

Interview



Dr Faisal Sethi is a consultant psychiatrist in psychiatric intensive care at the Maudsley Hospital, South London and Maudsley NHS Foundation Trust (SLAM). He is also the PICU lead consultant for the Psychosis Clinical Academic Group in SLAM. His current clinical role involves the provision of female psychiatric intensive care at the Maudsley Hospital, London. He is Vice Chair of the National Association of Psychiatric Intensive Care & Low Secure Units (NAPICU), and has been involved in shaping

future guidance and policy for psychiatric intensive care. He is also a member of the editorial board of the *Journal of Psychiatric Intensive Care*. He is appointed as an associate clinical advisor in psychiatry to the office of the Parliamentary and Health Service Ombudsman. He is a member of the NICE Guideline Development Group for the violence and aggression guideline within the National Collaborating Centre for Mental Health.

What are you working on at present?

My typical day involves the management of some of the most acutely unwell women in the in-patient setting, with multiple physical and psychosocial comorbidities. I am talking to the Department of Health about commissioners' guidance for psychiatric intensive care units (PICU). I am also working with the executive team at NAPICU to refresh the national minimum clinical standards for PICU services.

What is your idea of a perfect mental health service?

One which aspires to excellence in clinical outcomes, patient experience, education, training and research, while being cognisant of operational efficiency. General medicine and mental health can learn a lot from each other. In mental health we are good at holistically dealing with chronic disorders across the lifespan and across service boundaries.

Which psychiatrist, living or dead, do you most admire?

Professor Peter Liddle's 1992 classic paper, 'Patterns of cerebral blood flow in schizophrenia' (*British Journal of Psychiatry*) left an indelible impression on me as a young trainee psychiatrist. Liddle produced some of the most insightful and methodologically elegant analysis of the schizophrenic condition since Kraepelin's time. The idea that clinically discernible schizophrenic subsyndromes could be 'visualised' through distributed neuronal networks led me to my brief foray into the mathematical modelling of brain disorders at the MRC Cyclotron Unit at Hammersmith Hospital and propelled my interest in biological psychiatry as a trainee.

As a trainee, I was inspired by many psychiatrists; Professor Eileen Joyce and Dr John Meehan were two of the best. In SLAM

and the associated Institute of Psychiatry I am fortunate to be surrounded by excellent consultant colleagues, many of whom are leaders in their fields.

What do you consider to be your greatest achievement?

Our beautiful and happy 3-year-old daughter. She helps me to put most things into clearer perspective.

What has been your most controversial idea?

One of the most challenging scenarios in PICU is the management of the later stages of persistent challenging behaviour. Such patients are often in seclusion, have had many rapid tranquillisation episodes, and may well have unmanaged physical health concerns.

In a very small number of complex cases, I have worked alongside liaison psychiatry colleagues and medical physicians (from the medical assessment unit) to achieve short-term tranquillisation and allow for urgent medical investigations to be conducted under unconscious sedation. These cases point to the benefits of involving physicians early in the management of severe acute disturbance, and are making me reconsider pharmacological interventions which may be usefully considered in the later stages of rapid tranquillisation clinical protocols.

What frustrates you most about working in psychiatry?

The physical environments within which we care for our most unwell patients.

How do you teach trainees?

I like to use the ward round as a forum for teaching. I am pretty notorious for asking searching clinical questions of my trainees in the ward round. I imagine my trainees will say that I am interested in the physical/mental health interface and the medical aspects of psychiatry.

What is the most important lesson that working on psychiatric intensive care wards has taught you?

It is essential to be able to get on with most of your colleagues (clinical and managerial). Most crucial decisions for patients are made thanks to the motivation of people around you, and their motivations are primarily influenced by the nature of your relationship with them.

What is your biggest disappointment?

I am still a self-confessed workaholic. I am better than I used to be, but have a long way to go.

What was the last book you read?

I usually have two contrasting books on the go at the same time: one directly related to my work and one for downtime. My last two were *Psychiatric Clinics of North America: Women's Mental Health*, a thought-provoking collection of reviews into women's psychiatric conditions, and *Are You Smart Enough to Work at Google?* by William Poundstone, a great airport buy, full of logic puzzles designed to develop your creative thinking.

Sabina Dosani

doi: 10.1192/pb.bp.113.044842