

*Lancet* (Editorial) (1985) Irritability in psychiatric nosologists. *Lancet*, *ii*, 1223.

MILLER, H. (1970) Psychiatry: medicine or magic. *British Journal of Hospital Medicine*, *3*, 122–126.

WITTGENSTEIN, L. (1980) *Culture and Value*. (Translated by Peter Winch.) Oxford: Basil Blackwell: Dated 1946, p. 54e.

WOODS, G. (1984) *The Myth of Neurosis*. London: Macmillan.

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## Careers in psychiatric specialities

### 1. Rehabilitation psychiatry

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The career paths of many trainees in psychiatry are influenced by their experience of a six month SHO/ registrar training post in a particular speciality. Not all trainees, however, may be aware of the training requirements for a specialist consultant post, career prospects and most importantly of the practicalities of working on a day to day basis as a specialist consultant or a consultant with special interest or responsibility. Furthermore, some SR trainees may have a limited choice of placement in a SR training scheme and with the diminishing availability of pure general psychiatry consultant posts, a year's training at senior registrar level may determine a trainee's whole career.

This paper will be the first of a series of eight which will aim to provide some insight into the following specialities of adult psychiatry and to delineate the training requirements for and the practical aspects of undertaking such posts. Topics to be covered are rehabilitation psychiatry, mental handicap, old age psychiatry, psychotherapy, forensic psychiatry, community psychiatry, liaison psychiatry and addictions.

Further information will be available in the updated JCHPT handbook to be published later this year.

#### *Psychiatric rehabilitation*

##### **Definition**

Rehabilitation is a process which aims to enable a person to achieve and maintain his/her best level of psychosocial functioning, adjustment, resourcefulness and satisfaction with different aspects of his/her life and care, even when he/she has an unremitting illness and impaired insight. For the majority of patients with chronic disabilities this form of care may be needed either continuously or intermittently throughout a long illness career. Its principles apply to patients in different settings throughout a health district, and depend on close links between services in different locations. A comprehensive service consists of a range of facilities, a stable workforce of skilled staff of different disciplines and backgrounds, a variety of interventions, a long-term commitment to patients and services, and usually collaborative work involving statutory and non-statutory organisations and personnel. Its success depends on adequate funds, and effective mechanisms for case management and for ensuring that limited resources are being deployed appropriately.

### **Career prospects**

Although rehabilitation is an important component of good clinical practice in all aspects of psychiatry and for all diagnostic groups, it is now recognised that rehabilitation services specifically for patients with chronic disorders need to be provided in every health district. The Royal College of Psychiatrists currently recommends that every health district should have a consultant with specific responsibility for these services and that at least one session per 30,000 population should be committed to this work. If this is to be achieved there will need to be a substantial expansion in the number of SR posts throughout the country: in 1984 there were only six posts; now at least 12 consultants are recognised trainers.

### **Training requirements**

This is in the process of being up-dated but it appears that three forms of SR training in rehabilitation psychiatry are available:

- (a) twelve months full-time attachment to a rehabilitation service and supervised by a consultant with responsibility for rehabilitation
- (b) twelve months attachment to a consultant team which has a special interest in rehabilitation
- (c) a sessional attachment to a rehabilitation service.

Only the first will fulfil the educational requirements for a consultant post with responsibility for rehabilitation. The second would only count as six months experience and therefore qualification for only a special interest post. The third attachment would be valuable to a general psychiatrist but would not fulfil training needs otherwise. Exceptionally good candidates with academic and research experience may be offered proleptic appointments. Further advice on training in psychiatric rehabilitation is available from the College's regional representatives in rehabilitation (details available from the Section for Social, Community & Rehabilitation Psychiatry, The Royal College of Psychiatrists).

### **Job structure**

The specifications for a consultant post should be tailored to suit local needs. The job structure will therefore depend on the number of sessions allocated to rehabilitation, the stage of the service in terms of its development, whether a DGH based psychiatric service involves the rundown and eventual closure of a mental hospital, and the geographical and socio-demographic characteristics of the health district. The job is likely to involve a mixture of clinical work and teaching, and time devoted to planning and managerial issues.

The clinical work will involve the assessment, formulation and review of rehabilitation plans for indi-

vidual patients for whom the consultant is clinically responsible. This will be in collaboration with staff of other disciplines and services and in various hospital and community settings. In addition the consultant will provide an advisory service to colleagues. Undergraduate and postgraduate teaching will depend on the links with a teaching centre, but the consultant will have a significant role in the teaching of junior psychiatrists and usually of non-medical staff involved in the services. The nature and amount of involvement in planning and managerial issues will depend on how advanced the service is in its development, and on local arrangements for the development and coordination of services particularly with the local authority and non-statutory organisations. This involvement will include providing clinical advice and opinion, and close liaison with all concerned to provide services for chronic patients. In addition to these roles rehabilitation psychiatry offers many opportunities to consultants interested in research.

### **Potential frustrations of the job**

There are several potential sources of job frustration and some will be found in other aspects of psychiatry as well. These will include those concerned with clinical issues, organisation factors, and the planning and development of new services. Clinical issues may include difficulties in resolving differences of opinion within a multidisciplinary team particularly when conflicts exist in the philosophy of a service to be provided for a patient, when inter-disciplinary rivalries exist, and when staff have an unrealistic expectation. Organisational factors may include having to slot people into inadequate facilities until more appropriate services have been developed. Others could include poor recognition by clinical and managerial colleagues of the importance of services for people with chronic disorders, a lack of stability in the staff who may be called upon to work elsewhere, and the burden which patients, relatives and services have to carry because of grossly inadequate resources and the poverty trap caused by the current policies on state benefits for chronic patients.

Despite the theoretical and practical knowledge concerned with the care of chronic patients that now exists, and the catalogue of interventions and forms of services that are thought to be effective, a substantial number of patients are likely to remain deprived of the substantial benefits that an established service could offer. Frustrations concerned with planning and development of new services are well known and these are more likely to occur when there is no leadership and when potential developments involving other agencies are affected by local political machinations. Other causes could include poor collaboration between different agencies, piecemeal

developments, conflicts between cost-saving expediencies and clinical decisions, and inefficient use of limited resources. At present much uncertainty exists over whether these frustrations will be reduced by the policies of the recent White Paper on Community Care. At least, however, there are now signs of a move away from the unhelpful dichotomy which has existed in planners' minds between services in hospital and those in the community, and towards a recognition of the need to develop services for different target groups in a variety of locations.

### Final comment

Rehabilitation psychiatry will offer an exciting and very rewarding challenge to those interested in the care of patients with chronic disabilities. Satisfaction will be derived from clinical work, academic endeavours, being involved with colleagues from a variety of backgrounds, and from direct involvement with families of patients. It will also be derived from successfully influencing those who are responsible for the availability and deployment of resources for these patients.

### Further reading

#### Of general interest

- BROOK, P. (1984) Consultant psychiatrists: their career choice and training. *Bulletin of the Royal College of Psychiatrists*, **8**, 2-5.
- RAWNSLEY, K. (1984) The future of the consultant in psychiatry. *Bulletin of the Royal College of Psychiatrists*, **8**, 122-123.
- ROYAL COLLEGE OF PSYCHIATRISTS (1986) Criteria for consultant posts in psychiatry. *Bulletin of the Royal College of Psychiatrists*, **10**, 201-202.
- Medical and dental staffing prospects in the NHS in England and Wales in 1988. *Health Trends* (1989) **21**, 99-106.

#### Rehabilitation psychiatry

- ROYAL COLLEGE OF PSYCHIATRISTS (1980) *Psychiatric Rehabilitation in the 1980s*. London: Royal College of Psychiatrists.
- (1987) Psychiatric rehabilitation updated. *Bulletin of the Royal College of Psychiatrists*, **11**, 71.
- (1988) Guidelines for regional advisers on consultant posts in hospital and community rehabilitation. *Bulletin of the Royal College of Psychiatrists*, **12**, 109-110.

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