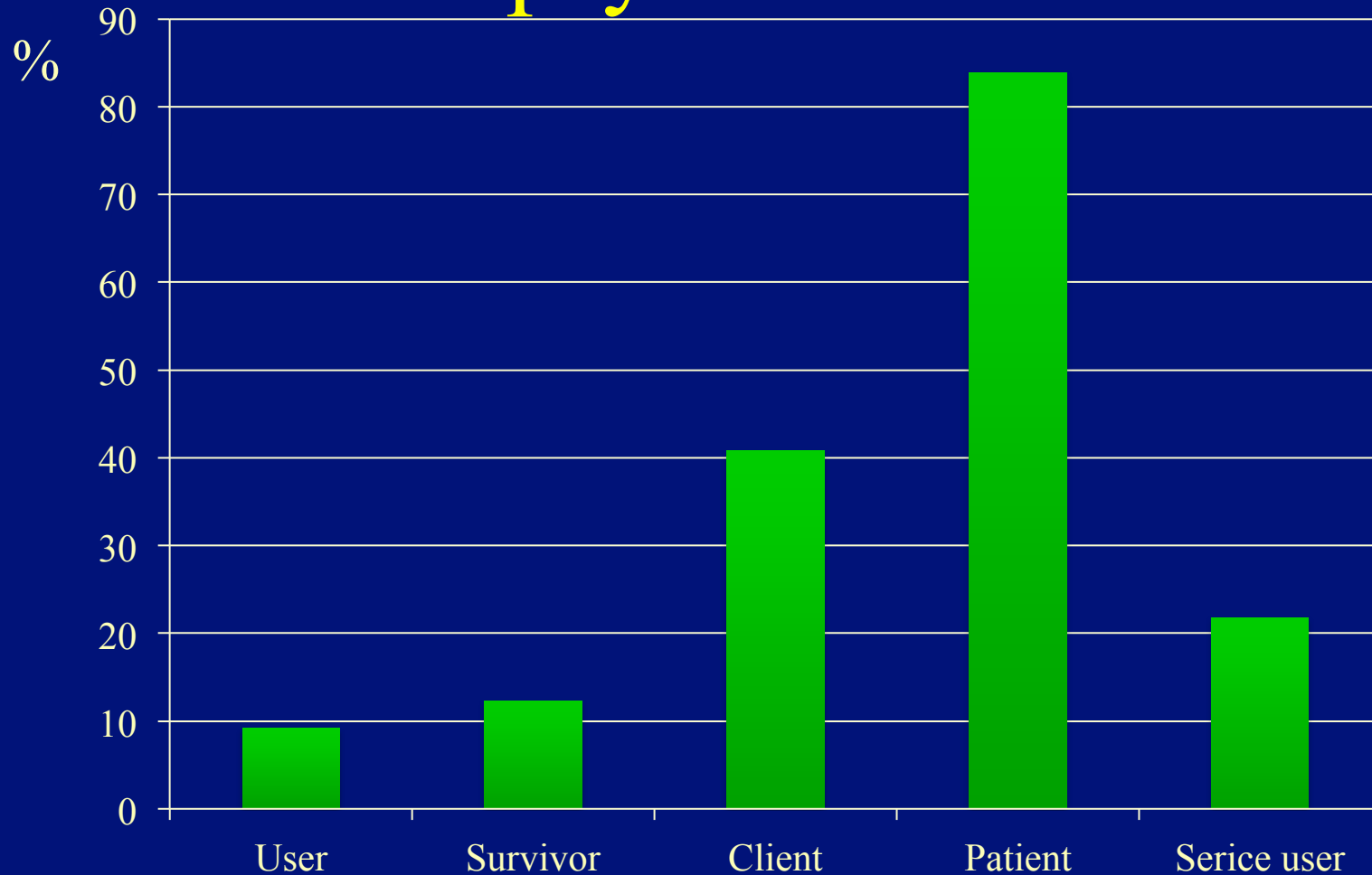
¹Hertfordshire Partnership NHS Foundation Trust, Queen Elizabeth II Hospital, Welwyn Garden City, Hertfordshire; ²Division of Psychology, University of Hertfordshire

Correspondence to Peter Simmons (peter.simmons@hertspartstf.nhs.uk)

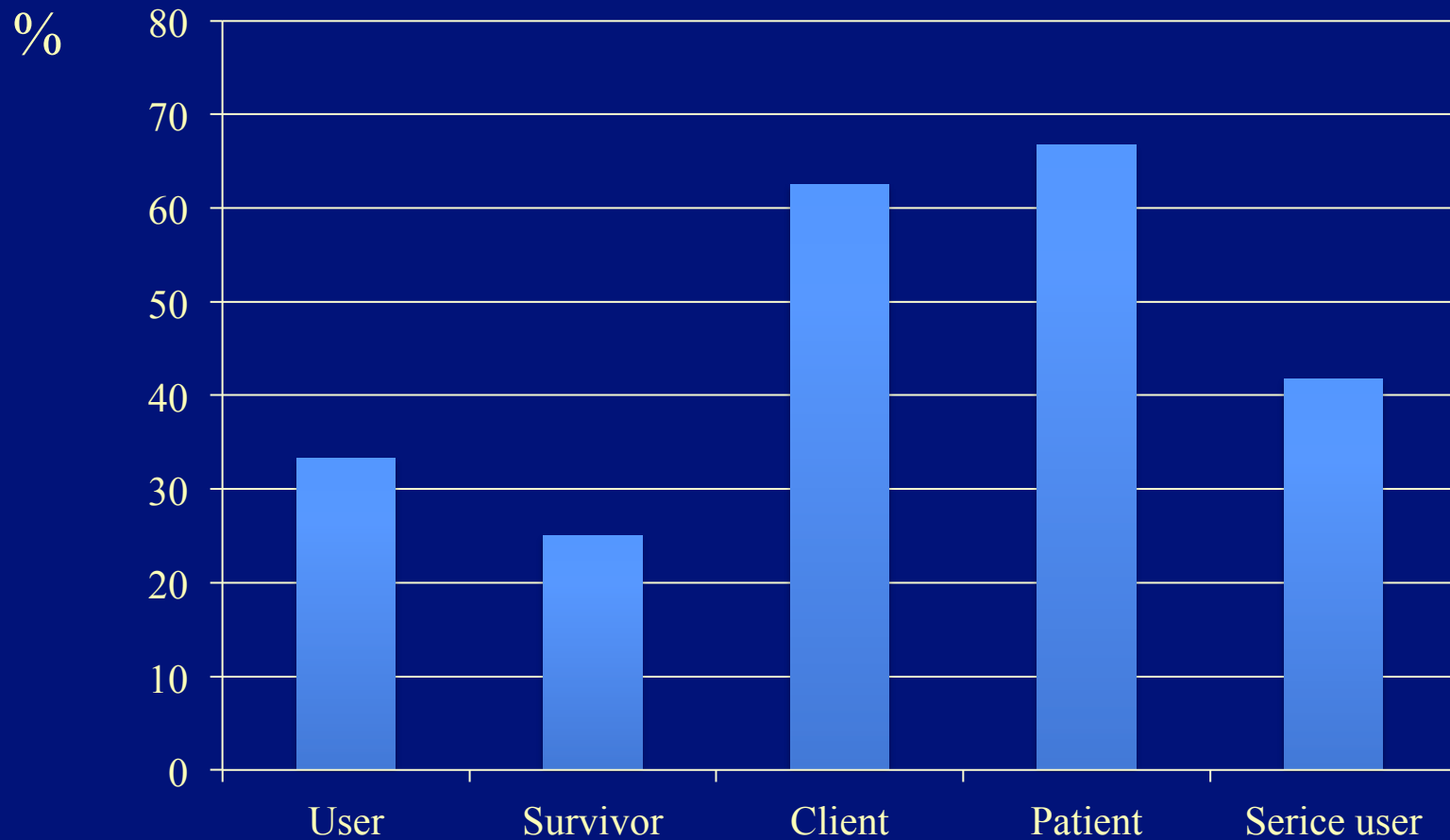
Aims and method To determine which terms receivers of mental health services wish to be known by (service user, patient, client, user, survivor) according to the professional consulted (psychiatrist, nurse, psychologist, social worker, occupational therapist). We conducted a questionnaire study to assess terms by like or dislike and by rank order. There were 336 participants from local catchment area secondary care community and in-patient settings in east Hertfordshire.

Results Patient is the preferred term when consulted by psychiatrists and nurses, but it is equally preferable to client for social workers and occupational therapists. Service user is disliked more than liked overall, particularly by those who consulted a health professional, but not by those who consulted a social worker. A significant

Preferred term when seeing psychiatrist



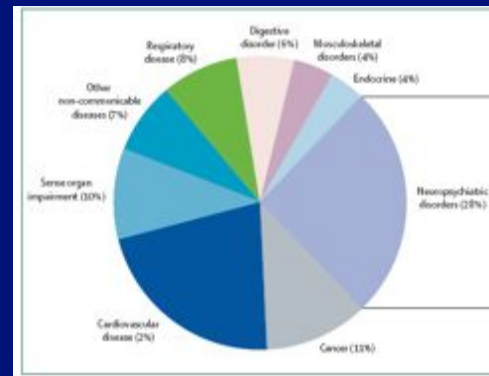
Preferred term when seeing social worker



Global Mental Health 1

No health without mental health

Martin Prince, Vikram Patel, Shekhar Saxena, Mario Maj, Joanna Maselko, Michael R Phillips, Atif Rahman



Prins et al. Lancet 2007; 370: 859-877

	MD is a risk factor for the HC	MD is a consequence of the HC	Comorbidity (uncertain causal direction)	MD affects adherence to treatment for HC	MD affects prognosis or outcome of the HC	Treatment for MD affects mental health in those with HC	Treatment for MD affects physical HC
Non-communicable diseases							
Depression and CMD with coronary heart disease	4	3	3	2	3	1	-1
Depression with stroke	3	3	3	0	3	-1	-1
Common mental disorder with diabetes	1	2	3	3	3	1	1
Schizophrenia with diabetes	1	1	3	2	0	0	0
Communicable diseases							
Depression and CMD with HIV/AIDS	2	2	4	3	3	3	1
Serious mental illness with HIV/AIDS	1	3	3	1	2	0	0
Cognitive impairment and dementia with HIV/AIDS	0	3	3	3	2	0	0
Alcohol use and substance use disorder with HIV/AIDS	2	0	3	3	3	0	2+
CMD with malaria	0	2	2	0	0	0	0
Cognitive impairment with malaria	0	4	NA	0	0	0	0
Alcohol use disorder with tuberculosis	2	0	2	3	3	0	0
Depression or common mental disorder with tuberculosis	0	2	2	3	0	0	2
Maternal and child health							
Maternal depression and CMD with impaired child growth and development	3	0	1	0	0	NA	0
Maternal psychosis with infant mortality	4	0	NA	NA	NA	NA	0

MD=mental disorder; HC=health condition; CMD=common mental disorder; NA=data not available. 4=strong evidence from meta-analysis or systematic review. 3=consistent evidence from several studies. 2=evidence from one study only. 1=inconsistent evidence. 0=no evidence identified. -1=negative reports. *This disorder affects adherence to treatment.

Table 2: Interactions between mental disorders and other health conditions

Interprets and explains new findings
Advocates research
[Implements new technology]

- Uses comprehensive and systematic diagnosis of both mental and somatic illness
- Has knowledge of broad range of diseases
- Uses broad background in biology and clinically relevant aspects of neuroscience
- Values research and uses evidence
- Acts as advocate for individuals with mental illness including championing high-quality services
- Uses broad training to adapt as knowledge develops.

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Tracey Emin
Exclusive: How I created the show of my life
PLUS YOUR CHANCE TO OWN A LIMITED-EDITION ARTWORK. IN EXTRA

Bipolar disorder
Also known as manic depression, it affects 100,000 people each year in the UK

Coronary heart disease
The most frequent cause of death in Britain, with 100,000 victims every year. By 2020, it will be the biggest killer in the world

Hypertension
High blood pressure affects 10 million people in Britain. Can lead to stroke, heart disease and kidney failure

Type 1 diabetes
Diabetic condition in which sufficient insulin is not produced. Affects 200,000 people in UK

Type 2 diabetes
Almost 2 million Britons are affected by this late-onset disease, which is linked with the growing obesity epidemic

Rheumatoid arthritis
Nearly 900,000 people in Britain are afflicted with this autoimmune disease of the joints

Crohn's disease
Up to 60,000 people are afflicted by this debilitating bowel condition which can cause diarrhea and pain for a lifetime

THE GENETIC REVOLUTION
DISCOVERY OF GENES RESPONSIBLE FOR SEVEN OF THE MOST COMMON ILLNESSES OFFERS HOPE TO MILLIONS OF SUFFERERS

Page 17 (INCL. MAIL)

Summer 2007

THE INDEPENDENT

Thursday 2 July 2009
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Why we must shrink the state
Deborah Orr, page 29

Unlocked: the secrets of schizophrenia
► Scientific breakthrough offers hope of new treatments for mental condition

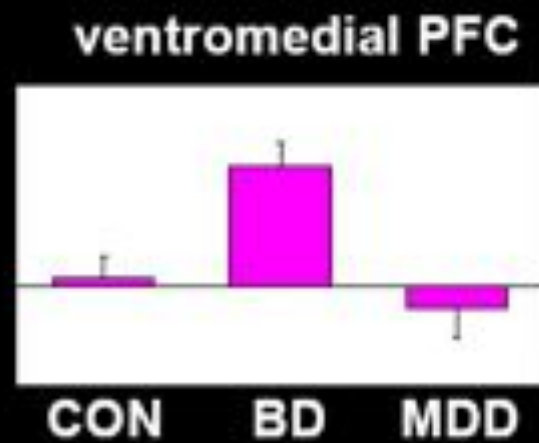
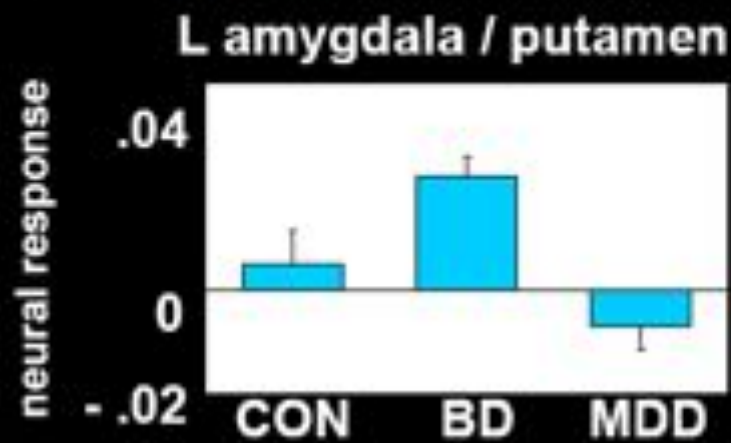
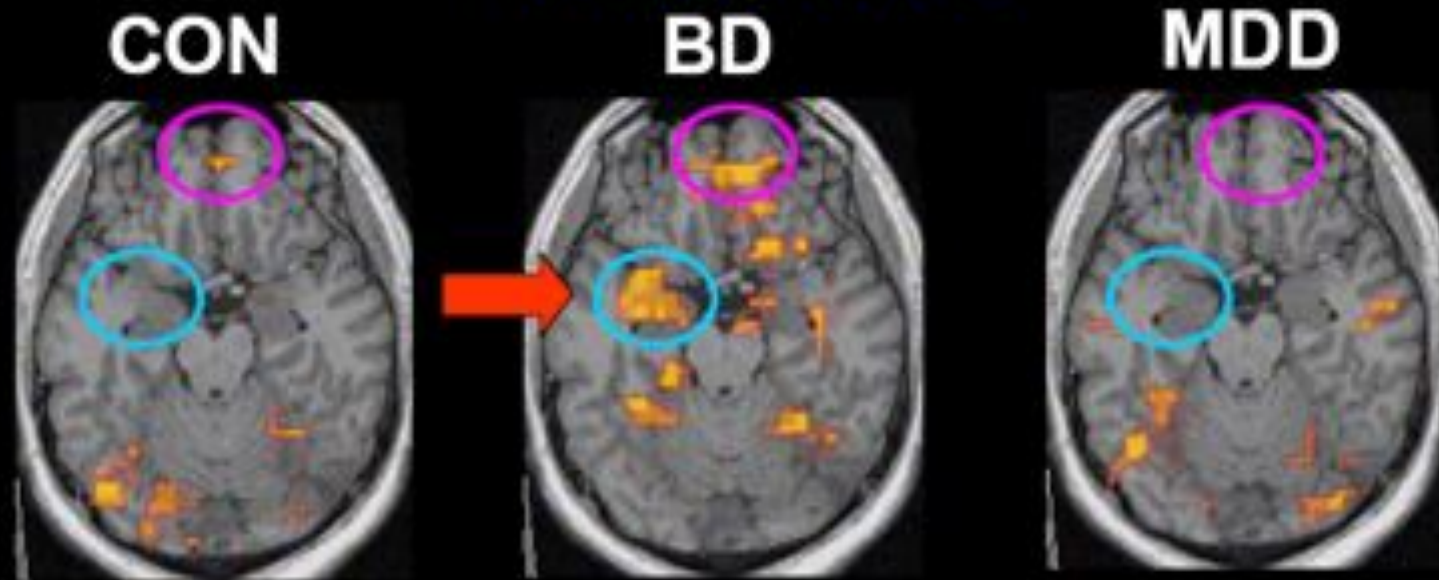
Curses of the mind

Schizophrenia
Schizophrenia is a severe, chronic brain disorder that severely and permanently affects the way a person thinks, feels, and behaves. It is characterized by a loss of touch with reality, which may include hearing voices, delusions, and hallucinations. It is a complex condition that affects about 1% of the population. It is often associated with a family history of the condition and is thought to be caused by a combination of genetic and environmental factors. It is a long-term condition that requires ongoing treatment and support.

Bipolar disorder
Bipolar disorder, or manic depression, is a mental health condition characterized by extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). The condition is often associated with a family history of the condition and is thought to be caused by a combination of genetic and environmental factors. It is a long-term condition that requires ongoing treatment and support.

Summer 2009



MILD HAPPY



B

Clarity of responsibility
Broad and intensive training
Professional self-confidence

cal

- mental and somatic ill health
- Has knowledge of broad  of diseases
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- Is willing and able to provide clinical leadership
- Embraces complexity and uses pragmatism
- Values research and uses evidence
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- Uses broad training to adapt as knowledge develops.



*National Institute for
Health and Clinical Excellence*

Issue date: July 2006

Bipolar disorder

**The management of bipolar disorder in
adults, children and adolescents, in
primary and secondary care**

NICE clinical guideline 38
Developed by the National Collaborating Centre for Mental Health



National Institute for
Health and Clinical Excellence

Issue date: July 2006

Bipolar disorder

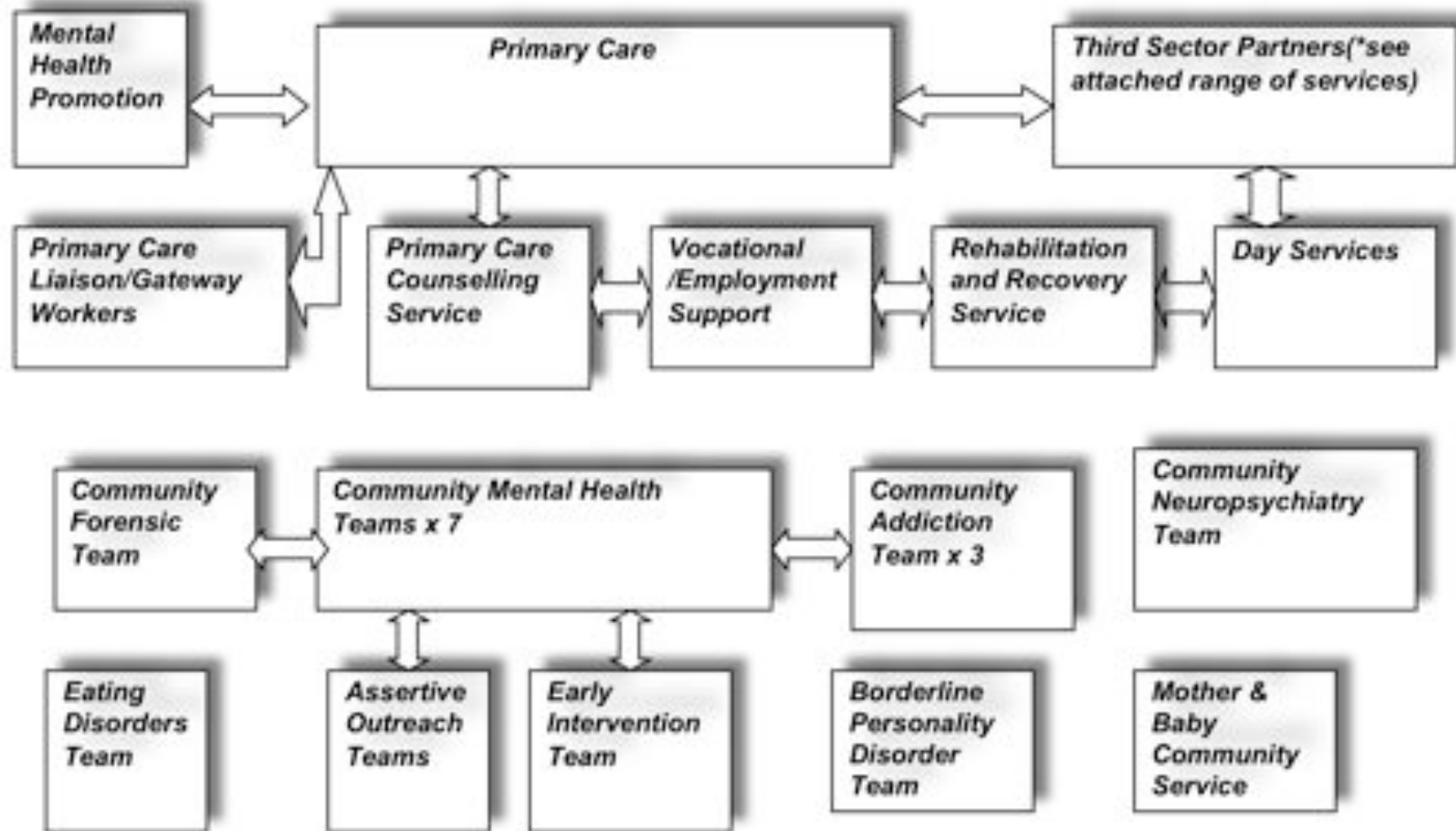
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NICE clinical guideline 38
Developed by the National Collaborating Centre for Mental Health

Box 2 Core attributes of the psychiatrist

- Uses broad perspective including biological, psychological and social factors
- Leadership
 - Engage with management
 - Engage with patients, carers & public
 - Engage with General Practitioners
- Is willing and able to provide clinical leadership
- Embraces complexity and pragmatism
- Values research and uses evidence
- Acts as advocate for individuals with mental illness including championing high-quality services
- Uses broad training to adapt as knowledge develops.

Community Mental Health Model – Scenario 1 – Current Plans



“GPs are more interested in knowing the patients a service takes than the patients they do not take.”

Richtlijn bipolaire stoornissen

Tweede, herziene versie, 2008

W.A. Nelen, F.W. Kupka, P.F.J. Schulte, F.A.M. Kroppert van der Klink,
A. Honig, C.G. Bechert, P.L.L. Goossens, P. Damsen, D.F. Rivelli (Richtlijn-
commissie Bipolaire stoornissen van de Commissie Kwaliteitszorg van
de Nederlandse Vereniging voor Psychiatrie)

Nederlandse Vereniging voor Psychiatrie, opgericht 17 november 1971

De Tijltoorn, Utrecht

Box 2 Core attributes of the psychiatrist

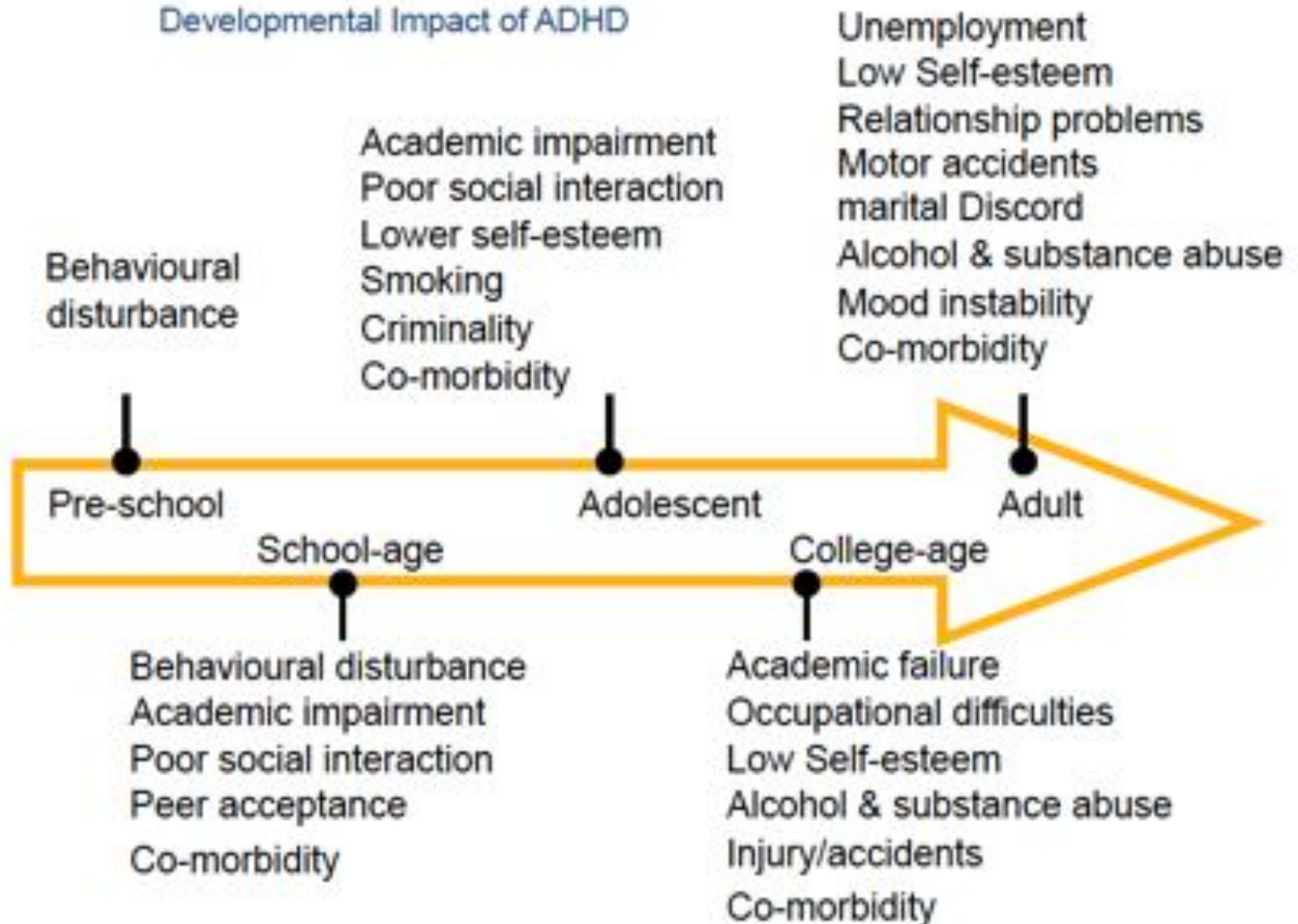
- Uses broad perspective including biological, psychological and social factors
- Uses comprehensive and systematic diagnosis of both mental and somatic ill health
- Has knowledge of broad range of diseases
- Uses broad background in biology and clinically relevant

Flexibility

Willingness to take on new approaches

- Values research and uses evidence
- Acts as advocate for individuals with mental illness including championing high-quality services
- Uses broad training to adapt as knowledge develops.

Developmental Impact of ADHD



NHS

Liberating the NHS:

Transparency in outcomes
– a framework for the
NHS

A consultation on proposals

 Department
of Health

NHS

Liberating the NHS:

Commissioning for
patients

A consultation on proposals

 Department
of Health

Figure 1 – Five domains of the NHS Outcomes Framework



Challenges

- Knowledge base is developing
- Society's expectations are changing
- Competing professionals
- Competing pressure groups
- Financial constraints

The Loss of Sadness

How Psychiatry
Transformed Normal Sorrow
Into Depressive Disorder



ALLAN V. HORWITZ • JEROME C. WAKEFIELD

With a Foreword by Robert L. Spitzer, MD

*“It has
caused me to
Rethink my
own
position....”*

R. L. Spitzer

Three current mistakes

- Agreeing with every critic
 - Endlessly avoiding conflict
- A black box approach to defining the job
 - Defining by boundaries and structures rather than activity
- Forgetting the centrality of skills
 - Professions are skills-based > knowledge based



RC
PSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS



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ROYAL COLLEGE OF
PSYCHIATRISTS

Opportunities

- Embrace developing knowledge
- Embrace changing expectations
- Strong professional voice
- Strong public voice
- Focus on effectiveness and quality

What is unique about psychiatrists?

- Amongst doctors
 - Broader training in psychological and social domains
 - Familiarity with psychiatric disorders
- Amongst mental health professionals
 - Medical training
 - Familiarity with non-psychiatric disease

Summary comments: Here & Now

- Priorities must be
 - Patient outcomes
 - Patient **and carer** experience
- Engage in service development & resource management
 - Evidence, flexibility, common sense
- Optimal use of team member's special skills

Summary comments: Future

- Priorities must be
 - Patient outcomes
 - Patient and carer experience
- Sufficient, appropriately trained, high calibre professionals
 - Encouragement, training, vision
- Clarity of role



Comments/ Suggestions?

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education & training

Psychiatric Bulletin (2009) 33, 390–392. doi: 10.1192/pb.bp.108.024638

NICK BROWN, CHRISTOPHER A. VASSILAS AND CLARE OAKLEY

Recruiting psychiatrists – a Sisyphean task?

SUMMARY

In 2009, the Royal College of Psychiatrists piloted a system for national recruitment to the first year of training (CT1) in England. This paper reviews the changes in recruitment of UK medical graduates to psychiatry over the past 20 years, both within the West Midlands and

nationally. Fewer UK graduates are entering psychiatric training in the West Midlands despite the introduction of pre-registration training in psychiatry and the expansion of medical schools in the region; this picture is reflected nationally. Reasons for the continuing problems in recruitment

are discussed and suggestions made for improving the attractiveness of psychiatry as a medical specialty. The latter include: engaging more closely with medical students, continuing to lobby politically with regard to overseas recruitment and presenting a unified vision of the profession.

“...the profession must portray itself with a greater degree of unity and purpose to better shape the externally held perceptions of all those involved in a potential psychiatrist’s career choice.”



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General issues for Medicine

“We now have politicians saying they won’t tolerate any doctors that are below average, which is simply to misunderstand the meaning of the average.”

Iona Heath, BMJ Careers, June 2011

General issues for Medicine

“We now have politicians saying they won’t tolerate any doctors that are below average, which is simply to misunderstand the meaning of the average.”

Iona Heath, BMJ Careers, June 2011

General issues for Medicine

“The issue is that the quality of medical care is being reduced to “tick boxes” and “outcome frameworks,” and medical education to a series of competencies. Subsequently, the huge knowledge base of medicine is being invalidated and subtly diminished. ”

Iona Heath, BMJ Careers, June 2011



College Division Meeting, 2009
Debate: “New Ways are Working”



College Division Meeting, 2009
Debate: “New Ways are Working”

Agree: 12%
Disagree: 86%
Abstain: 2%