Should neurologists learn more psychiatry?

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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
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 MRC Psych Intake October 2001

Back Row — from the left: Drs. Maye, Tagore, Wattebot-O’Brien, Goldacre, Roberts, Kington, Ghaemi, Patterson, Smith, Liang

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

### Your results

<table>
<thead>
<tr>
<th>Top 10 specialities</th>
<th>Top 10 specific considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient variety</td>
</tr>
<tr>
<td>Ideal role</td>
<td></td>
</tr>
</tbody>
</table>

- **Allergy**
  - Patient variety: match
  - Inpatient care: match
  - Task variety: match
  - Mental disorder: partial match
  - Degree of intensity: match
  - Generosity of the team: match
  - Emotional demand: match
  - Tactile environment: match
  - Pace of work: match
  - Endorsement: match
  - Rank: 5

- **Clinical genetics**
  - Patient variety: match
  - Inpatient care: match
  - Task variety: match
  - Mental disorder: partial match
  - Degree of intensity: match
  - Generosity of the team: match
  - Emotional demand: match
  - Tactile environment: match
  - Pace of work: match
  - Endorsement: match
  - Rank: 6

- **Immunology**
  - Patient variety: partial match
  - Inpatient care: match
  - Task variety: match
  - Mental disorder: partial match
  - Degree of intensity: match
  - Generosity of the team: match
  - Emotional demand: match
  - Tactile environment: match
  - Pace of work: match
  - Endorsement: match
  - Rank: 7

- **Child and adolescent psychiatry**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 8

- **Forensic Psychiatry**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 9

- **General psychiatry**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 10

- **Old age psychiatry**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 11

- **Psychiatry of learning disability**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 12

- **General (internal medicine)**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 13

- **Infectious diseases**
  - Patient variety: partial match
  - Inpatient care: partial match
  - Task variety: partial match
  - Mental disorder: partial match
  - Degree of intensity: partial match
  - Generosity of the team: partial match
  - Emotional demand: partial match
  - Tactile environment: partial match
  - Pace of work: partial match
  - Endorsement: partial match
  - Rank: 14
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”

Neurologists>psychiatrists on conscientiousness

NN&P doctors scored higher on openness to experience compared with other doctors
2010 curriculum (current)

### 3.8 Neuropsychiatry

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>SCE, CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. Ability to liaise effectively and appropriately with psychiatry services.</td>
<td>mini-CEX, CbD (R)</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>Credit</th>
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<tbody>
<tr>
<td>Demonstration of relevant general and professional content competencies.</td>
<td>MSF</td>
<td>1</td>
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</table>

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

- **US**: Neurology and psychiatry are separate (despite sharing a licensing board).
- **Neurology training = 3 years internal medicine, 3 years neurology**
- **Most interested in neurology**
- **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 5/6 years neurology training can be spent in any specialty, most choose a subspecialty of neurology, but could do neuropsychiatry**
  - **Amsterdam UMC offers a neuropsychiatry 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, visit groups, psychiatric supervision**
    - **Allows you to bid for longer appointments**
Germany

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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
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
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  • Allows you to bill for longer appointments!
To what extent do you agree with the following statements?

- 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?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

- 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

Strong interest in post CCT fellowships in this area

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

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”
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