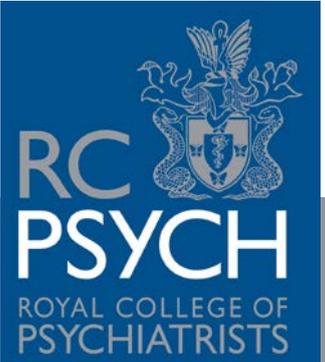


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When patients should be seen by a psychiatrist

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When patients should be seen by a psychiatrist

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Contents

Executive summary	5
When patients should be seen by a psychiatrist	7
What will the psychiatrist do?	12
What are the standards to which psychiatrists will work?	14
Specialty- and role-specific psychiatrists	15
Training and research	22
References	23

Executive summary

Mental health services are going through a significant process of change, driven by many factors. These include the desire by patients to be more involved in their own care, the new commissioning arrangements for health services in England, the financial pressures facing healthcare across the UK, changing professional roles and responsibilities for all clinicians, and the development of innovative services which are supporting patients to receive treatment in their own homes rather than in hospital. Psychiatrists must champion changes that will lead to better patient care and be uncompromising if changes worsen patient care.

This report is written to clarify for commissioners and mental health services providers when patients should be seen by a psychiatrist in order to ensure that they receive safe, high-quality, evidence-based care. This report updates *New Ways of Working* (Department of Health, 2007) and incorporates lessons learned from the Francis Inquiry (Francis, 2013).

The document is set out in five sections.

- 1 When patients should be seen by a psychiatrist.
- 2 What will the psychiatrist do?
- 3 What are the standards to which psychiatrists will work?
- 4 Specialty- and role-specific information.
- 5 Training and research.

This document will focus on the role of the consultant psychiatrist. This reflects the fact that the consultant is a highly trained doctor who has had many years of training and passed a series of theoretical and practical examinations. Psychiatrists in training can provide useful service delivery but this should always be under the supervision of an experienced consultant. Specialty doctors and associate specialists also have an important role in service delivery and should be supported through supervision and training to deliver care equivalent to that provided by their consultant colleagues. The Royal College of Psychiatrists' report *Valuing Expertise and Experience* (Mynors-Wallis *et al*, 2013) sets out the major contribution such doctors play. The College supports the Academy of Medical Royal Colleges' terminology to use the term consultant to include any doctor who is on the General Medical Council's specialist register.

Many documents have informed this report, including:

- *Seven Day Consultant Present Care* (Academy of Medical Royal Colleges, 2012a)
- *The Benefits of Consultant-Delivered Care* (Academy of Medical Royal Colleges, 2012b)

- *The Shape of the Medical Workforce* (Centre for Workforce Intelligence, 2012)
- *Safe Patients and High-Quality Services* (Mynors-Wallis, 2012)
- *Guidance for Commissioners of Primary Mental Health Care Services* (Joint Commissioning Panel for Mental Health, 2013a)
- *Guidance for Commissioners of Acute Care* (Joint Commissioning Panel for Mental Health, 2013b)
- *The Abandoned Illness* (Rethink Mental Illness, 2012)
- *A Competency Based Curriculum for Specialist Training in Psychiatry: Specialists in General Psychiatry* (Royal College of Psychiatrists, 2010).

The Royal College of Psychiatrists recognises that the different jurisdictions across the UK are developing increasingly different health services. The role of the consultant will, in part, reflect the services in which they work.

When patients should be seen by a psychiatrist

The psychiatrist should be involved in the care of any patient who has a mental disorder, or possibility of a mental disorder, and when one or more of the following factors are in place.

- Uncertainty about diagnosis and formulation.
- The nature of the mental disorder requires psychiatric care, including all cases of psychosis, complex disorders, severe disorders and disorders that are not resolving.
- Risk to self or others.
- Poor engagement with service or abnormal illness behaviour.
- A need to respond authoritatively to another agency.
- Complex psychopharmacology is required or being prescribed.
- Patients who have mixed diagnoses, for example mental disorder and substance misuse, mental and physical health problems or mental illness in the context of personality disorder.

Patients should usually be seen by a psychiatrist when they or their carers, relatives or advocates request a consultation. This is in line with working in partnership with patients and ensuring that no decision is made about the patient without them.

Patients should be seen by a psychiatrist if this is requested by a general practitioner (GP). It is not acceptable for experienced GPs to have requests for a specialist psychiatric opinion unmet.

Psychiatrists have an important function in providing specialist and second opinions for patients. This might be at the request of patients, carers or colleagues.

UNCERTAINTY ABOUT DIAGNOSIS AND FORMULATION

Psychiatrists are trained to make a thorough assessment of the patient which then enables them to bring together all factors in both the current presentation and past history to make a diagnosis, or often a differential diagnosis, and draw up a formulation. Diagnosis is critical to communication about patterns of illness that have more or less predictable outcomes and evidence-based treatments. Diagnosis can be helpful for patients and their families in understanding otherwise puzzling events and experiences.

A formulation is the considered summary of diagnosis, problem list and causation (recognising uncertainty where it exists). The formulation is key to drawing up a treatment plan. General practitioners are competent to make straightforward diagnoses, particularly for common mental disorders, but for dual diagnosis, complex psychopathology, severe mental illness and in areas of uncertainty, a psychiatric assessment is required.

There is evidence that early consultant assessment and intervention improves patient outcomes. The Academy of Medical Royal Colleges' document on the benefits of consultant-delivered care (Academy of Medical Royal Colleges, 2012*b*: p. 14) notes:

'Early consultant assessment and intervention ensures that the patient starts earlier on the right pathway of care with opportunity for improved outcomes. In emergency and acute medical care settings this has the potential for immediate dramatic differences in outcome. There is limited statistical data from English hospitals that suggests that the presence of emergency medicine consultants in the Emergency Department may reduce hospital admissions from between 12 and 25% [...]

Advanced clinical skills achieving better outcomes and being better placed to manage uncertainty and to respond when there are unexpected complications of unusual circumstances. Hospitals have demonstrated improved outcomes on medical acute admissions units, with reductions in unnecessary admissions, length of stay and readmissions after the introduction of additional consultant ward rounds in the evenings and weekends [...]

Consultant presence. The report from NHS London (2011) provides strong evidence on the differing mortality rates depending on weekday/ weekend consultant presence.'

There is every reason to believe these benefits found for consultant care in acute settings apply to mental health settings.

The Academy of Medical Royal Colleges (2012*b*) explains why consultants have a key role in making rapid and appropriate decision-making as follows:

'By definition consultants are the section of the medical workforce with the most experience and training. As a group, they are the highest skilled group of doctors. Whilst this may be self-evident it is important to articulate what this means in practice.

A consultant has the breadth, depth and length of experience not just to recognise diagnoses, take action, investigate appropriately and initiate treatments, but also to acknowledge the unusual, unexpected and unfamiliar. They make rapid and appropriate decisions that benefit patient care. Fully trained doctors use their greater experience and knowledge in primary, elective and emergency care.' (p. 13)

The Royal College of Psychiatrists intends to commission work to evaluate the cost-effectiveness and value of consultant care in mental health settings.

THE NATURE OF THE MENTAL DISORDER

Many common mental disorders are seen and appropriately treated within primary care. It is the case, however, that even common mental disorders

such as depression and anxiety should be assessed by a consultant psychiatrist if the symptoms do not resolve with first- and second-line primary care interventions and where the ongoing symptoms have a significant adverse impact on the patient and their family. It is all too often the case that patients with severe and long-standing anxiety and depressive disorders remain symptomatic and impaired without appropriate access to a psychiatrist. This reflects the mistaken belief that psychiatrists should only be involved in so-called severe mental illnesses such as schizophrenia and bipolar disorder. There is, however, considerable evidence that patients with severe anxiety and depressive disorders are just as, if not more, impaired through their illness than patients with these disorders, and if timely treatment is not provided their chances of a full recovery are markedly reduced.

Patients who may have a diagnosis of schizophrenia should always see a psychiatrist in order for the diagnostic issues to be clarified and to contribute to an accurate formulation of the case. A diagnosis of schizophrenia is made alongside consideration of many factors including but not limited to other diagnoses, personality factors and drug misuse.

The treatment of schizophrenia, as with all significant psychiatric disorders, should involve physical, psychological and social interventions. The consultant psychiatrist may have a role in all three but would be expected to play a lead role in the prescription and monitoring of medication and the development of the overall management plan. Antipsychotic medication can play an important role in the recovery of patients with schizophrenia but the risk/benefit profile of any prescribed drug must be considered. Patients rightly expect to discuss the medication treatment options with a consultant psychiatrist who has the time to facilitate shared decision-making and to ensure that the patient is a real partner in treatment decisions made. National Institute for Health and Care Excellence guidelines (National Collaborating Centre for Mental Health, 2010) and the recent Rethink Mental Illness report *The Abandoned Illness* (Rethink Mental Illness, 2012) stress the importance of a collaborative approach. This must be founded on a trusting therapeutic relationship developed over time, allowing services to be delivered in as far as possible a planned, calm and responsive manner.

There is considerable evidence that bipolar disorder is diagnosed late and treated poorly. It has received a low priority in service development and provision. It is sometimes assumed that patients with bipolar disorder require standard 'psychosis care' when acutely ill and GP follow-up when well. In fact, influential consensus guidelines (Goodwin, 2009) emphasise the need for continuity of expert care. Accordingly, psychiatrists should be involved in the diagnosis of all patients with bipolar disorder and in their ongoing treatment. The complexity of the medication regimes that are known to benefit patients with bipolar disorder means that psychiatrists should usually have ongoing involvement in the care of such patients, even when the acute symptoms have settled. The development of recovery-focused plans with relapse prevention (an important long-term goal) should be informed by advances in psychoeducational methods.

Significant advances have been made in the diagnosis and assessment of personality disorder. This is especially true for patients with borderline personality disorder which is no longer seen as a pejorative diagnosis but opens up the prospect of significant helpful intervention, particularly psychological treatment. The psychiatrist should be involved in the diagnosis of personality disorder as it is often a complex diagnosis to make and it can have long-term implications for patients. There is a need to use the diagnosis

not as a way of excluding patients from mental health services but rather to help patients, their families and clinicians determine which interventions are likely to be helpful. The expertise of the consultant psychiatrist should be utilised to inform the development of an agreed formulation and feasible approaches to management that draw on a range of interventions to achieve progress.

RISK TO SELF OR OTHERS

Psychiatrists have a key role in the multidisciplinary assessment of risk both to self and others. Patients and carers rightly expect that a consultant psychiatrist will be involved in the assessment and management of all patients for whom significant risk is identified, including patients who are at risk of harming themselves, harming others or are vulnerable to neglect. This might require personally seeing the patient rather than delegating this task to other members of the multidisciplinary team. Psychiatrists may also supervise other professionals who are at risk.

A consultant psychiatrist should be involved in all cases where there is potential safeguarding risk to vulnerable others, and in the assessment and formulation of a plan for all patients who have made a significant attempt to harm themselves. This is to ensure that the management strategy reflects a clear plan for the treatment of the mental illness as part of risk amelioration. Individuals with mental illness present symptoms through a prism of social and personality factors and physical illnesses. An accurate assessment and diagnosis is not always straightforward; the consultant psychiatrist should be involved in and lead this process.

A psychiatrist is required in the assessment of all cases when there is a potential risk to children in the context of parental mental disorder (National Patient Safety Agency, 2009).

The importance of the psychiatrist's engagement in safeguarding and risk issues is to ensure not only an accurate assessment, but also that management plans involve the correct balance of protection and safeguards v. therapeutic risk-taking.

POOR ENGAGEMENT WITH SERVICE OR ABNORMAL ILLNESS BEHAVIOUR

Some patients are difficult to engage or show challenging abnormal illness behaviour. Patients with these problems need a consistent bounded approach and input over a protracted period of time. The consultant psychiatrist is often best equipped to support these patients and the team members trying to help them.

A NEED TO RESPOND AUTHORITATIVELY TO ANOTHER AGENCY

Mental health services are often asked by other agencies to provide an assessment of risk or advice on the management of challenging behaviour. The consultant psychiatrist is often best placed to do this. They can also

help mental health services maintain appropriate boundaries on the remit of service delivery. The psychiatrist is also required to provide authoritative reports in medico-legal settings, including tribunals and courts.

COMPLEX PSYCHOPHARMACOLOGY IS REQUIRED OR BEING PRESCRIBED

The treatment regime for many patients with significant mental health problems involves the use of medication. Medication regimes that are known to benefit patients can often be complex and there are important judgements to be made by the patient about risk and benefits, which should be informed by the expert view of the consultant. Many patients have physical health problems and it is important that prescribers have an understanding of the interaction between physical and mental health and also the potential for untoward drug interactions.

PATIENTS WHO HAVE MIXED DIAGNOSES

There is considerable overlap between patients who have physical health problems and patients who have mental health problems. Patients with severe mental illness such as schizophrenia have a life expectancy of 20 years less than those without the diagnosis, mortality rates being increased because of poor physical health rather than suicide. Likewise, patients with chronic physical health conditions have significantly increased rates of mental illness. The psychiatrist has a key role to play in the management of patients with severe mental disorders to ensure that their physical health receives the appropriate focus. This may be by undertaking examination, investigation and treatment themselves, or ensuring that there is appropriate liaison with other health services, in particular primary care.

Patients with comorbid substance use disorder have significant health problems. Consultant psychiatrists are best placed to coordinate the physical and mental healthcare of such patients alongside treatment for their substance misuse. Commissioners should ensure that all patients with substance misuse and a mental illness have access to a consultant psychiatrist.

Patients with comorbid personality disorder can prove difficult to assess and have a poorer treatment response. It is important, therefore, that such patients are seen by a psychiatrist to ensure that the treatments offered reflect the best evidence available, that treatment is given in a non-pejorative and therapeutic context and that iatrogenic problems are not established by poor prescribing or psychological dependency.

What will the psychiatrist do?

The consultant psychiatrist is a highly skilled clinician who has been trained to deliver expert clinical care for patients. Their clinical role sits alongside other important duties including training the next generation of doctors, service development and research. Consultants are at the forefront of research and innovation and play a significant part in the running of successful organisations. Please see *Safe Patients and High-Quality Services* (Mynors-Wallis, 2012) for more details about the roles of psychiatrists and how to ensure they have the capacity to fulfil such a role.

One key role of the consultant psychiatrist is that of decision maker. The consultant psychiatrist is often expected to make decisions about care for patients reflecting all the information available and the opinions of other clinicians.

ASSESSMENT

Whatever the subspecialty in psychiatry, the primary duty of a consultant is to care for patients. The consultant psychiatrist has particular expertise in diagnosis formulation and treatment planning, especially when there is comorbidity and links between physical and mental disorders. The ability to diagnose, formulate and draw up a management plan for complex and severe disorders is an important skill – it is a direct benefit to patients and carers, and also supportive to the wider multidisciplinary team. Patients value the high-quality information about diagnosis and treatment options that supports shared decision-making.

PERSONAL PHYSICIAN

The consultant psychiatrist has a role as the personal physician for a group of patients, not only those with complex and severe disorders but also those for whom a particular skill of the psychiatrist – for example, medication management or understanding the links between physical and mental illness – is important. For many patients, a sense of continuity over time is valuable, and within teams the consultant psychiatrist is essential in ensuring that this sense of continuity is maintained. The consultant psychiatrist is critical in the care of patients with increased rates of morbidity and mortality, such as people with intellectual disability, by advocating for services that deliver good health outcomes.

Patients want to see an expert with the knowledge and skills to address their problems and provide them with the highest standard of care. Expert

consultant care should enable fuller and better information to be shared with patients and their relatives. This includes reducing the scope for misinformation, lending support and shared decision-making, and minimising complaints and confusion. There is evidence that consultant involvement in a patient's care can increase the patient's and their family's overall satisfaction with care.

The psychiatrist is well placed to take quick and appropriate decisions in high-risk situations.

LEADERSHIP AND SUPPORT FOR THE MULTIDISCIPLINARY TEAM

Although other members of the team may have leadership roles, consultants are responsible within their teams for providing clinical leadership to ensure the delivery of high-quality care for patients. A key aspect of leadership is the promotion of excellence in service delivery and in enabling others within the team to provide care of the highest standard. Consultants have a key role in providing training and supervision to other members of the multidisciplinary team.

Consultants have an important role within teams in the management and containment of risk and anxiety in patients with complex disorders and risky behaviours. The consultant can also support the team in therapeutic risk-taking when drawing up treatment plans.

Consultants often stay in teams longer than other team members and can provide a longitudinal perspective not only on clinical issues but also on service development.

IMPLEMENTATION OF MENTAL HEALTH LEGISLATION

Although other clinicians have important roles in the implementation of mental health legislation, it remains the case that a significant part of this work is done by consultant psychiatrists, who need to have sufficient time to perform the tasks to the high standard expected.

What are the standards to which psychiatrists will work?

Psychiatrists wish to provide high-quality, safe, personalised care for patients and rightly expect to be judged according to this standard. To deliver this standard of care, consultant psychiatrists need sufficient time in in-patient, out-patient and community settings to engage with patients and their carers as partners in care. They also need sufficient time to support other members of the multidisciplinary team in providing such care.

Psychiatrists are expected to know and follow national guidance with regard to the treatment of psychiatric disorders. It is often the case, however, that for some patients with a complex disorder and those who have failed to respond to first- and second-line interventions, treatments are not set out within guidelines. The psychiatrist's expertise and judgement then comes into play in determining treatment plans and also monitoring their effectiveness.

It is not expected that a consultant will document every aspect of an assessment or care pathway; this would be excessively time consuming and bureaucratic. However, consultants should document reasons why decisions are made, particularly when there are changes in decisions and when decisions are made that are outside a recommended pathway of care.

Specialty- and role-specific information

COMMUNITY MENTAL HEALTH TEAM PSYCHIATRISTS

It will be clear from what is set out in this document so far that psychiatrists working in a community mental health team have an important role in the assessment and formulation of new cases, in the ongoing management for some of these cases and in reducing the need for unnecessary follow-up.

General practitioners value links with a known psychiatrist whom they can contact for advice and support about individual patients. As one GP respondent to the Academy of Medical Royal Colleges' consultation on the benefits of consultant-delivered care said, they would 'welcome greater opportunities to speak to or email a consultant who directly knew the patient, and who had the authority to see the patient sooner or change their management plan as necessary' (Academy of Medical Royal Colleges, 2012b: p. 16). Easy, two-way communication between the consultant psychiatrist and GP can help facilitate better care for patients in transfer between primary and secondary care and enable patients to continue in primary care if possible with swift access to secondary care if appropriate.

The consultant psychiatrist in the community mental health team must be involved in the reviews of complex patients who are often cared for under the care programme approach. The psychiatrist should be involved in ensuring that safe, high-quality care plans are in place and should be available to support other professionals in the care of such patients.

IN-PATIENT PSYCHIATRISTS

In-patients are the most ill patients in the service. It is expected therefore that each consultant should have sufficient time to personally review each patient in acute in-patient settings at least once a week. There is evidence that length of stay is reduced if patients are reviewed by a consultant, with discharge planning starting earlier in the admission process.

Consultants should be involved in the assessment of all patients admitted to hospital within 24h of the admission, reflecting the fact that 7-day consultant presence improves patient outcomes.

The Academy of Medical Royal Colleges has developed standards to deliver consistent in-patient care, irrespective of the day of the week (Academy of Medical Royal Colleges, 2012a: p. 3). These include:

- Hospital in-patients should be reviewed by an on-site consultant at

least once every 24h, 7 days a week, unless it has been determined that this would not affect the patient's care pathway.

- Consultant-supervised interventions and investigations along with reports should be provided 7 days a week if the results will change the outcome or status of the patient's care pathway before the next 'normal' working day. This should include interventions which will enable immediate discharge or a shortened length of hospital stay.

What this means in practice is that the progress of a patient along their care pathway should not be delayed because investigations or interventions are not available on certain days of the week.

These standards should apply equally to mental health patients as well as physical health patients.

All psychiatrists have some responsibility for the physical health of their patients. However, the consultant has the primary responsibility while the patient is in their care. It is recognised that patients with mental health problems experience significant physical morbidity not only in schizophrenia, where patients have an average life expectancy of 20 years less than the control population, but also in depression. The in-patient admission provides a good opportunity to have a thorough review of a patient's physical health problems so that on discharge a clear management plan can focus on both physical and mental health issues.

CRISIS AND HOME TREATMENT TEAM PSYCHIATRISTS

All patients in a crisis and home treatment team should be reviewed by a consultant psychiatrist on admission to the team and then, as a minimum, weekly, reflecting the fact that these patients are very unwell and that were it not for the crisis and home treatment team, they would be admitted to hospital.

Even if not personally seen by the crisis and home treatment team consultant, it should be the case that all patients in this part of the acute care pathway should have had a review by a consultant within 24h of entering crisis and home treatment, either by:

- an in-patient consultant preceding discharge, or
- a community consultant preceding crisis and home treatment referral.

If it is the case that the plan for care within the crisis and home treatment team is clear and is in line with the expectations of the community or in-patient consultant, a further assessment may not be required. If, however, there is a change in presentation or a change in plan from that expected by the consultant referring into the service, there should be a consultant review to ensure that the decisions made will provide high-quality, safe patient care and are fully understood by patients and their carers.

A key role of the consultant in the crisis and home treatment team is to ensure that there is a seamless transition in care between teams and that patients and their families are fully involved with decisions that are made.

HOSPITAL CONSULTATION AND LIAISON PSYCHIATRISTS

The hospital consultant liaison psychiatrist provides mental health assessment, advice and shared management of people with both physical

and mental health symptoms under the care of hospital teams, including in the emergency department, medical and surgical admissions, and the wards.

Hospital consultant liaison psychiatrists offer expertise to hospital security and safety policy. They are often uniquely positioned to identify issues concerning human behaviour and how these might affect the safe delivery of services.

In addition, the hospital consultant liaison psychiatrist will support mental capacity assessments and the use of the mental health legislation.

The pace of general medical and surgical acute care, especially when unplanned, may require the attendance of a consultant liaison psychiatrist in the same working day. Commissioners should ensure there is sufficient capacity for this to occur.

OLD AGE PSYCHIATRISTS

Old age psychiatrists may work in the community, old age psychiatry wards, memory clinics, liaison teams or across a range of these services. Effective liaison with GPs and acute hospital doctors is essential.

Older adults presenting to psychiatric services often have multiple physical comorbidities (which may be undiagnosed) and are often on a large number of medicines, which require medical assessment by the psychiatrist.

The psychiatrist has a pivotal role in assessing older adults presenting with complex or atypical problems, integrating psychological, cognitive, physical and social components of the presentation.

The psychiatrist is best placed to give the diagnosis to older adults, especially when there are multiple strands to the presentation.

The psychiatrist must be involved in decisions about treatment, especially in patients with physical comorbidity or polypharmacy.

The psychiatrist has a central role in application of mental health and mental capacity legislation and safeguarding procedures, which are commonly needed in older people.

All patients with a possible diagnosis of dementia should be diagnosed by a psychiatrist, unless it has been diagnosed by a neurologist or a geriatrician, reflecting that this is a life-changing diagnosis with serious implications for prognosis and treatment.

FORENSIC PSYCHIATRISTS

The forensic psychiatrist is required for the assessment, treatment and rehabilitation of patients who require secure care or community forensic care because of their risk profile. Forensic psychiatrists have a strong focus on risk assessment and risk management and have expertise in the therapeutic use of security. They are required to identify protective factors that can be included in a risk management plan to optimise safe management.

Forensic psychiatrists work collaboratively with patients to help them understand and reduce their risk to others, for example by developing an understanding of their illness and what triggers it. They help patients to address specific risk factors such as poor anger control, impulsivity and problems with substance misuse.

Forensic psychiatrists may also be required for the assessment, care and treatment of victims of violence, as many perpetrators have also been victims.

INTELLECTUAL DISABILITY PSYCHIATRISTS

Patients with intellectual disability and/or autism spectrum disorder presenting with a mental illness such as schizophrenia and bipolar disorder will need to see a psychiatrist due to the complexity of the comorbid presentation. These situations require advanced clinical skills in the recognition, assessment and diagnosis of the comorbid illness.

The consultant psychiatrist works very closely in supporting and supervising the multidisciplinary team to formulate the complexity of the presentation including how symptoms affect functioning, the needs of carers and the risks for the individual patient. The psychiatrist works with the team to develop a management plan that seeks to use a range of interventions including psychosocial, psychological and physical interventions, to ensure the patient with intellectual disability achieves good outcomes following a mental illness.

MEDICAL PSYCHOTHERAPISTS

The medical psychotherapist is needed in all mental health work where intensive talking treatments are the mainstay of a patient's care. In complex presentations, the medical psychotherapist's medical and psychiatric expertise can help patients, carers, their families, their psychiatrists and other professionals involved in the patient's care.

Medical psychotherapists help to develop a psychologically minded culture both clinically and educationally. Medical psychotherapists play a crucial role in training the next generation of all psychiatrists to ensure that they are psychotherapeutically minded, self-reflective psychiatrists. Medical psychotherapists can also play an important role in training other professionals.

Individual patients will benefit from seeing a medical psychotherapist when there has been a failure to respond solely to psychological treatments, and their complex needs require a psychotherapeutic formulation and understanding which bridges the biopsychosocial domains, fostering integration in psychiatric care.

EATING DISORDER PSYCHIATRISTS

Eating disorder psychiatrists are trained in managing the interplay between physical, psychological and psychiatric symptoms, and lead teams that allow for the integration of biopsychosocial variables.

Eating disorder psychiatrists are experienced in conducting risk assessments, including interpretations of the Mental Health Act and Mental Capacity Act. They have enhanced psychotherapeutic skills in the treatment of eating disorders and common comorbidities, formulating complex cases and liaising with external agencies (including GPs and physicians), and in implementation of guidelines such as MARSIPAN (Royal College of Psychiatrists & Royal College of Physicians, 2010).

PERINATAL PSYCHIATRISTS

Perinatal psychiatrists provide assessment and management of women in the perinatal period, through pregnancy and in the postpartum (usually

defined as the first year following childbirth). Perinatal psychiatrists look after women in the community, in in-patient settings and provide a liaison role in maternity services. They may also provide consultation and shared care to women under the care of other mental health teams.

In addition, there are certain other circumstances when a woman should see a perinatal psychiatrist:

- women in whom the severity of illness would not normally meet criteria but in whom there are issues about prescribing in pregnancy or breastfeeding;
- when there are concerns over child protection;
- women who are currently well but at high risk of a severe recurrence of mental illness in the perinatal period;
- women with a history or family history of mental illness may benefit from seeing a perinatal psychiatrist for pre-conception counselling when planning a pregnancy.

In addition, a lower threshold may be required for assessment by a psychiatrist for women with acute onset of illness in the immediate postpartum, as episodes at this time may deteriorate very quickly and it is important that severe postpartum episodes are not missed.

REHABILITATION PSYCHIATRISTS

Rehabilitation psychiatrists are specialists in the assessment, interventions and treatment of patients with complex, severe and enduring mental health issues. They provide specialist skills to work collaboratively with people to help them recover from their mental health difficulties and regain the skills and confidence to live successfully in the community, as independently as possible, with meaningful daytime activity and structure and in as socially inclusive a way as possible.

The majority of patients who require a rehabilitation service will have a diagnosis of psychosis and often at least one other comorbid diagnosis, have treatment resistance, show negative symptoms, have functional impairments which result in reduced ability to manage their activities of daily living, have challenging behaviour, be difficult to engage and have multiple risks to self and/or others (Holloway, 2005).

About 14% of patients who are newly diagnosed with psychosis will require rehabilitation services (Craig *et al*, 2004). At any one time, about 1% of patients with psychosis will be in receipt of rehabilitation services and use 25% of the annual joint health and social care budget nationally (Mental Health Strategies, 2012).

Rehabilitation consultant psychiatrists are specialists at assessing whether a particular placement meets the needs of a patient. They can, where necessary, offer training to the provider in order to maintain the placement and to collaboratively work together to support patients in their rehabilitation and recovery goals. Rehabilitation psychiatrists can be indispensable in identifying service provision gaps for this patient group and in working with their trusts and commissioners to develop appropriate services. This, coupled with assessing out-of-area treatments and working to repatriate those patients back to local services along with the associated financial flow back to local services, is invaluable and can redirect hundreds of thousands of pounds into more efficient use when the systems are

working well. Their ability to use a 'whole system approach' across services and funding streams enables them to facilitate timely movement of patients through the systems so they receive the right care at the right time.

Rehabilitation consultant psychiatrists are experts in the treatment of resistant psychosis, often when clozapine is not sufficient.

Rehabilitation psychiatrists hold a long-term view and therapeutic optimism for patients when many other services may have lost hope.

ADDICTION PSYCHIATRISTS

The addiction psychiatrist promotes recovery in the roles they undertake, from championing recovery at a strategic, systems leadership level, to fostering a culture of hope and belief in recovery in clinical work with patients, as well as supervising and guiding the workforce.

The clinical leadership of specialist drug and alcohol services is a key role for addiction psychiatrists. They take responsibility for leading on all aspects of clinical governance and quality assurance, including clinical effectiveness and patient safety across services in their area.

Addiction psychiatrists work with people with the most severe and complex needs and are able to lead on planning and delivering support and medical treatment which promotes their recovery.

Individuals with the most severe and complex needs will usually require close liaison with a range of other services including social care, criminal justice, housing, medical, psychiatric, employment, children and families professionals.

Ensuring that adequate supervision and appraisal arrangements are in place and that professionals are working within the limits of their competency is an important aspect of clinical governance. Addiction psychiatrists are able to supervise and appraise doctors at all levels of competency, and may also have a responsibility to supervise and appraise professionals from other disciplines, such as nurses or drugs workers in prescribing services.

Addiction psychiatrists are uniquely placed at the interface between service delivery and strategy/planning to make expert contribution to local needs assessment. Their research expertise can help to ensure that commissioning decisions reflect the latest evidence and clinical guidance.

NEUROPSYCHIATRISTS

Neuropsychiatrists specialise in the assessment and treatment of patients presenting with psychiatric or behavioural difficulties in the context of a neurological disorder or neurological damage.

Neuropsychiatrists practise in a number of service delivery structures including in-patient assessment services, brain injury rehabilitation services, day-hospital programmes, out-patient clinics, community brain injury teams, epilepsy assessment centres, sleep disorder units, specialist memory clinics, and as part of consultation liaison teams in general or specialist hospital settings. Their unique skills also allow them to provide clinical leadership in the assessment and management of patients whose psychiatric illness mimics a real or suspected neurological disorder.

Expertise of a neuropsychiatrist is required in the assessment and management of brain injury, Huntington's disease, complex neuropsychiatric presentations associated with pervasive developmental disorders, epilepsy, behavioural genetic syndromes, dementias, memory disorders, and neuropsychiatric manifestations of life-threatening physical illnesses such as encephalitis and brain tumours.

Neuropsychiatrists have a particular public education and health policy development function in connection with head injury awareness, alcohol brain injury prevention, awareness of the impact of childhood-onset neuropsychiatric conditions and early-life brain injury, veterans' mental health and neurodisability, and raising awareness of neuropsychiatric manifestations of physical health conditions such as Parkinson's disease and multiple sclerosis.

Neuropsychiatrists assist courts in medico-legal cases. Typical examples of these cases include expert opinion on complex civil litigation cases associated with head injury, assisting courts in criminal cases where neuropsychiatric issues are raised as a defence (e.g. automatism), or in connection with fitness to plead or sentencing issues.

CHILD AND ADOLESCENT PSYCHIATRISTS

Much of this document applies to child and adolescent psychiatrists too. The Royal College of Psychiatrists' Faculty of Child and Adolescent Psychiatry is producing a separate report specifically for the specialty.

Training and research

If we are to teach the next generation of psychiatrists, it is important that there are opportunities for psychiatrists to be trained in a broad range of mental health diagnoses and interventions.

It is not possible to become an expert without having had experience of patients with less complex diagnoses. There is an important role, therefore, for consultant psychiatrists to supervise their junior colleagues in the assessment and management of patients who could be managed by members of the multidisciplinary team or by their primary care colleagues, as it is important that the training psychiatrist gains experience to be able to manage more complex cases and emergency psychiatric presentations in the future. Service reorganisations must take into account the implications for training to ensure that services continue to have a supply of appropriately and broadly trained individuals to become the experts and leaders of the future.

It is also important that there is an opportunity for the psychiatrist in training to have experience of making decisions in all settings, including out-patient clinics, crisis and home treatment teams and in-patient settings. It is also important that training opportunities are available over the whole 24-hour period.

Psychiatrists need to be trained not only in diagnosis and formulation but also in how to establish and maintain the therapeutic alliance with patients.

Psychiatrists need to have training in leadership to enable them to provide effective clinical leadership to multidisciplinary teams.

The most recent National Health Service reforms establish research as a core activity, for which consultants must take significant responsibility. All consultants should support research and use their perspective and training to affirm its value both as the foundation of evidence-based care and as an activity that improves care itself. Patients in clinical trials have better outcomes than patients treated 'as usual'.

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