

Psychotherapy training in psychiatry in the UK and the US

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Concerns regarding psychotherapy on both sides of the Atlantic

- Dominance of biological over psychosocial approaches in psychiatry
- Increasing focus on neuroscience in psychiatric education
- Perception that psychodynamic/psychoanalytic therapy is not evidence based and is less cost effective than CBT
- Resource intensiveness of psychotherapy training
- Psychotherapy in public sector mostly delivered by less expensive non-medical practitioners
- Research funding for mental health favours biological research in 'brain disorders'

Psychiatry training in UK

- **Core training 3 years**
- **MRCPsych exam**
- **Higher specialty training 3 years leading to Certificate of Completion in Training (CCT)**
 - General Psychiatry
 - Old Age Psychiatry
 - Forensic Psychiatry
 - Child and Adolescent Psychiatry
 - Psychiatry of Learning Disability
 - **Medical Psychotherapy**
- **Dual specialty training 5 years**
 - **General Psychiatry and Medical Psychotherapy**
 - **Forensic Psychotherapy**
 - General Psychiatry and Child and Adolescent Psychiatry

Psychotherapy training in Core Psychiatry in UK

- Unlike other specialties, psychotherapy is integrated into core training throughout its duration

Requirements:

- 2 supervised psychotherapy cases in 2 different modalities and 2 different durations – short term (12-20 sessions) and longterm (1 year). This will usually be CBT short case and psychoanalytic/psychodynamic long case
- Case based discussion group (Balint group) for at least one year
- Medical psychotherapy tutor in each rotation to oversee/organize

Medical psychotherapist: Doctor of body, brain and mind

- Most talking therapies in NHS delivered by clinical psychologists and therapists from other core disciplines, including nursing, social work and child psychotherapy
- Medical psychotherapists in minority
- Tri-partite training and qualification as doctor, psychiatrist and specialist psychotherapist
- Integration of physical and psychological perspectives
- See more complex patients e.g. MUS, PD
- Offers a bridge between psychiatry, psychotherapy, general practice and allied mental health professions

Specialty Training in Medical Psychotherapy

- 3 years
- ‘Major’ in one of three major modes of therapy - psychodynamic/psychoanalytic therapy, cognitive behaviour therapy or systemic therapy Exposure to the 2 other modes
- 2 or 3 different placements over 3 years, nature depends on region. May include personality disorder service
- Will also gain experience in, supervision, running reflective practice/Balint groups, audit/research, management/leadership, teaching
- Personal psychotherapy is a requirement – minimum 3 times a week for psychodynamic, once a week for CBT
- Dual training

What does the medical psychotherapist do?

- **Clinical:**
 - Direct clinical role: assessments and therapy for patients with severe/complex psychopathology e.g. PD, dual diagnosis, MUS
 - Supervision, consultation and reflective practice support staff teams and professionals from different disciplines
- **Teaching and training:**
 - Medical student teaching, including Balint groups
 - Post-graduate training of psychiatrists
 - Therapists of other disciplines

What does the medical psychotherapist do?

- **Management and leadership:**
 - Designing and delivering effective and high-quality evidence-based psychological services
 - Developing and maintaining psychological, social and cultural health in institutions
 - Promoting public understanding of mental health
- **Academic and research:**
 - Promoting practice-based evidence and evidence-based practice
 - Involvement in formal research projects both quantitative and qualitative
 - Links with other research fields e.g. attachment, neuroscience, infant and child development

2019 Census Consultant Psychiatry Posts UK

Specialty	Full-time posts	Part time posts (WTE)	Locum posts	Vacant posts	Total number of posts (WTE)
Academic	24	129 (44)	19	8	180 (95)
Addictions	106	45 (24)	12	11	174 (153)
CAMHS	474	420 (265)	166	134	1194 (1039)
Eating disorders	43	50 (28.5)	6	15	114 (92.5)
Forensic psychiatry	396	140 (78)	37	40	613 (551)
General adult psychiatry	1591	671 (423)	374	272	2908 (2660)
Liaison psychiatry	161	99 (55.5)	22	35	317 (273.5)
Medical psychotherapy	44	67 (33)	3	10	124 (90) 1.6%. (0.76%)
Neuropsychiatry	30	20 (7)	7	4	61 (48)
Old age psychiatry	582	226 (140)	132	106	1046 (960)
Perinatal	52	56 (32.5)	15	18	141 (117.5)
Intellectual disability	249	90 (57)	28	41	408 (375)
Rehabilitation psychiatry	104	57 (34)	54	9	224 (201)

Concerns regarding Medical Psychotherapy

- Lack of medical psychotherapy posts, even though GMC mandates psychotherapy tutor to be medical psychotherapist
- Psychotherapy supported at high level within Royal College of Psychiatrists but not clear how much in general
- Predominance of CBT
- Drift towards dual training may contribute to diminution in consultant psychotherapy posts
- Higher trainees in all specialties are meant to continue some training in psychotherapy but not all do
- Medical psychotherapists are expensive cf non-medical psychotherapists – what is our added value?
- Exodus of medical psychotherapists from NHS to private practice

Differences in psychotherapy practice in psychiatry between US and UK

- Combined treatment – psychiatrist both prescribes and provides psychotherapy for patient
- Psychiatrists are encouraged to practice at the “at the top of their license”
- Marketing of pharmaceuticals led medication to gain increasing favour in public opinion
- Private practice vs public sector – in US most psychiatrists who practice psychotherapy work in private practice
- Psychotherapy reimbursed less by insurance companies than for other psychiatric consultations
- Fewer psychotherapy services in public sector/hospitals
- Patients with complex psychopathology less likely to receive psychotherapy

Psychotherapy training in psychiatry in US

- Psychiatry residency programmes vary considerably across the country
- Psychotherapy training not mandated in psychiatry curriculum
- Growing number of North American psychiatric training programs have reduced the hours devoted to psychotherapy training
- In some, none at all, others optional only e.g. psychotherapy training as an elective in the fourth year and an elective fifth year of psychotherapy fellowships.
- Psychotherapy is not formal subspecialty of psychiatry
- Fewer psychiatrist supervisors, mentors, and role models practicing psychotherapy
- Psychotherapy training is resource (time and finance) intensive and financially strapped programs may redistribute training resources away from psychotherapy
- Concerns (amongst supporters of psychotherapy) that creating subspecialty will move psychotherapy out of mainstream psychiatry