

Psychiatrists' role

- Duties and Obligations
- Style of operating

- Reflections from this on:
 - Why an interesting question?
 - Understanding medical training
 - Understanding clinical practice
 - relationship versus technology

MH-MDT and Therapeutic Communities

- Flattened Hierarchy
 - Informality
 - Democratization
- Skill sharing
- Role blurring

Skill levels in MDT



Duties and obligations

- Prescribing
- Mental Health Act
- Responsibility
- Diagnosis and assessment
- Leadership

Doctor's style within the team

- Gatekeeper and signposting (non team)
- Consultation
- Integrated

Testing for ingredients using cluster analysis and regression

Sex Psychiatry Psychol Epidemiol (2004) 39: 709–716

DOI 10.1007/s00127-004-0818-5

ORIGINAL PAPER

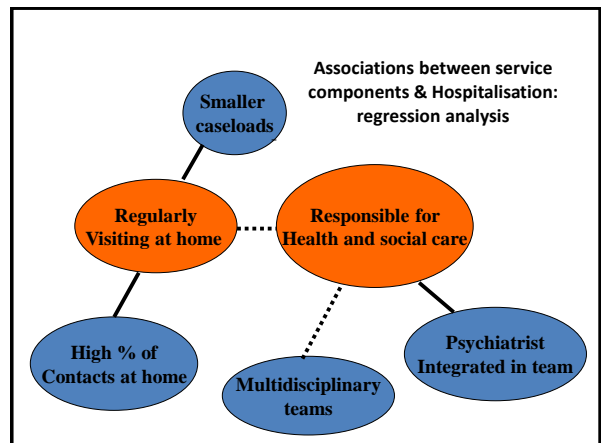
Christine Wright · Jocelyn Catty · Hilary Watt · Tom Burns

A systematic review of home treatment services Classification and sustainability

Literature review with Cochrane methodology

Broad definition of home treatment

All authors followed up for service components



Richard Sennett: The Craftsman



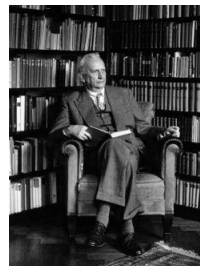
Misconceptions about training

- Medicine is not a science nor technology
 - Applies available sciences
- Training is mainly apprentice, not scholarly study
- Diagnosis is a pattern recognition skill
 - 100,000 hours to acquire must be continually practiced
 - not 'criterion based'
- Operate in uncertainty
 - Flexible application of treatments
 - Guidelines not rules

Misconceptions about process of MH care

- A series of individual evidence based interventions
 - Measured against targets and standards
- Mental illness manifest in relationships
- People value relationships
- Trusting relationship a therapeutic force in itself
 - Jerome Frank – non-specific factors in psychotherapy
- Emergent qualities in relationship

Karl Jaspers



“Psychiatrists function primarily as living, comprehending and acting persons.”

General Psychopathology – Vol 1, Karl Jaspers, John Hopkins University Press: London, 1997

What to guard against

- Loss of 'intellectualism' and status
 - Diagnostic precision and authority
 - Poor recruitment
- Research leadership
 - Vicious circle

Greetings from Oxford and UCL

