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TX: 20.03.03 – WHY IS THERE A MAJOR SHORTAGE OF PSYCHIATRISTS?

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BARCLAY

A recent report from the Royal College of Psychiatrists shows that vacancy levels for psychiatrists are higher than for all other consultants. It also revealed that 60 per cent of those over 50 will retire before they reach the age of 65. The factors influencing them are the poor standing which psychiatrists have amongst other medical professionals, their workload, bureaucracy and disillusion with the way treatment is going - moving towards more drugs and coercion. This trend isn't good news for patients either, most want someone who will respect their experiences, not just offer them drug treatments. And it's already hard to find psychiatrists who will take that approach.

We'll be discussing all that shortly but first Will Yates has been finding out why people have been leaving the profession.

HEAP

I didn't give up easily and I didn't want to want to give up because I'd invested a lot of time, a lot of personal energy in it and it was something that I wanted to do for so long.

YATES

Emma Heap left her job as a consultant psychiatrist at an inner London hospital 18 months ago, she's now training to be a barrister. She says there were a number of reasons for her decision to leave - personal and professional.

HEAP

In relation to the job it was quite frustrating, for example, to see a patient, to formulate with them a treatment plan and then not to be able to put it into practice, for example because of limitations on social services resources because of a waiting list for a talking therapy that was six months and therefore made it almost inaccessible. And to say to a patient this is a treatment plan but I can't give it to you at the moment, is terribly frustrating and for the patient more so, much more so.

YATES

A massive caseload and a chronic lack of resources meant that Emma Heap was spending less and less time with her patients.

HEAP

There seemed to be much a sense of getting through the numbers, of just trying to plough on through seeing as many people as it was possible to do in out-patients by shortening appointments, seeing more people in the day. And I would be contacted when things were going wrong, whereas for me professionally I wanted to see when things went wrong and then how they got better and how we could keep them better. So it was a lot more to do with crisis management than it was therapeutic psychiatry.

YATES

Up and down the UK consultant psychiatrists are expressing similar frustrations with their jobs. Dr Tim Kendall is co-author of a recent survey from the Royal College of Psychiatrists into recruitment and retention of consultants.

KENDALL

The main headlines are that consultants are retiring early and we're losing probably in total five per cent of the total number of consultant years through early retirement. The second issue is that we're losing potential consultants who are leaving their training to become, what's called, a staff grade psychiatrist, roughly 30 per cent of people who could become consultant psychiatrists are exiting into staff grade posts because they don't want the pressures of becoming a consultant.

YATES

The net effect of all this is that there's an alarming shortage of consultant psychiatrists - at the last count there were nearly 400 unfilled posts in the NHS. And according to Dr Tim Kendall this shortage has serious implications for all health services.

KENDALL

The awful consequence of that is that we are left having to recruit locums who are temporarily coming into a job, doing the job sometimes very well, sometimes not so well, but they don't stay for very long and we have to pay them vast sums of money. There are locum agencies charging a quarter of a million pounds a year for a consultant, now not all of that goes to the consultant but we are - it's causing a haemorrhage in financial terms.

YATES

Aside from the obvious financial implications the use of stand-in psychiatrists also has an effect on the continuity of care given to patients like Kay Sheldon.

SHELDON

In the area of Norwich where I live they haven't been able to appoint a psychiatrist for well over a year. The problem I found is that I was told one thing by one locum about a combination of medication and then next time I went back there was a different person who said something else. And I was lucky in that I was hale and hearty enough to sort that out but this lack of continuity is - I don't think it's helpful to patients.

YATES

The Department of Health is well aware of the issue of lack of consultants and is in the process of drawing up an action plan to tackle the problem. Professor Lewis Appleby is the national director of Mental Health.

APPLEBY

Mental health need is huge and unmet need in the community is enormous. Now not all of that need needs specialist services but we do need far more psychiatrists than we have at the moment but we also need a satisfied, high morale, workforce in order to deliver high quality care. And we won't have that if people feel under pressure. So we need more people but we also need people to do be doing things differently in a way that improves their job satisfaction.

YATES

But in its efforts to recruit and retain more consultants Dr Tim Kendall says the profession faces the fundamental problem that psychiatry as a whole has a very poor public image.

KENDALL

There's no doubt that physicians and surgeons and gynaecologists do not think of psychiatry as a properly evidenced based profession, as one which is there for improving patients' lives and so on. They see us as locking up mad and violent people and that there must be something slightly wrong with us for doing it. And that's a big uphill battle.

BARCLAY

Dr Tim Kendall ending that report. Dr Robin Arnold is chair of the British Medical Association's psychiatric committee. Dr Arnold it seems then as if pressures of work are one thing but it's this struggle to improve the image of psychiatry, both outside and inside the medical profession, that's adding to the problem too?

ARNOLD

Certainly. And the problem of the image of psychiatry, both within society and within the medical profession, has been something that the Royal College and BMA have been working on for many years but it's slow progress. But these two issues are just some of a whole raft of issues which are making psychiatrists' lives intolerable. And they're under much more scrutiny, they've got much less control over their clinical issues, there are ever higher expectation and demands on their time, there's the shortage of psychiatrists, you're talking about and we end up between a rock and hard place. And the conference we're having tomorrow is to try and engage the profession in working out how we can move forward into tolerable jobs.

BARCLAY

Phil Thomas is a psychiatrist at the Bradford Home Treatment Service, Phil Thomas is it intolerable?

THOMAS

I'm actually a psychiatrist of the Bradford Assertive Outreach Team. Yes it is intolerable Liz, the whole - the situation's been very well described but I'd particularly like to draw your attention to what Emma Heap said and that is the pressure - she described very clearly - the pressures that psychiatrists are under which make it very difficult, if not impossible, for them to work in a collaborative way with their patients.

BARCLAY

But a lot of those patients, she seemed to be saying, were also coming from lack of resources in other areas - like social services for instance?

THOMAS

I think that's a fair comment but I don't think that the answers to the problems of recruitment in psychiatry are going to succumb simply by putting more psychiatrists in posts. One of the real difficulties that we're facing, which Tim Kendall in his piece referred to, is the problem about coercion in psychiatry. And it seems to me that there has to be a link - and there is a link in my view - between the haemorrhaging of psychiatrists out of the profession at the moment and the fact that as we speak the Government is going to push through some of the most coercive mental health legislation in the Western world.

BARCLAY

You're referring to the new Mental Health Bill should that come about. Let's come back to that shortly. Let me just bring in Sophie Corlett, who is director of policy at MIND.

Sophie Corlett the end result is that patients suffer.

CORLETT

Yes, I think there are two particular ways that patients suffer and they both came out in your piece. One is that there just aren't psychiatrists to see so you can wait forever, and as Emma Heap

mentioned, psychiatrists end up being crisis management, for the patient - for the individual - that means that they're actually not seeing a psychiatrist often unless there's a crisis because they're waiting. The other is a real problem with continuity of care. We spoke, very recently, to a woman in the south west, over a six month period she'd seen, she'd had six appointments with a psychiatrist, with six different psychiatrists and not even psychiatrists from the same team, all six of them were locums - here today gone tomorrow. And from each of them she'd had a different assessment of her condition and different treatments recommended and it completely breaks down any possibility of building up trust or a relationship.

BARCLAY

So apart from patients actually wanting to see the same person and have somebody continuously handle their case what else do they want from psychiatrists?

CORLETT

Well they do want to be able to build up a relationship of trust and with somebody that they can know and go back to, who they feel has taken time to understand them. So it's not just about the continuity of care, it's not like just dealing with somebody with a broken leg, we're talking about working up a relationship with somebody.

BARCLAY

Phil Thomas you're also chair of the Critical Psychiatry Network ...

THOMAS

Co-chair.

BARCLAY

...you've hinted - sorry - you've hinted already that coercion you see as being the big, big problem, but as the title of the network suggests your criticisms of how psychiatry is currently run are probably quite strong?

THOMAS

Well it's not just how it's currently run, it's the way in which psychiatry has evolved over the last 200 years or so of European history. And I think there's a very close link, if you look at the history of psychiatry it originated in social policy, in locking people up and what we're seeing now, over the last 50 years, with the shift to community care people have announced that community care has failed, that that's open to debate, but the response has been seen to be giving psychiatrists more power to lock up people who are seen to be dangerous and to force people to have medication in the community. Now our view is that that is not the right way to go and that what we actually need to be doing is really rethinking the relationship between psychiatry and people who experience mental health problems as well as psychiatry in society. Now the shift to community care has really provided an opportunity for psychiatry to do that which it has failed to do.

BARCLAY

Dr Robin Arnold, fair criticisms?

ARNOLD

I think I'm myself a social psychiatrist and a rehabilitation and assertive outreach psychiatrist so I have no problems with the concepts. I think that psychiatry's not failed to do that, I think it's being done partially. And the problem is that if you give people too little time then it's the whole of the social and the personal bit which is forced out and they have to cut corners and retreat to a medical model. And I think most psychiatrists of a modern training would want to be holistic, the person centred model, and would want to move with that and somehow we have to find a way of freeing their time up and helping them to do that.

CORLETT

I think that's right and I think that the fewer psychiatrists that there are around, in a sense, the more defensive their practice becomes because they're not able to see people when they're well, they're seeing people when they're iller and are much more likely to be more coercive and to go to sectioning and things and medication instead of looking at more holistic earlier treatments.

BARLCAY

Phil Thomas you've already mentioned the new Mental Health Bill, what difference will that make to the situation - worsen it?

THOMAS

Well it's going to make it a heck of a lot worse. I want to refer to the fact that this isn't simply a matter to do with critical psychiatry, the critical psychiatry network carried out a survey about four years ago and we surveyed the attitudes of over 1,000 consultant psychiatrists in England and Wales, we got nearly a 50 per cent response rate, we sent out a short questionnaire to every psychiatrist in England Wales. And there is a huge feeling of anxiety and fear and dread about what this new Act's going to represent. Thirty five per cent of our respondents disagreed fundamentally with the idea that we should be forcing people to have treatment in the community. One in six people actually said they'd be prepared to refuse to implement this legislation.

BARCLAY

Dr Arnold what needs to be done?

ARNOLD

We have to find new ways of working, we have to get everybody on board so that psychiatrists can find tolerable jobs and not face being up before the GMC, the courts or whatever, for not having done something which they can't do. The Mental Health Bill - the draft Mental Health Bill - has had very a hostile reception from just about everybody, both within the psychiatric profession and within user and other groups.

BARCLAY

Sophie Collett.

CORLETT

And we have to remember that this is actually about a large number of individuals with mental health problems who just want to see somebody early who can spend time with them, understand what's wrong with them and help them to get better.

BARCLAY

Sophie Corlett from MIND, Dr Robin Arnold and Dr Phil Thomas thank you all.