

NWRPA Newsletter September 2021

Making Assessments: Psychiatry

Dr Andrew Shepherd

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Summary by Frank Kelley

As therapists we see people who want to talk about their experience of psychiatric care. Our members find insights into the work of psychiatrists interesting and useful and have found our previous seminars with Andrew very helpful.

He is a consultant forensic psychiatrist, working in secure hospital and prison settings. He also carries out work as an expert witness, aiding the courts in relation to criminal legal proceedings. He is an honorary lecturer in the University of Manchester and his research interests focus on the psychosocial dynamics that influence care provision in secure settings

A psychiatric assessment is influential and spans many fields in terms of its impact. In this Zoom talk Dr Andrew Shepherd explored the nature and purpose of psychiatric assessment – drawing on forensic work as an illustrative example – and sought to identify some of the limitations and issues that can arise.

Psychiatric assessments are a daily part of his work. Andrew sees this as a collaborative co-construction with his patients. There are different approaches within psychiatry. However the most significant influence on the process of assessment is because psychiatrists are medical practitioners.

Becoming a doctor is based on decisions and a commitment made at the age of eighteen or nineteen. Often candidates will show their commitment by voluntary work. Students often have social and family networks which support their commitment to medicine. One in five doctors are the sons and daughters of doctors.

Studying for a medical degree takes five years. This is followed by three clinical years covering every medical specialism. Then you become a doctor. However you then need a further year in which you cannot work unsupervised. Then there is a foundation year (previously called a senior house officer) when, and this is a crucial responsibility of a doctor, you can prescribe without supervision.

After these years of training you are a doctor but not yet a psychiatrist. Your core training in psychiatry leads to membership of the Royal College of Psychiatry. You can then apply for further training. For Andrew this was to become a Forensic Psychiatrist. An additional responsibility is being registered under section 12 of the Mental Health Act.

A little further on Andrew became a Consultant Psychiatrist. As an Approved Clinician he then had a formal and legal responsibility for his twenty patients. This whole process took him a total of eighteen years.

This description of the long process of medical training is important because it firmly establishes a medical view of psychiatric assessment.

An archetype of a medical assessment would be as follows.

Take a medical history including the presenting complaint and the history of the presenting complaint.

Eliciting symptoms.

Patient description.

Physical examination to provide more symptoms.

Symptoms and signs to guide examinations.

Followed by treatment.

A psychiatric assessment follows a similar pattern. In essence the claim is we are moving from the patient's symptoms and complaints to something objective confirmed by observation. As with the classic medical archetype we also pay attention to personal history, family history and social history.

Learning how to correctly carry out a mental state examination is an integral part of psychiatric training. Andrew sees this as a semi-structured attempt to grasp another person's experiences as an indication of an underlying pathology. The semi-structure is as follows:

Appearance and behaviour

- Is the patient engaged or disengaged.

Speech

- Rate, rhythm, flow and indications of thought disorder.

Mood

- Affect
- Content
- Forms of thought
- Perceptions including hallucinations
- Orientation to time, place and person
- Domains of cognition
- Insight

Andrew is not keen on the conventional binary division of insight/lacks insight. If the patient has no insight why are they talking to a psychiatrist? He also thinks most psychiatrists are now moving away from their medical training and are less reliant on the need for a medical diagnosis. He emphasised the importance of sitting with their patients' distress. However he believes patients find a diagnosis helpful to cling on to at very distressing times.

He works at Styal Prison for women where he usually sees eight patients a day. He will introduce himself by saying he is a psychiatrist and works in the prison and has fifty minutes together for any work we can do that will be helpful. His aim is to work in a collaborative and co-constructive way which understands their experience.

Prescribing medication, which is uniquely a doctor's responsibility, is an important part of these discussions and central to the help patients are looking for.

Like prescribing, sectioning under the Mental Health Act is solely the psychiatrist's responsibility. He has to assess whether his patients have a mental disorder and whether they are a risk to their own or others health. Sectioning means depriving a free person of their liberty. Such assessments can be needed when prisoners are about to end their sentences. Hence the psychiatrist deprives them of their liberty just as they become a free person for the first time in a long time.

The Mental Health Tribunal conducts independent reviews of patients detained in Mental Health Hospitals. Andrew will need to justify his detention decisions before this tribunal, for example when a patient appealed to the Tribunal against being detained. His favoured collaborative approach becomes more difficult when he is required to justify his decision in

front of the tribunal and his patient. He can also be cross examined by his patients and their legal representatives. This can and does undermine the usual doctor/patient relationship.

As well as prescribing and having responsibilities under the Mental Health Act he can be called as an expert witness by a court. He can be instructed by the defence or by the Crown Prosecution Service. His area of expertise as a forensic psychiatrist is how a person's mental state may be related to their offence. This is particularly relevant in cases of arson and murder where there is often a request for a mental state examination.

Andrew was asked what the satisfactions of his work were. He said he has the privilege of working with vulnerable and marginalised people and believes in justice for patients. While he does not want to be a custodian he believes this can help society contain these very vulnerable people. He also finds an intellectual interest in stories of people's lives.

Thank you to Dr Andrew Shepherd. He gave us a perspective on psychiatry that therapists will find both useful and helpful. His warm and collaborative way of working is something we would all recognise as a therapeutic relationship.