

Inside Medicine - Adult Psychiatry

In the latest feature in a series focusing on medical specialisms, Dr Larry Culliford talks about adult psychiatry.

Psychiatry is the branch of medicine that deals with the diagnosis and treatment of mental illness.

WHAT IS YOUR JOB?

I am a consultant psychiatrist for working-age adults living in the community with long-term, severe or disabling forms of mental illness, based in the Brighton community mental health centre.

I work with the multi-disciplinary psychiatric rehabilitation team.

WHAT IS THE MOST COMMON CONDITION?

The most common condition we deal with is "life".

We treat our patients as individuals. This holistic or person-centred approach ensures that we do not get stuck on labels or diagnoses.

The majority of our clients, or "service-users" as they are also sometimes called, have had potentially disabling symptoms since their mid-teens or early 20s.

When unwell, they tend to get jumbled thoughts, hallucinations (usually derogatory, real-sounding voices) and fixed false beliefs (called delusions).

In some cases, the main problem involves marked mood swings.

WHAT IS THE MOST COMMON PROCEDURE?

To locate and settle a person into appropriate housing. The cohort of patients who came out of large psychiatric hospitals when they closed in the late 80s and early 90s were resettled fairly hurriedly.

As a team, we help people discover how to fend for themselves in increasingly independent environments.

This may mean learning (or re-learning) to budget and shop, to cook and clean, to be responsible for taking medication and getting to appointments and to attend social and educational activities.

It may also involve helping people to get into employment, which may be voluntary or paid, and is often part-time.

WHAT IS THE HARDEST THING ABOUT YOUR JOB?

I do not find my job particularly hard these days.

It can be heart-rending to witness the suffering of others, but it is all the more rewarding to witness the courage with which so many cope with it, and the successes they manage to achieve.

The training period to become a psychiatrist is long, admittedly, and can often feel frustrating.

You do not have to learn an enormous amount to be a good psychiatrist, but you do have to develop certain important personal qualities: patience, perseverance, empathy, equanimity and emotional resilience among them.

We often start our careers by wanting to prove ourselves and "get results".

However, psychiatry teaches a different way of achieving satisfaction when, as so often, you are dealing with persistent or recurrent disorders that affect people life-long.

HAT IS YOUR MOST SATISFYING CASE?

It is always satisfying to meet and make genuine contact with a person who is suffering.

I find that you can always either help or learn something, often both.

Over the years, my patients have taught me by example the truest of human values - kindness, compassion, loyalty, honesty, and joy among them.

I have learned that mental health is far more than the absence of mental illness. It has a spiritual dimension that is often forgotten or neglected.

My patients have usually been unable, through illness and associated disability, to complete their education, get good jobs, earn good money, find a suitable partner and raise a family.

Nevertheless, they repeatedly prove that it remains possible to have a sense of purpose and live a meaningful life.

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WHY DID YOU CHOOSE THIS SPECIALTY?

I think I was born to be a psychiatrist. This is my irrevocable destiny. The profession chose me, rather than the other way around.

IF YOU HAD YOUR TIME AGAIN WOULD YOU CHANGE YOUR SPECIALTY?

To answer this question with another question (as psychiatrists are frequently supposed to do): "Would the sun prefer not to shine?"

I think not.

HOW DO YOU SEE THE ROLE DEVELOPING IN THE FUTURE?

The role of psychiatrist, one of the younger specialties, has been evolving since the outset. It is difficult to predict the future accurately.

There are those in the profession who would like it to be based more on brain science and genetics, as if people were sophisticated robots that could be diagnosed and fixed like machines.

If we listen to our patients, however, while continuing to make gains in terms of understanding specific pathologies and developing treatments, the emphasis of our work will go in the other direction.