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Medical students and foundation doctors .. why psychiatry?

## Why psychiatry?

Psychiatry is an exciting career with many varied opportunities and pretty flexible working conditions. It's estimated that a quarter of us experience mental health problems each a year, thus psychiatrists are a much needed part of the medical profession. A psychiatrist treats mental illness as well as looking at the interaction between mental and physical health. It is a fun and friendly specialty with a wide remit. Psychiatry relies on clinical presentation with no chemical markers used for diagnosis. It needs an analytical approach and multidisciplinary skills. It provides more leadership opportunities than any of the other specialties of medicine. Where else would you use cinema, theatre, literature, neurosciences, psychology, sociology and anthropology to pull it all together?

## CWP

Owing to its geographical location, CWP enjoys having doctors training in psychiatry from both Mersey and North West Deaneries, hence there is greater opportunity for cross-deanery networking.

## Variety!

There are six main branches of psychiatry, three treating across the lifespan: child and adolescent, general adult (GA) and old age; plus three other specialist areas: forensic, intellectual disability, and psychotherapy. GA also encompasses three subspecialties: addictions, liaison (the interface between medicine & psychiatry), and rehabilitation. Thus psychiatrists work across many different settings, e.g. within communities, in psychiatric and medical hospitals, in residential and nursing homes, in prisons. There is something for everyone with excellent career prospects.

## A look at core training . . . .

Core training (CT) in psychiatry is broad. It usually takes three years spent under the aegis of one Deanery. It is rotational: at least 12 months is spent in general adult, six in older adults and six in a 'developmental post', (child and adolescent / intellectual disability). There is fundamental training in psychotherapy and in dealing with psychiatric emergencies. This area of England is covered by two Deaneries: Mersey and North Western. Mersey takes around 60 CT's and North W est around 120.

### Dr Saman Shazad, ST5 Ashton House ID team, Wirral.

*"I am a higher trainee in the psychiatry of intellectual disabilities working at CWP. It was difficult for me to choose a subspecialty during core training, but I was very attracted to the challenging and rewarding field of ID. My current post provides me with a wide range of experience. I cover inpatients as well as the community setting. I am able to use my core skills gained during my time as a medical student and later as a house officer. Out of hours on-call commitments keep me in touch with general adult mental health issues. CWP is also supporting me to develop my skills in leadership and management; this is helping me pave the path of readiness to become a consultant."*



### Dr Bridget J Hunter, ST4 Chorley community ID team

*"I spent some happy core training at CWP. I had difficulty with the exit exam for the RCPsych membership and ran out of CT time; CWP took me back for year (I was elsewhere on the NW scheme at the time.) CWP gave me equivalent CT working conditions, including generous study leave. I got there in the end and have started higher ID training with NW Deanery in a friendly multi-disciplinary community post. Next year I will gain forensic ID experience. In October I am going to Croatia for a fortnight as part of an international exchange programme. The idea is to share reciprocal information on local ID services, plus how rehabilitation is structured for adults with chronic schizophrenia. I feel I am entering a unique and fascinating career."*



## A trainee's perspective.....

**Khurram Sadiq,  
ST4 general adult psychiatry  
Member of Psychiatric Trainee  
Committee, North West Division.**



*"I am a higher trainee in general adult psychiatry in Mersey Deanery. I have been provided ample opportunities to excel not only as a clinician but as a teacher, scholar and a leader. These are the skills you need to acquire as you climb up the ladder.*

*"In my short career in psychiatry I have worked in most of the services that include crisis teams, early intervention in psychosis service, adult ADHD, Aspergers services and personality disorder services. This has helped me to acquire specialized skills and helped to broaden my horizon.*

*"In my current post I work in a community mental health team. My role is to review all the new referrals to the team. I also do review clinics, domiciliary visits, Mental Health Act assessments and provide support to my team. My special interest is medical education which has allowed me to take on management and leadership roles e.g. representing the trainees on the Local Education Board. I am also an elected representative on a Psychiatric Trainee Committee of the Royal College of Psychiatrists for the North West region. This has provided me the opportunity to work at a national level to help improve training and to get the trainee perspective across to the Royal College of Psychiatrists.*

*Psychiatry has helped me to identify my strong personal attributes, strengthen them and allowed me to use it in my clinical and leadership roles. "*

## General adult psychiatry

Also known as working age psychiatry, it covers people between the ages of 18 and 65 years. It is diverse and provides exposure to range of mental disorders. These include "organic" brain disorders such as Parkinsonism, anti NMDA receptor encephalitis etc; psychotic disorders depressive illness, managing Aspergers syndrome, adult ADHD and personality disorders. The wide range of disorders and problems encountered necessitates close working with other agencies such as social services, police, acute hospitals, the criminal justice system and clear, effective team working within the mental health field.

Psychiatrists work as part of a multidisciplinary team with inpatients and/or patients in the community. The challenges are different and require diverse skills. The inpatient psychiatrists will work with the crisis resolution team assessing people with acute mental health problems and, where possible, providing an alternative treatment plan to hospital admission.

General adult psychiatry has become more specialised over a period of time with more choices of sub-specialties during training. These include rehabilitation (or recovery) psychiatry, liaison psychiatry, addictions, eating disorders and perinatal psychiatry. All require a subtly different mix of skills and knowledge base.

## Early intervention in psychosis

The early intervention in psychosis service was developed to screen people who are at risk of developing psychotic disorder. It consists of psychiatrists, nurses, social workers, occupational therapists and psychologists. This service entails interagency work with police, criminal justice system and social services. The service users stay in the services for a period of 3 years. This service accepts referral for service users experiencing their first psychotic episode and originally worked with age range of 13-35 years. With the introduction of timeless services, in certain areas like Wirral, age is not an exclusion criterion for referral.

## Eating disorder services

The manifestation of eating disorders typically is in adolescence, hence it involves working with children and adolescents and adults with anorexia nervosa, bulimia nervosa or binge eating disorder. Eating disorder patients have co-morbid anxiety, mood, or personality disorders. Physical complications is a salient feature of certain eating disorders.

The management of eating disorder is mainly psychological complimented by pharmacological management of the c-morbidities. There are now regional eating disorder services with specialist services in the community and also having inpatient units.

### **Liaison psychiatry**

Liaison psychiatry is the subspecialty of psychiatry that provides an interface between mental health and medical problems. It includes patients who attend outpatient clinics or emergency departments, or who are admitted as inpatients. It involves working with oncology, neurology, perinatal services. Liaison psychiatrists also have established clinical for medically unexplained symptoms and chronic fatigue syndrome. They deal with a range of problems including self-harm, adjustment to illness and physical and psychological co-morbidities.

During training in liaison psychiatry you will work alongside colleagues from a wide range of hospital based specialties; the clinical content of liaison psychiatry practice is amongst the most complex of any medical speciality and very challenging. The role also entails training and education of general hospital colleagues to improve their knowledge, skills and confidence in the basics of management of the common mental health problems.

### **Addiction psychiatry**

The problems and consequences of illicit drug use and excessive alcohol use are universal and a major source of concern for the media and public. Excessive alcohol and illicit drug use is associated with violence & criminality and exacerbates mental health problems. It also has financial implications on the resources. The most common addictions is those of alcohol and opioid. The work in addiction psychiatry entails work with individuals who have a range of addictions as well as, commonly, mental illness. The trainee acquires the particular skills to work with people in order to stop or limit use and then, from that position, to maintain their healthier state. It also requires knowledge of medical problems along with psychological and pharmacological approaches.

Trainees will have the exposure of working closely with courts and probation services as well as social and children's services.

### **Perinatal services**

There are specialist perinatal services that were established to serve the needs of women suffering from mental health problems, requiring management during pregnancy and in the postpartum period (usually up to one year post delivery). Perinatal teams tend to have regional mother and baby units (In-patient) and specialist community mental health team.

Mental illness following childbirth is relatively common. The most common issues are baby blues, perinatal depression and puerperal psychosis. In the postpartum period, women are at increased risk of suffering from affective disorders, and those with pre-existing psychiatric disorders are at increased risk of relapse.

One of the major challenges is dealing with management of risk to the mother and baby (neglect, poor mother-baby bonding, reckless behaviour). The prescribing has to be done cautiously due to risk of teratogenicity. Additionally, care must be given when prescribing to breast-feeding mothers.

### **Intellectual (learning) disability**

Patients are referred from leaving school and there is no upper age limit. There is a large range of cognitive abilities amongst the clients and many have sensory and physical impairments. This group is more likely to experience mental illness: there are far more biological and psychosocial risk factors. Hence cases are frequently complex with very different presentations. Patients require consideration to safeguarding issues, plus there is a strong interface with the Mental Health Act.

Intellectual disability psychiatrists invariably work within a multi-professional team and are usually expected to have a leading role. Many work in the community, some also covering ID assessment and treatment units. A smaller number of consultants treat in-patients only; this is especially true for posts specialising in forensic cases. A wide range of clinical skills is needed; this specialty, perhaps more than any other, takes a holistic approach to patients. Each must be considered not only in the context of their illness, but also skills, resources and co-morbidities. No matter which ID job, every week is always varied and interesting, and skills learned throughout training are put to good use. The number of ID Consultants working part-time is greater than average, and job satisfaction is high.

Higher training in ID takes place after completion of core training and gaining membership of the Royal College of Psychiatrists. There are seven posts in this part of England: three with the Mersey Deanery and four with the NW. There are close links between the two with a shared academic programme. There is close community of around 20 ID Consultant Psychiatrists in the region, around a quarter working at CWP, with two higher training posts based at the trust. There are many opportunities: ID encompasses everything from genetic testing to neurological rehabilitation to ensuring adequate social support.

### **Rehabilitation psychiatry**

Rehabilitation psychiatry focuses on quality of life issues rather than simply symptomatic relief. It involves identifying the vocational needs for service users and equipping them with the skills to sustain themselves in the community. There is need to work with people's families and social circles to promote integration or reintegration into the local community. The work entails long-term interactions with the services.