



e-interview

Patricia Casey

Patricia Casey is Professor of Psychiatry at University College, Dublin. She trained in psychiatry in Nottingham and Edinburgh. Her special interests include research into personality disorder and suicidal behaviour.

If you were not a psychiatrist, what would you do?

I have long entertained a fantasy of becoming a singer, although of course it will never be realised now. From the age of about 12 years I was a member of various groups and did gigs in pubs and clubs, with the full support of my parents but to the dismay of my teachers. It didn't harm my studies though and it meant that I had a car before most of my fellow students did, as singing paid very well, even then.

What has been the greatest impact of your profession on you personally?

Making me more understanding of human frailty and vulnerability but also appreciating the personal resources and strengths that people possess and that help them to cope with the most terrible crosses that life sends.

Do you feel stigmatised by your profession?

Not at all. I think psychiatry is a wonderfully interesting and stimulating branch of medicine. It does concern me however that we are caricatured as overzealous in the use of medication and there are clear implications that we deprive our patients of better alternatives such as 'counselling' as a result of our alleged ties to the pharmaceutical industry. This is a travesty on how we work.

Who was your most influential trainer, and why?

Professor Peter Tyrer for whom I worked as a registrar has had a tremendous overall influence on me. He stimulated inquiry and taught impeccable research methods while also being a bit of an iconoclast; a combination that drove me to question received wisdoms. He clearly demonstrated how research could and should impact upon day-to-day clinical practice – evidence-based medicine before it was invented!

What research publication has had the greatest influence on your work?

The early papers on parasuicide written by Norman Kreitman demonstrating that this behaviour was, generally, not attempted suicide; a fact that still seems to elude many who discourse on this topic.

**What part of your work gives you the most satisfaction?**

I particularly enjoy writing but it is also tremendously rewarding to see patients get well. However, the moment that I see the results of a piece of data analysis is unlike no other and probably a 'peak experience'.

What is the most promising opportunity facing the profession?

The potential that modern neuroradiological techniques hold for assisting us in making diagnosis.

What is the greatest threat?

The plethora of unproven alternative therapies and therapists that claim to be superior to current treatments is a huge threat to the well-being of patients. I am often astounded that otherwise sensible and well-read people opt for these in preference to what they perceive as the 'medical model', a term that seems synonymous with 'psychiatry' in the minds of many. It is crucial that we learn to convey to the public the diversity of approaches that we use in our day-to-day practice. I also think that we may pose a threat to ourselves. We sell ourselves short by allowing other professions to become increasingly involved in diagnosis and management and this runs the risk of creating the impression that all related professions have the same competencies as psychiatrists.

What single change would substantially improve quality of care?

If there were more crisis and acute beds for the homeless mentally ill this would have a dramatic impact on the care that this, the most vulnerable group within psychiatry, receive. In Ireland there are no dedicated services for this group and there are endless problems trying to find beds when such a person needs admission.

How would you entice more medical students into the profession?

When students begin their attachments they think that psychiatry is hit and miss. We must convey to them that, like all other branches of medicine, we use evidence and scientific methods in patient management.

If we succeed we will appear less like 'snake oil' merchants and have much greater appeal to a group heavily formed in scientific methods.

What are the main ethical problems that psychiatrists will face in the future?

The increasing dissemination of information about patients back to them, such as case notes, letters etc. will pose significant problems for confidentiality and also for communication with general practitioners. The content of our letters is likely to be severely constrained if we anticipate that patients may see these.

How would you improve clinical psychiatric training?

By encouraging more research and academic reading and also by recommending that trainees have much greater involvement in providing the range of therapies that we use instead of routinely referring them to other therapists. I doubt if many trainees know how to desensitise an agoraphobic patient any more.

What single change to mental health legislation would you like to see?

Updating the 1945 Act under which we work in Ireland. A new act is supposed to become operational soon and it remains to be seen how workable it will be.

How should the role of the Royal College of Psychiatrists change?

It should be more proactive and vociferous in challenging the antipsychiatry lobby and in explaining what we do and do not do; in particular we do not fill people with drugs and turn them into zombies rather than talking to them, as is commonly claimed.

What is the future for psychotherapy in psychiatry training and practice?

I believe that psychotherapy training is vital if we are to provide a complete and rounded training. It is unfortunate that doctors in training routinely refer patients onwards when some psychological or behavioural intervention is needed rather than undertaking this themselves with supervision, in at least a proportion.

What single area of psychiatric practice is most in need of development?

The concept of 'depression' has become so elastic as to almost include understandable unhappiness and this results in the needless prescription of antidepressants. Our definition and understanding of depressive illness needs to be honed more rigorously until such time as a biological marker is identified. These advances would significantly impinge upon clinical practice where depressive illness is concerned.

Dominic Fannon