

# Should neurologists learn more psychiatry?

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King's College Hospital NHS Trust and South London & Maudsley NHS Trust

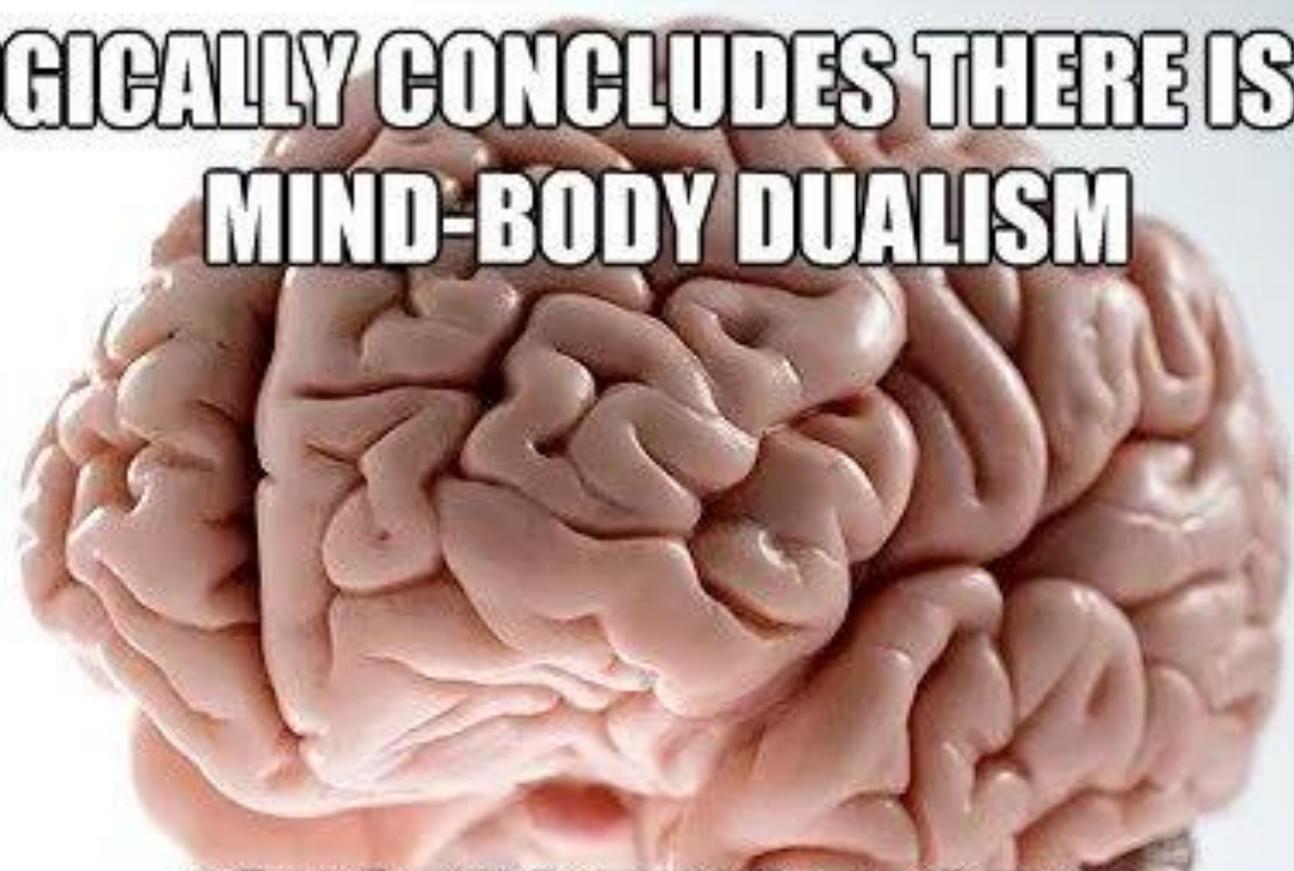
Denmark Hill

## Two specialties that share an organ

- Charcot, Freud, Jackson, Bleuler, among many others, thought in terms of a unified study of the brain and the mind
- But during the 20th century, a schism emerged as each of these fields went its separate way (at least in the UK)
- Separation between neurology and psychiatry reflects ingrained mind-brain dualism in our society



**LOGICALLY CONCLUDES THERE IS NO  
MIND-BODY DUALISM**



**IGNORES THIS FACT IN  
EVERY-DAY SITUATIONS**

## The physician training pathway – group 1 specialties (dual CCT)



# Neurology in the UK

- Small
  - ~950 consultants
  - 1/90,000
- Increasingly integrated with general medicine
- “Behavioural neurology” not considered a sub-specialty
- Very few neurologists have any clinical experience in psychiatry



Institute of Psychiatry MRCPsych Intake October 2001

Back Row – from the left: Drs. Mayet, Tagore, Wattebot-O'Brien, Goldacre, Roberts, Kington, Ghaemi, Patterson, Smith, Liang

Front Row – from the left: Drs. Haq, Dean, Jack, Murphy, Spirling, Ghosh, Whitwell, Baker, Stanton

## Your results

Top 10 specialties	Top 10 specific considerations										Flags
	Patient variety	Holistic care	Task variety	Manual precision	Degree of uncertainty	Continuity of the team	Emotional demand	Hospital environment	Pace of work	Excitement	
Your ideal role	👤👤👤	👤👤👤	👤👤👤	🕒	⚡	👤👤👤	🧠	🏥	🏃	⚡	
Allergy	match	match	match	match	partial match	partial match	mismatch	partial match	match	match	
Clinical genetics	match	match	match	partial match	partial match	partial match	partial match	partial match	partial match	partial match	
Immunology	match	partial match	partial match	match	partial match	partial match	partial match	partial match	match	partial match	
Child and adolescent psychiatry	match	match	match	match	match	partial match	match	partial match	match	match	
Forensic Psychiatry	partial match	match	match	match	match	partial match	match	match	match	match	
General psychiatry	partial match	match	match	match	match	partial match	match	match	match	match	
Old age psychiatry	partial match	match	match	match	match	partial match	match	match	match	partial match	
Psychiatry of learning disability	match	match	match	match	match	partial match	match	match	match	partial match	
General (internal) medicine	match	partial match	partial match	partial match	partial match	match	match	partial match	partial match	match	🚩
Infectious diseases	match	partial match	match	partial match	partial match	partial match	partial match	partial match	partial match	match	🚩

# How different are neurologists and psychiatrists?



“Sports long hair and a beard, is a deep thinker and a mixture of Freud and a geography teacher”

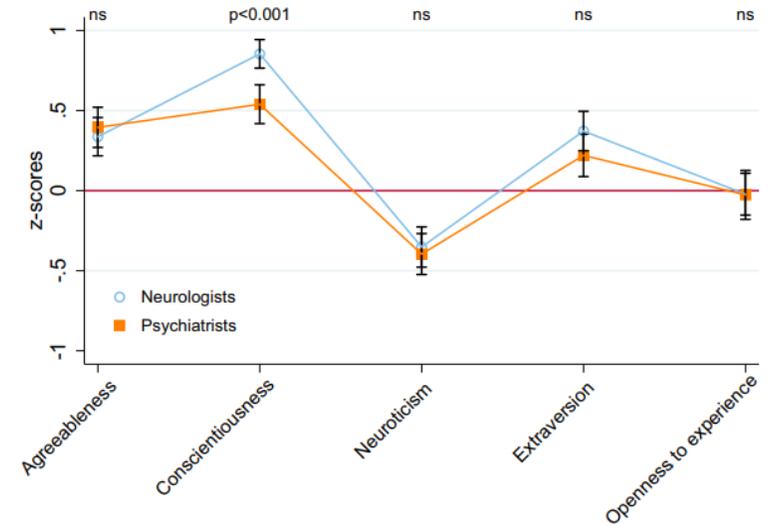


“An armchair intellectual who spends most of his/her time filling in forms”

ORIGINAL ARTICLE - NEUROSURGERY TRAINING

## Neurologists, neurosurgeons, and psychiatrists' personality traits: a comparison

Werner Surbeck<sup>1</sup> • Robin Samuel<sup>2</sup> • Derek Spieler<sup>3,4</sup> • Erich Seifritz<sup>1,5</sup> • Gabrielle Scantamburlo<sup>6</sup>  
Martin N. Stienen<sup>7,8</sup> • Felix Scholtes<sup>9,10</sup>



Neurologists > psychiatrists on conscientiousness

NN&P doctors scored higher on openness to experience compared with other doctors

# 2010 curriculum (current)

## 3.8 Neuropsychiatry

Knowledge	Assessment Methods	C
Understanding of common psychiatric disorders (including learning disability), neurological features which may have psychiatric causes (including medically unexplained symptoms, conversion disorder, somatisation); the mental health act and when it can be used.	SCE, CbD	1
Skills		
Ability to evaluate and interpret psychiatric symptoms in and as presentations of neurological disorders, psychiatric consequences of neurological disease and neurological features in people with psychiatric disorders. Ability to evaluate and manage acute organic brain syndromes.	mini-CEX, CbD (R)	1
Ability to liaise effectively and appropriately with psychiatry services.	mini-CEX, CbD (R)	1
Behaviours		
Demonstration of relevant general and professional content competencies.	MSF	1

- “Allied topics in the neurology curriculum” include neuropsychiatry and neuropsychology

# New curriculum 2021

One of 8  
“specialty CIPs”

## Managing neuropsychiatric disorders, and functional neurological disorders

- **Understands how to identify and diagnose** functional neurological disorders on positive grounds
- **Able to recognise that functional disorders commonly co-exist** with, or can be a precursor to, other neurological conditions and that psychological and social factors may affect the presentation and management of common neurological disorders
- **Able to communicate a diagnosis** of a functional neurological disorder in a manner that contributes constructively to the management of the patient
- **Able to describe the elements of further management of functional neurological disorders** and their comorbidities and refer appropriately to psychiatry, psychology, other medical disciplines and other professions allied to medicine.
- **Able to identify the main features of** common psychiatric disorders and describe how they interact with neurological disorders as comorbidities or intrinsic features of the disorder
- **Able to identify the spectrum of psychosis** presenting in neurological and psychiatric conditions
- **Able to initiate treatment of common psychiatric disorders** and acute confusion and demonstrate an understanding of how to use the mental health and mental capacity acts



United States

- US – neurology and psychiatry quite separate (despite sharing a licensing board)
  - Neurology training = 1 year internal medicine, 3 years neurology
  - One month in psychiatry
  - A few programmes to get “double board certified” but few take this path

Germany

This was one of the most useful years in my training! I have learned how to better speak to a patient, improved my understanding of psychiatric drugs frequently used in the general population and their interactions, and gained confidence in handling of patients with acute psychiatric problems, which is very useful for everyone working in any acute setting. I hope my colleagues here can also get such experience!



Netherlands

- No required cross-over training between neurology and psychiatry
- BUT 1/6 years neurology training can be spent in any specialty: most choose a subspecialty of neurology, but could do neuropsychiatry
- Amsterdam UMC offers a neuro-psychiatry internship for 6 months for neurology residents (including liaison psychiatry, general psychiatry and cognitive neuro-psychiatry)

Switzerland

- Neurology training = 1 year IM + 3 years neurology + 1 year neurophysiology + 1 year optional
- Most trainees choose neuroradiology or neurorehab
- Certificate in psychosomatic medicine
  - Open to all specialties
  - Mostly done by GPs, pain anaesthetists and gynaecologists
  - 2 years: interview skills, Balint groups, psychiatric supervision
  - Allows you to bill for longer appointments!

# International Models

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To what extent do you agree with the following statements?

**Strongly disagree**   **Disagree**   **Neutral**   **Agree**   **Strongly agree**

- Training in psychiatry is important for neurologists
- Neurology training should include more psychiatry
- Neurologists should do a psychiatry job as part of their training
- Neurology and psychiatry training should be more integrated

# Do neurologists know enough psychiatry?

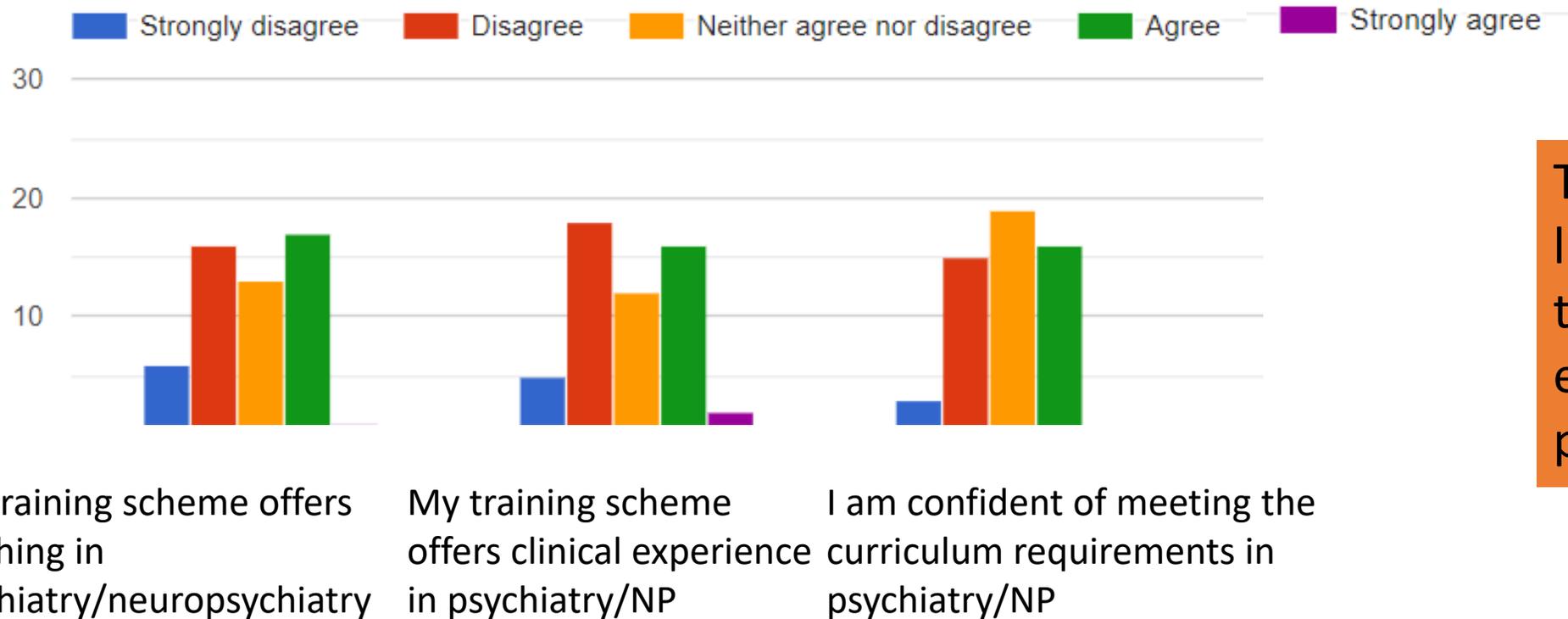
On average, how would you rate neurologists' knowledge/skills in the following areas?

Poor	Adequate	Good	Very good	Excellent
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- Appreciating psychosocial aspects of their patients' experience
- Managing anxiety and depression in people with neurological disorders
- Managing functional neurological disorders (including conversion and dissociative disorders)
- Differentiating "psychiatric" vs "organic" causes of acute behavioural disturbance
- Understanding mental capacity and mental health law
- Using communication/interview skills as part of patient management
- Managing dementia

# What psychiatry experience do neurology trainees get?

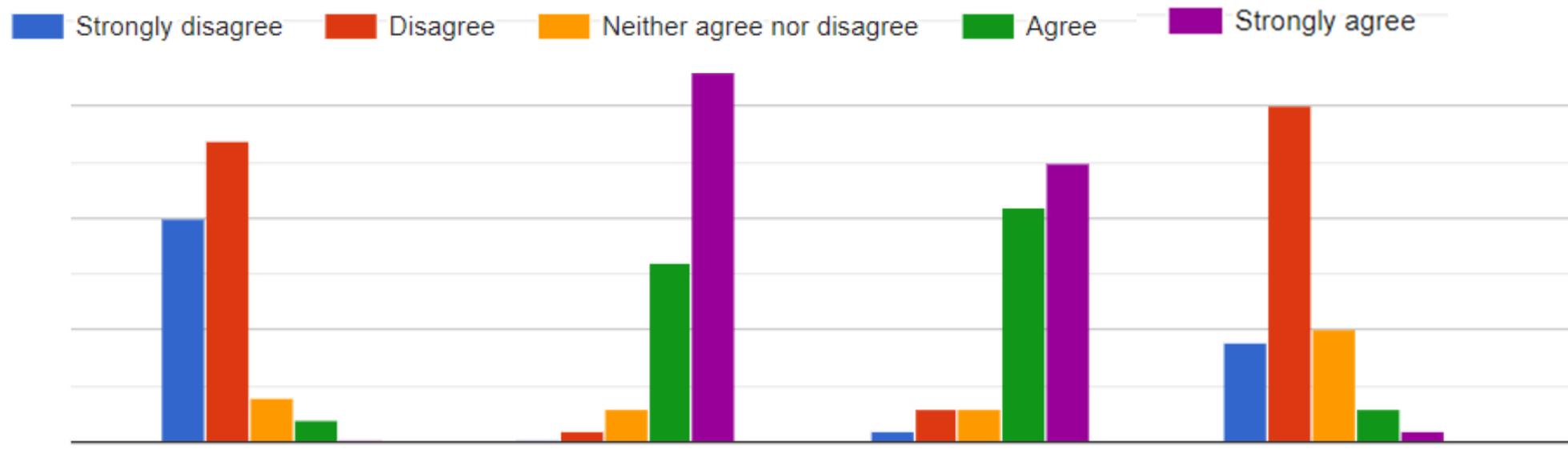
- 53 responses from around the country
- 30% have some experience of psychiatry during the foundation programme



Trainees reported limited access to teaching and experience in psychiatry at present

# What do neurology trainees think about learning psychiatry?

Trainees believe psychiatry training is important for all neurologists and there should be more of it



There is too much psychiatry in the neurology curriculum

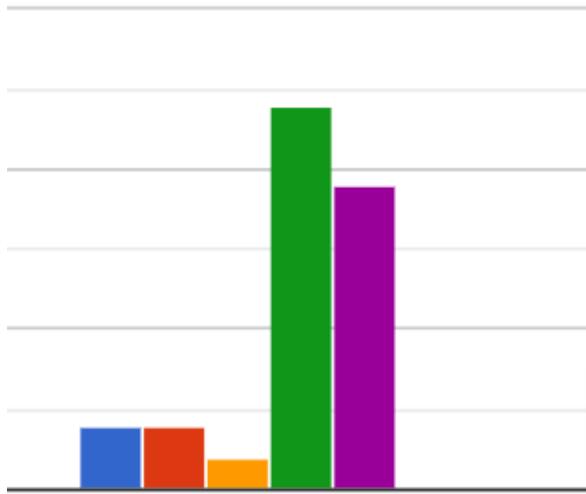
Training in psychiatry is important for neurologists

Neurology training should include more psychiatry

Training in psychiatry is only important for neurologists with particular interests

# Most neurology trainees want more psychiatry training

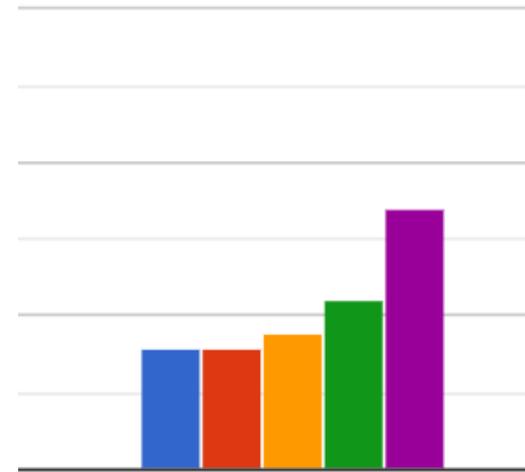
Most would like to do a psychiatry job as part of their training



I would like to do a psychiatry job as part of my training

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Strong interest in post CCT fellowships in this area

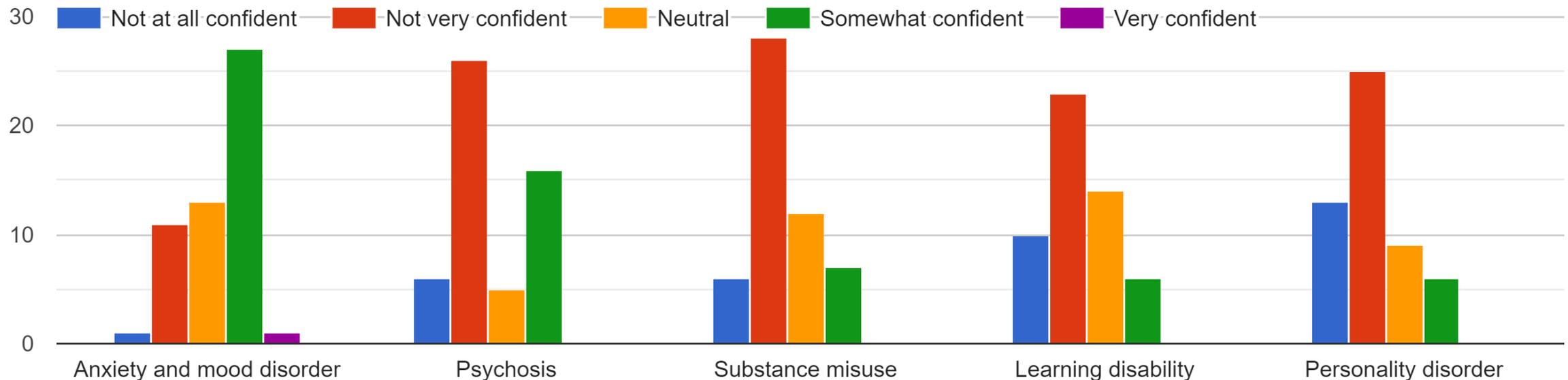


I would be interested in a post CCT fellowship in neuropsychiatry / behavioural neurology

# How do neurology trainees rate their knowledge of psychiatry?

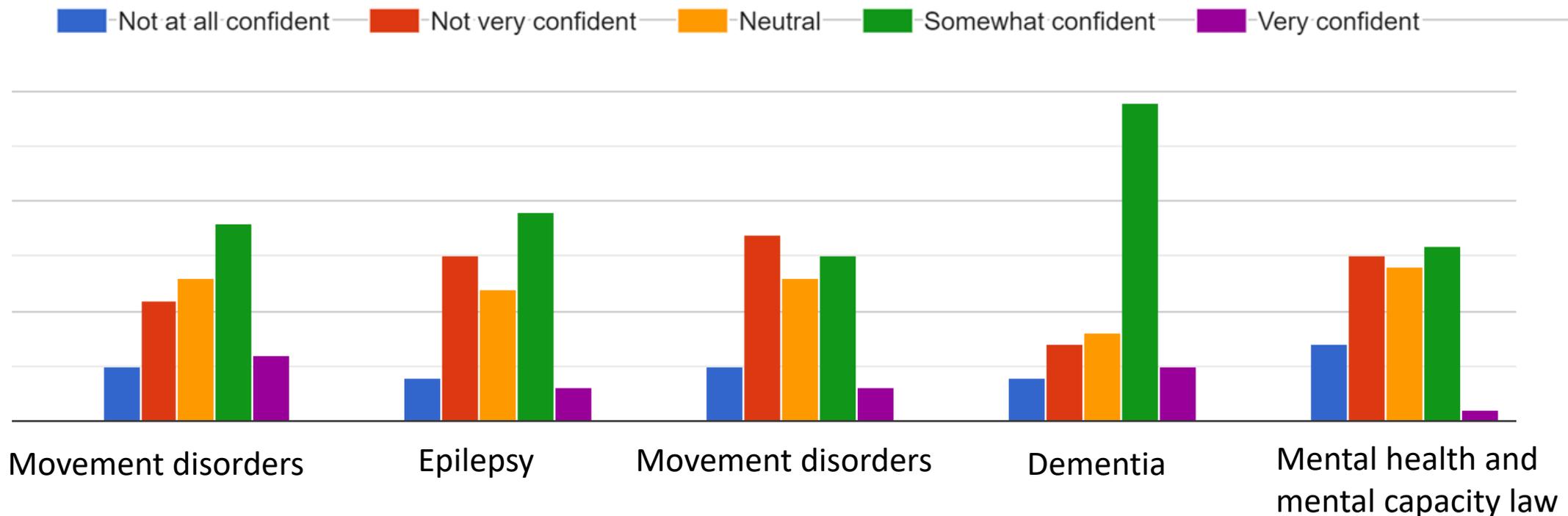
Most confident in anxiety and mood disorders

Less confident in psychosis, substance misuse, LD, personality disorder



# How do neurology trainees rate their knowledge of neuropsychiatry?

Most confident in psychiatric aspects of dementia  
Less confident in psychiatric aspects of other disorders



# What improvements would trainees like to see?

Lots of requests for more dedicated time for psychiatry training

- *“It should be standard to spend 6 months each in stroke, psychiatry, Neurophysiology in Neurology training.”*

Lots of enthusiasm for post-CCT fellowships

- *“A dedicated post CCT fellowship for those who want it is a great idea”*

Comments about more flexible training pathways

- *“time in Neurology should count towards psychiatry training if one wishes to switch. At the moment a switch means starting over at core psychiatry training with no scope for transfer of competencies”*
- *“I think neuropsychiatry CCT should be accessible through neurology training, perhaps a choice between this rather than mandatory stroke or medicine could be explored”*



# An evolving landscape

## Factors shaping the interface between our specialties

- Evolving understanding of disease mechanisms
    - Autoimmune psychosis
  - Advances in biomarker technology and therapeutics
    - Dementia
  - Changes in culture or models of illness
    - Functional neurological disorder
- 

# Way forward

- Making the new curriculum really work
- Post CCT fellowships
- Joint working
  - learning from each other though practice
  - tailored to sub-specialties



MASSACHUSETTS  
GENERAL HOSPITAL



HARVARD  
MEDICAL SCHOOL

## ANNOUNCEMENT: CALL FOR APPLICATIONS

### Mass General Behavioral Neurology – Neuropsychiatry Fellowship Training Program

The Behavioral Neurology - Neuropsychiatry Fellowship at Massachusetts General Hospital is a training program established across the Departments of Psychiatry and Neurology with the purpose of training the next generations of outstanding neuropsychiatrists, behavioral neurologists and clinician-neuroscientists. Core faculty include neuropsychiatrists, behavioral neurologists, dual-trained neurologists-psychiatrists, and neuropsychologists. The fellowship provides a multidisciplinary, clinical-neuroscience focused training environment with access to subspecialty clinics in the Departments of Psychiatry and Neurology. Fellows will spend time in our clinical services under the supervision of Mass General faculty. Rotations provide experience in the evaluation, diagnosis and treatment of a wide range of disorders, including:

- Populations with neuropsychiatric symptoms in the context of a diverse range of pathologies including cerebrovascular, movement disorder, epilepsy, brain tumor, and autoimmune conditions
- Mild cognitive impairment and dementias including Frontotemporal Dementia, Alzheimer's Disease, Lewy-Body Dementia and other neurodegenerative disorders
- Traumatic Brain Injury
- Functional Neurological Disorder
- Neurodevelopmental and geriatric neuropsychiatric disorders
- Cerebellar disorders with cognitive, affective and/or behavioral symptoms
- Circuit-based case formulation and treatment planning using brain stimulation and neuromodulation therapies

**Selection Committee:** Drs. Zeina Chemali (Director), Alessandro Biffi (Associate Director), David Caplan, Joan Camprodon, Brad Dickerson, Amy Newhouse, David Perez, Bruce Price

We are seeking applications for a **2-year clinician-scientist track**.

**How to Apply:** Email CV, personal statement and 3 letters of recommendation to [zelchemali@mgm.harvard.edu](mailto:zelchemali@mgm.harvard.edu). Applications are due March 31<sup>st</sup>, 2021.

\*Applicants must be board eligible or certified in Neurology and/or Psychiatry by the American Board of Psychiatry & Neurology and eligible for a full medical license.

<https://www.massgeneral.org/psychiatry/default>

<https://www.massgeneral.org/neurology/default>