College of Psychiatrists of Ireland

Wisdom • Learning • Compassion

# Be Inspired

## by a Career in Psychiatry

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# Word from the President of the College of Psychiatrists of Ireland

What if there was a medical speciality that offered the full range of challenges that drew us towards medical school in the first place? We all had our decision day and our reasons, often highly personal, for that decision. This led to a commitment to years of hard work until we received our medical degree. Research reveals common themes however. A desire to help people; a desire to make a difference to individuals and humanity in general; wanting to work in teams; a love of science and inquisitiveness as to how it applies to human development and existence; wanting to understand how bodies work and how people function. People also seek a career that offers variety and flexibility of opportunity and lifestyle. We should seek the same when choosing our specialist career path.

Psychiatry is a speciality that gives those of us lucky enough to practice it an opportunity to answer all these personal career requirements. Psychiatry is now at the cutting edge of scientific endeavour. The historically select areas of genetics, neuroscience, philosophy, pharmacology, law and human rights and the role of the patient in medicine are now among the fields of knowledge that impact interactively on the daily work of psychiatrists working in the front line. These varied areas of intellectual and practical exploration also fill the working lives of psychiatrists researching ways to reduce the effect of mental illness on individuals, their families and society as a whole.

This booklet outlines the training path in Psychiatry and summarises the variety of fields of work that a career in Psychiatry offers. Reports from the Medical Council surveys of trainees (*Your Training Counts*) have been positive about the training experience in Psychiatry in Ireland. Irish Psychiatrists have international reputations for cutting edge research in all areas of psychiatry. It is an exciting time to be a Trainee in Psychiatry in Ireland.

In the legendary novel of medical training 'The House of God', the protagonists discuss post-internship career choice. Psychiatry comes out on top. Among the reasons are "easy on feet" and "long lunch hours". I cannot guarantee either but can promise an intellectually challenging but supportive training path and a varied and rewarding career. I hope that you will choose it.

**Dr John Hillery**
**President (2017 - 2019)**
**College of Psychiatrists of Ireland**

# Letter from the Chair of the Trainee Committee

So you're thinking of embarking on a Career in Psychiatry. The first thing to say is, welcome! This booklet is designed to give you an understanding of what Specialist training in Psychiatry entails, and give you ideas on how to best position yourself for the application and interview process. But why choose Psychiatry?

Fundamentally, Psychiatry offers the opportunity for an exciting and fulfilling career. It is a field where the scientific and pathophysiological principles are still very much being researched and explored, which offers huge scope for Clinical and Scientific research. It is also a clinically dynamic job, with most Psychiatrists seeing a wide range of presentations and conditions in their everyday work. The Multidisciplinary approach to care means that it is a field where you can offer patients genuinely holistic management and make a real difference to their life.

From my personal perspective, it is this opportunity to have a significant and lasting impact on the lives of patients that drew me to Psychiatry. Of course, all illness has an impact on a person's functioning, and you can make a positive difference in any medical career. But it's hard to over-state the importance of mental health to a person's life. When somebody has psychosis or severe mood disturbance or any major mental illness, their whole life is affected. Seeing someone recover from this is a hugely satisfying experience. In Psychiatry, we acknowledge that illness doesn't happen in a vacuum. Part of the work is understanding the broader issues which have contributed to a person's presentation and facilitating them in addressing these, with appropriate support. If you are curious, and interested in people as whole entities, then Psychiatry may well be the career for you.

But Psychiatry is a broad medical specialty, with a number of sub-specialisations and special interests within it. There is a wide variety of jobs, in terms of patient population, acuity, pace and interaction with other colleagues. There is no substitute for talking to people working in the Specialty and hearing from them about the reality of life and work as a Psychiatrist. The College of Psychiatrists runs a number of events where you would have an opportunity to meet and talk to Trainees and Consultants alike. I would definitely recommend going to a Summer School, MedFest, or the Spike Milligan Public Speaking Competition to network and find out more.

Wishing you every success in your future endeavours.

**Dr Roisín Plunkett**
**Chair Trainee Committee, 2016 - 2018**
**College of Psychiatrists of Ireland**

# Specialist Training in Psychiatry in the Republic of Ireland

Professor Greg Swanwick
*Dean of Education*
*Consultant Old Age Psychiatrist*

Four specialties in Psychiatry are recognised by the Irish Medical Council. These are Psychiatry, Psychiatry of Old Age, Psychiatry of Learning Disability, and Child & Adolescent Psychiatry.

Selection for training requires that the applicant is eligible for entry to the Trainee Specialist Division of the Register maintained by the Medical Council and entry is then by a centralised interview organised by the College of Psychiatrists of Ireland (CPsychI) which is responsible for all aspects of postgraduate training in psychiatry in Ireland. The application process is advertised in November/December each year for entry on to the programme the following July.

To achieve its aim of providing the best possible training, the CPsychI has developed a new curriculum for training which is delivered in a two stage format of Basic Specialist Training (BST) followed by Higher Specialist Training (HST).

For more information please visit:

**http://www.irishpsychiatry.ie/postgraduate-training/hst/curriculum-regulations/**

# Basic Specialist Training (BST)

Basic Specialist Training (BST) takes approximately four years with eight 6-month placements (BST is divided into Foundation Year and 3 subsequent years BST1-3 and it requires a minimum of 3 years and a maximum of 5 years in training depending on previous experience and progress on the continuous assessment process). Of these 8 placements, 4 are in general Adult Psychiatry, 1 in Child and Adolescent Psychiatry, 1 in either Psychiatry of Old Age or Psychiatry of Learning Disability, and there are 2 flexible placements to include another placement in one of the above core psychiatric specialties and/or the psychiatric sub-specialties (Academic, Addictions, Forensic, Liaison, Psychotherapy, & Social/Rehabilitation). Trainees rotate between a number of hospitals and their associated community services to gain experience in a number of settings e.g. community-based, in-patient, rural, and urban.

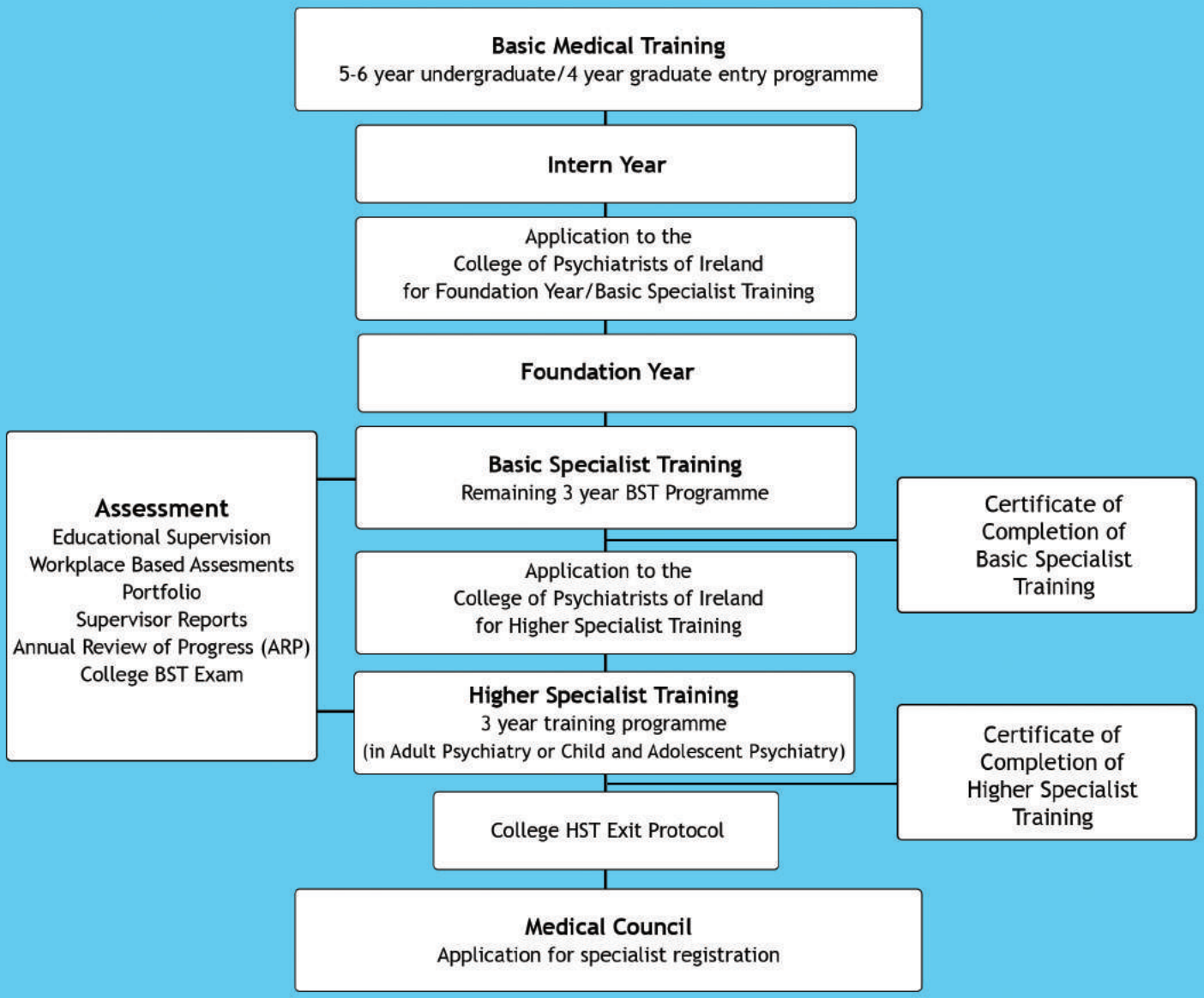
Successful completion of Basic Specialist Training requires that Trainees demonstrate attainment of all the learning outcomes listed in the curriculum and that they complete a specified period of experience. Attainment of outcomes will be demonstrated by the Trainee's continuous assessment portfolio which will include workplace based assessments and other documented assessments of performance such as structured reports from clinical supervisors, approved course attendance, completion of e-learning modules, etc. An Annual Review of Progress (ARP) panel must approve progression through and completion of training. In addition Trainees must pass the College BST Examination.

# Higher Specialist Training (HST)

Entry to Higher Specialist Training (HST) requires the award of a CCBST (or equivalent from another jurisdiction). 90% of HST places are reserved for Trainees who have completed the CPsychI BST Scheme (streamlining Trainees). All streamlining Trainees are automatically eligible for HST. However, entry to HST is by competitive interview with separate interviews for the Adult and Child & Adolescent Programmes.

Higher Specialist Training in Psychiatry takes a minimum of three years. Similar to BST, award of a Certificate of Satisfactory Completion of Higher Specialist Training (CSCST) requires that Trainees demonstrate attainment of all the learning outcomes listed in the curriculum and complete a specified period of experience. Attainment of outcomes will be demonstrated by the Trainee's continuous assessment portfolio and an Annual Review of Progress (ARP) panel must approve progression through and completion of training. Following the successful completion of Higher Specialist Training the doctor will have achieved the skills required to be entered onto the Specialist Register of the Irish Medical Council.

# The Principal Career Pathway in Psychiatry



# INFORMATION REGARDING BST DEANERIES AND AFFILIATED TRAINING CENTRES

| *Training Centres* | *Training Centres* | *Training Centres* | *Training Centres* |
|---|---|---|---|
| **NUIG Deanery** | **NUIG/RCSI Deanery** | **RCSI Deanery** | **TCD Deaneries (x 2)** *(formerly Dublin University)* |
| UCHG, Galway | St Loman's Mullingar | St Ita's Portrane | Naas General Hospital |
| Ballinasloe | Cavan-Monaghan | Connolly Hospital | St Patrick's Hospital |
| Castlebar | Letterkenny | Beaumont Hospital | St James's Hospital |
| Roscommon | Ballytivnan, Co Sligo | Our Lady's Navan | Tallaght Hospital |
| | | St Brigid's Ardee | Portlaoise |
| **UCC Deanery** | **UCD/MMUH Deanery** *(Mater Misericordiae Uni Hospital)* | **UCD/SVUH Deanery** *(St Vincent's Uni Hospital)* | **UL Deanery** |
| Cork University Hospital | Mater Misericordiae Uni Hospital | Cluain Mhuire | Limerick - Clare |
| Mercy University Hospital | St Vincent's Fairview | St Vincent's Uni Hospital | North Tipp - Nenagh |
| St Stephen's Hospital | St Brendan's Hospital | SJOG Stillorgan | South Tipp - Clonmel |
| Bantry | Kilkenny | Newcastle | |
| Kerry Gen Hospital | Waterford / Wexford | Waterford / Wexford | |

# Medical Students & Interns: How To Get Involved

## Ms Liz Kavanagh, Postgraduate Training Manager

If you develop an interest in psychiatry or are beginning to consider psychiatry as a career, you will be pleased to know that there are ample opportunities for Medical Students and Interns to explore this exciting and rewarding specialty further which may help you make an informed and insightful decision when it comes to choosing the direction of your career pathway. The College of Psychiatrists of Ireland provides the opportunity to engage with psychiatry in fun and challenging competitions and activities which also provide great exposure to make contact with and chat to working psychiatrists who welcome the opportunity to provide guidance and advice in a non-formal and relaxed environment. Sound interesting? Here are some of the ways you can get involved.

## Student/Intern Membership of the College of Psychiatrists of Ireland

The College of Psychiatrists invite Medical Students and Interns to become members free of charge. All student members enjoy the following benefits:

- Emailed CPsychI E-Bulletin
- Emailed Quarterly NCHD Newsletter
- Notification of upcoming events including the Spike Milligan Public Speaking Competition
- Full access to CPsychI Moodle based learning
- Invitation to the Annual Careers Evening for Medical Students
- Information on the application process for Training Programmes and annual recruitment
- Invitation to submit to the Annual Medical Student Essay Prize Competition
- Invitation to submit an abstract for consideration for display as a poster at the Winter and Spring Conference

Interns enjoy the same benefits as Medical Students, with the addition of:

- Preferred rates for registration fees for the Winter and Spring Conference
- College Diary
- Receipt of or online access to all issues of the IJPM - Irish Journal of Psychological Medicine

Want to subscribe? For an application form please visit *www.irishpsychiatry.ie* and click on the 'Members' tab.

## Research

As psychiatry is a medical specialty with a strong scientific basis, opportunities will be available to participate in a clinical or academic research project at undergraduate level. The selection of research topics will be dependent on the research focus of your particular medical school psychiatry department which may afford you to work with other medical specialists such as neurologists, gerontologists, neuropsychologists, neurophysiologists, neural engineers, geneticists, molecular biologists, neuroradiologists, statisticians and expert allied health professionals.

## Clinical Placements

In your psychiatry clinical attachment you will continue in your development as a medical practitioner by working in one or more of the four psychiatry sub-specialties; general Adult Psychiatry, Child and Adolescent Psychiatry, Psychiatry of Old Age or Learning Disability Psychiatry with particular emphasis on diagnostic and management skills of psychiatric disorders.

You can also broaden your knowledge and experience by immersing yourself in an area of psychiatry in greater depth by undertaking a clinical or research elective in psychiatry at home or overseas working within different healthcare settings, cultures and environments.

## Psychiatry Society

Many medical university societies run a range of events which offer you the chance to explore the specialty of psychiatry further. A position on a psychiatry society at undergraduate level will help you gain insights, organisational skills and will demonstrate your personal interest in the profession and provide a great talking point when it comes to the BST programme interview! If your medical school does not yet have a psychiatry society why not find some like-minded students and establish your own. The Postgraduate Training Department in the College of Psychiatrists will be able to advise you on this and put you in touch with students who have already undergone this process of setting up their own psychiatry society. Please contact the College's Postgraduate Training Department for further information.

## MedFest

MedFest is a one night film festival aimed at Medical Students. Originally, an RCPsych (UK) initiative, the festival was first brought to Ireland in 2013 by the Trainee Committee in collaboration with UCD's "Psyched" Psychiatry Society. The success of MedFest's debut in UCD in 2013 led to its expansion over the past number of years to take in NUIG, UL, RCSI and UCC. The event aims to use the medium of film to challenge negative attitudes towards Psychiatry. It is also a novel way of encouraging students to reflect on their future role as doctors. The audience views a selection of short films on a common theme after which invited panellists discuss the content with the audience and each other.

Participants in the

# *Spike Milligan*

Public Speaking Competition

2016

## Medical Student and Intern Essay Prize

The College advertises a number of scholarships, fellowships and prizes, one of which is the annual Medical Student and Intern Essay Prize which aims to encourage undergraduates in their interest of psychiatry. Applicants are invited to submit a 1,000 word essay based on a relevant theme in psychiatry. This prize is open to all doctors in training from the medical schools and was first awarded in 2010. The winning entry is awarded with a medal, cash prize and free entry to both the CPsychI Annual NCHD Conference and CPsychI 2-day Spring Conference. Runner-up prizes of free entry to the Conferences are also awarded. The winner is announced at the NCHD Conference in the Spring of each year.

## Spike Milligan Public Speaking Competition

The Spike Milligan Public Speaking Competition is an award established to foster and promote communication skills amongst doctors in training in the area of mental health. It is offered once per year and has been run every year since 2000 to raise awareness of mental health issues among trainee doctors. One team of two from each of the medical schools (NUIG, QUB, RCSI, TCD, UCC, UCD, and NUIG) compete to try and win the competition, the prize for which includes the perpetual Dick Joynt sculpture and a cash prize. Teams are encouraged to demonstrate clear communication skills in a way that will inspire and inform a public audience. The Award is named in recognition of the late Spike Milligan's work in de-stigmatising mental illness through his books and appearances. Spike passed away not long after he lent his name to the competition and sadly never had the opportunity to be on the judging panel.

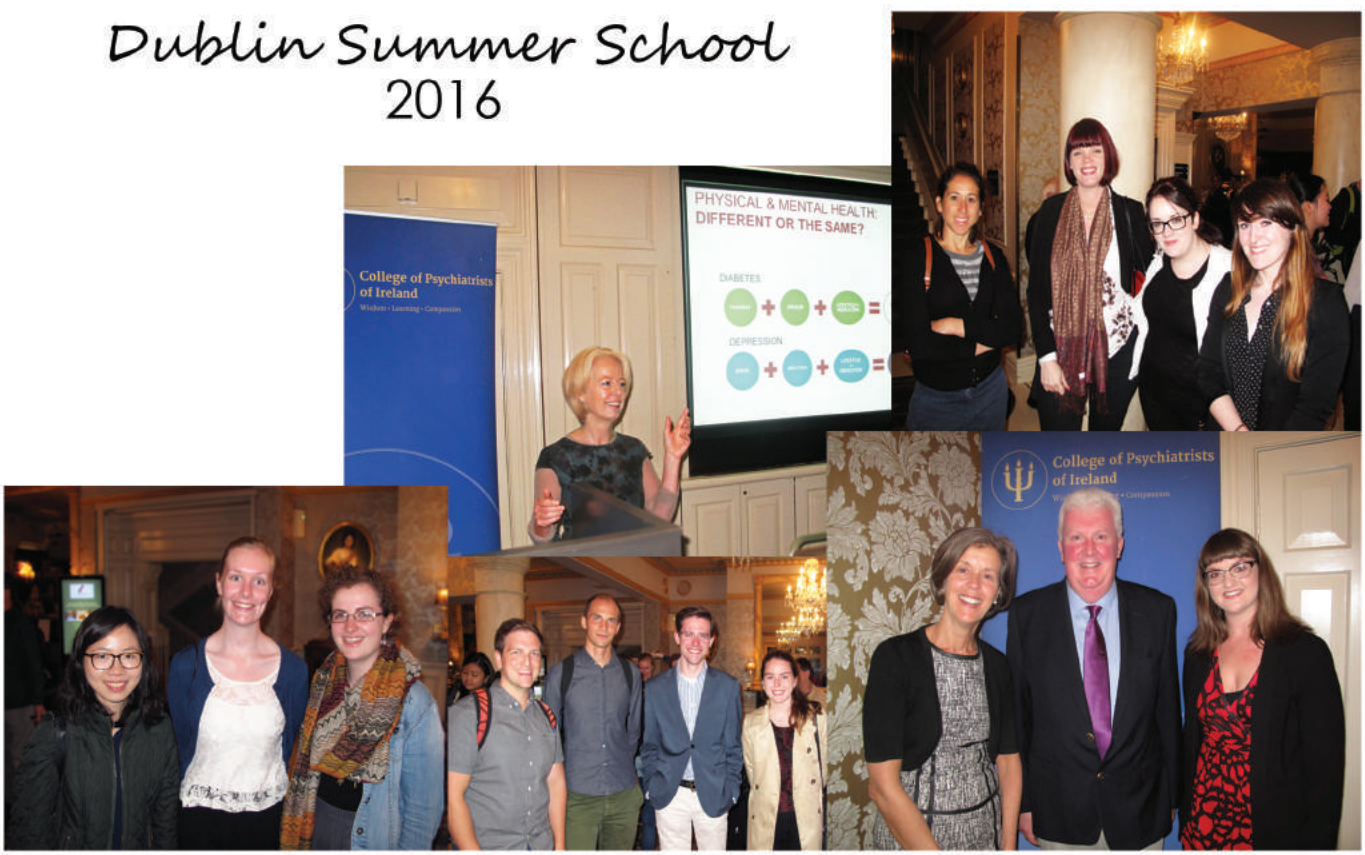
Building year on year, medical schools continue to compete with passion, style, drama, current facts and comedy as well as excellent public speaking skills which, to date, has resulted in a great night for competitors and spectators alike!

# CPsychI Summer School

Now in its fifth year, the Trainee Committee of the College of Psychiatrists organise a day programme which promotes the diversity in psychiatry and explains the many roles that psychiatrists play as clinicians, researchers, multidisciplinary team members and leaders in the mental health field. Students receive plenary talks from sub-specialty consultant experts and also get the opportunity to listen to the personal experiences of service users of the mental health service followed by visits to clinical sites. Each site's unique clinical and scientific aspects are explained and students meet with consultant psychiatrists, psychiatry trainees, multidisciplinary team members and, at some sites, patients and their carers/family members.

The first Summer School held in 2011 won the European Federation for Psychiatric Trainees (EFPT) Award for Excellence 2012 and the Summer School events have now expanded and run in Galway and Cork in addition to Dublin.

# Dublin Summer School 2016



# Psychiatric Specialties: Consultant & Trainee Experiences

# Academic Psychiatry

One of the most intriguing explorations in science today is how the brain functions: it is the last great mystery of human physiology. There is a huge public appetite for understanding brain function in health and diseased states. Books and reports on how internet use is re-wiring our brains, to how the love hormone oxytocin alters our behaviour, to how what we eat modifies brain function, are examples of how this research is relevant to everyone.

**Professor Veronica O'Keane**
**Consultant Psychiatrist & Senior Lecturer**
**Trinity College Dublin**

When I finished my basic training I did a PhD examining how sex hormones and cortisol alter serotonin function in the brain. Although the methods that I used back then, in the early 1990s, are now dated, we learned from these studies that stress hormones had profound effects on brain function. Several groups around the world were simultaneously learning how cortisol, as the main stress hormone in the body, was an important link between external stress, or life events, and alterations in brain function. It is now an accepted fact that abnormal stress responses can lead to depression. We have now moved on to looking at how the stress axis in the body can malfunction, leading to recurrent depression. In our group in TCD, we are looking at how early life adversity, from intrauterine life onwards, can lead to changes in the "setting" of the stress axis and hence to abnormal stress responses and depression in adulthood. Environmental adversity can modify gene expression and hence the proteins that our cells produce, leading to altered brain function and emotional and cognitive experiences. We are examining simultaneous changes in the functioning of the brain with neuroimaging; and inflammatory changes in the brain that may follow from this heightened stress state and damage stress-sensitive areas in the brain.

**Why should you follow a career in Academic Psychiatry?**

The short answer is that it is exciting. Neuroscience networks now exist across academic institutions within Ireland and we are part of international networks. These international collaborations allow the possibility of answering big questions. This community is open to all young enthusiastic researchers. The questions are endless.

**You will never be bored...**

There is a career pathway for anyone who is interested in the area of brain research. All Trainee programmes in Psychiatry today have access to positions in the university hospitals. If you express an interest in pursuing a career in Academic Psychiatry you will be given access to research opportunities. The senior academics are always on the lookout for young people who want to ask these questions. You don't need to know how to answer them, but if you have any ideas, that's even better. If you are interested in talking about this further, please feel free to contact me or my colleagues via the College of Psychiatrists of Ireland.

**Dr Eric Kelleher**
**Trainee**

While every Psychiatrist should be aware of the latest research findings, Academic Psychiatrists primarily work in conducting research. Working in Academic Psychiatry does not remove you from clinical practice. In fact, your clinical interests are usually what drives the type of research you do and makes you consider how research can be translated into clinical practice.

Most Trainees will undertake some research during their training, however you also may consider taking a period of time to complete a doctorate (PhD or MD) during your training as well. Previously, most Trainees would have taken time between BST and HST to do this. Undertaking research in a Department of Psychiatry at a University teaching hospital will prove an invaluable experience that will give you opportunities to develop as an academic, clinician, teacher and leader.

There are different ways to go about conducting research but finding an area of psychiatry that you are passionate about is undoubtedly the most important thing. I am interested in the relationship between inflammation and psychosis and am currently conducting a research study into the clinical implications of screening for autoantibodies on those who present with psychosis. This project forms part of my PhD thesis and is one I find fascinating. The opportunity to be involved in teaching is also a privilege.

I would advise all Students and Trainees to get involved in research and audit as soon as possible. Talk to staff in your Department of Psychiatry as to what their current projects are and if you can get involved - they are usually only too delighted to have diligent young minds helping out. Any time spent in academia will always stand to you. Research is central to how we understand mental health and illness. If you are interested in finding answers to questions, improving clinical care offered to patients and contributing to science then taking time to work in academia is for you.

# Addictions Psychiatry

An addiction is a chronic, relapsing brain disease that is characterised by compulsive alcohol or drug seeking and use, despite harmful consequences. It is a brain disease because the alcohol or drugs change the brain's structure and how it works. These brain changes can be long lasting and can lead to harmful behaviours. Addiction Psychiatry is the branch of Psychiatry that is specialised in the understanding and treatment of those who have problems with use of alcohol or drugs. They often work in multi-disciplinary teams with Nurses, Addiction Counsellors, Occupational Therapists, Psychologists and Social Workers. They often work in liaison with other doctors such as GPs, other Psychiatrists and hospital-based specialists treating conditions such as liver disease or HIV. They can work in a variety of settings such as outpatients, community centre, methadone clinics, psychiatric and general hospital settings.

**Dr William Flannery**
**Consultant Psychiatrist**

I have always found putting order onto chaos rewarding and there are few other areas of life where this is more relevant than addiction. For me the interaction between a substance, the brain, behaviour and society is fascinating. In general medicine I saw the horror of craving and what compulsive uncontrolled alcohol or drug taking can do. I wondered what I could do to relieve the extreme distress of an addiction and it's too-often life shortening effect. Through a career in psychiatry I learned what to do, how to relieve the chaos.

I work in an addiction team in a standard psychiatric service based in an old psychiatric hospital in a rural area. Besides me there is a psychiatric Trainee and several Addiction Counsellors. There should be other disciplines, but there is no funding for them. I have learned to balance what I offer, between medication, talking therapies, practical advice and sometimes just plain support. The most important treatment is to give the patient hope.

A standard day usually involves me working with my colleagues either in the team or in the wider health system. The Addiction Counsellor will want me to assess for other mental illness like depression or PTSD, or they will need my opinion on someone who is struggling to progress. My General Adult colleague will want to know if the psychosis is due to drugs or schizophrenia. GPs and the general hospital are happy with phone advice and backup for example advice about withdrawing a patient safely off alcohol or drugs. On the ward I tease out the components of a patient's presentation and worry about risk mainly to self, that is suicide, but also to others. In the outpatient clinic I have to decide what I can treat, what I can't and what the patient wants me to treat.

Addiction Psychiatrists, although few in number, can work in a variety of settings. Some of my colleagues are based in methadone clinics, the prisons or liaison services in large teaching specialized teams such as HIV teams or liver units. Others are in the private sector, research centres or public policy units. For anyone choosing Addiction Psychiatry as a career, an acceptance of being an advocate for your specialty is essential. Few other

“For me, the interaction between a substance, the brain, behaviour and society is fascinating..”

*- Dr William Flannery*

areas of psychiatry are as unloved by society or as universal in society. I find I have to get involved in order to get the resources I need to help my patients and to give my knowledge and experience to help change our society for the better.

Everyone has an opinion on addiction. So why not try this area of psychiatry and see how you can add to it!

**Dr Edyta Truszkowska**
**Trainee**

From the very beginning of medical school, I was interested in psychiatry as I was fascinated by the connection between body and mind. I remember one of the first classes in physiology. We were shown the picture of the unfolded newborn brain and we were told that its further development depended on the stimulations provided by life events ... that something as basic as maternal touch is the first experience to make a difference. I was amazed.

I studied in Poland and my 13 month long internship included Psychiatry but also Medicine, Paediatrics, Surgery, Gynaecology and Obstetrics. Once when I was participating in an emergency Caesarean Section, and again when I saw a child recovering from Encephalitis, I momentarily considered other specializations. However, shortly thereafter, as a member of the International Federation of Medical Student Associations, I participated in a HIV/AIDS course and went to work with HIV positive kids. Many of them were in orphanages. I saw again how life experiences impact on people's lives, how one child gets all the attention they need while others do not get enough, and how that impacts on their development and their chances in later life. Knowing that brain plasticity accommodates for changes throughout life, I have chosen to work in Psychiatry.

During my BST I worked in the West of Ireland. People with addiction can be challenging especially in A&E, and also difficult to engage in treatment. When my friend suggested working in Addiction Psychiatry in Dublin I was apprehensive as I was worried that my patients may be aggressive, unpredictable and uncooperative. What I found was entirely different. The majority of the patients were pleasant, caught in the vicious circle of addiction, and I discovered that if they were angry this anger was more directed towards their own selves. I have learned that they may choose not to cooperate with me, and that they have the right to do so, even if I would prefer them to be different. Some of them have underlying impulsive personality traits and difficult psychosocial situations; nevertheless they are all prone to Anxiety, Depression and many other psychiatric complications. They are complex group of patients to deal with and I find working with them to be challenging but a very rewarding and enjoyable endeavour.

# Child & Adolescent Psychiatry

Child and Adolescent Psychiatry involves the assessment, diagnosis and management of severe mental health problems in children and adolescents from birth up to the age of eighteen. The majority of Child and Adolescent Mental Health Services are based in multidisciplinary, community based teams although there are a small number of day hospital units and in-patient beds around the country. The team is led by a Consultant Child and Adolescent Psychiatrist and usually consists of at least one Trainee Psychiatrist as well as other disciplines including nursing, psychology, social work, speech and language therapy and occupational therapy. Child Psychiatry services are actively engaged in teaching, research and academic activities. Child Psychiatry services also engage in consultation and liaison with other agencies and specialties such as adult psychiatry, paediatrics, primary care, schools, educational psychology, Gardaí, social work and psychology services, all of whom may be involved with a particular child and their family.

**Dr Maeve Doyle**
**Consultant Psychiatrist**

As an undergraduate medical student, the two placements that I most enjoyed were psychiatry and paediatric medicine. However, I had no idea then that my two areas of interest could be combined into a rewarding career in child psychiatry. I decided to pursue a career in general practice and as luck would have it my second last placement was in psychiatry and I never left!

I work mainly in an out-patient setting, seeing children and adolescents with mental health problems together with their families. I also have a number of clinical sessions in a paediatric hospital with children with chronic illness such as diabetes and cystic fibrosis. The types of problems referred include anxiety disorders, mood disorders, eating disorders, psychotic disorders and other severe emotional and behavioural disorders. Child psychiatry services are best delivered by a multidisciplinary team consisting of social work, psychology, nursing, occupational therapy, speech and language and social care. I am fortunate in having representation from all these disciplines on my team. Mutual respect for our differing skill sets and collaborative working greatly enhances the quality of service the children and their families receive.

As human beings we all belong to systems such as family, school, work, community, sporting clubs, etc. A considerable amount of my work involves consulting with the wider system in assessing the child/adolescent and family and trying to co-ordinate a package of interventions that will best fit.

My week starts with a three hour team meeting at which all new referrals to the service are discussed, new cases are presented, existing cases are reviewed and the weekly journal club takes place. Apart from my own cases, I am also involved in providing supervision to the junior doctor, nursing staff and social care workers. A large part of my work is administration which can range from looking at accommodation requirements of the service, to policies and procedures, to development of the service, to identifying training needs for the service's most valuable assets – the team members.

“Collaborative working greatly enhances the quality of the service the children and their families receive..”

- Dr Maeve Doyle

**Dr Ana Clarke**
**Trainee**

I completed my undergraduate studies in Romania before moving to Ireland to begin my medical career working as an SHO in a busy A&E Department in Dublin where I had exposure to a huge variety of patients. While I thoroughly enjoyed my time in A&E, I have always been interested in how the mind works, and how people can experience perceptual abnormalities without having a clear organic cause. I soon found myself fascinated by the patients who presented with psychiatric problems, and curious as to what happens after A&E, what treatments will they receive, and how are they progressing? It's with all these questions in mind that I realized my passions were elsewhere, and I decided to pursue a career in Psychiatry.

As part of my BST it is mandatory to do 6 months in Child and Adolescent Psychiatry and in January 2015 I began my CAP rotation in the Linn Dara Adolescent Day Programme (LADP). The LADP opened at the end of 2011 and offers a group therapy based intervention for young people aged 12-18. Referrals are made by teams who are trying to avoid hospitalization, from the Inpatient Unit as step down and also for assessment and intervention of complex cases. I worked as a registrar as part of a multidisciplinary team that tried to offer the young people an individualized program that would take into account their needs. The cases were varied and I was able to be part of the assessment process of developmental disorders, anxiety disorders, mood and psychotic disorders. What surprised me from early on was the structure of the interview and how flexible and open all staff needed to be in order to explore the young patient's difficulties. Not only was the focus on that of the young person but also on helping and supporting the whole family unit to create a supportive environment, where everybody is on the same page.

As you can imagine Child and Adolescent psychiatry can at times be very difficult emotionally as it is hard to see young people suffering, but at the same time it was also an incredibly rewarding experience, which allowed me to grow as a clinician, and broaden my understanding of psychiatric medicine as a whole. During that time I met many wonderful people and I feel that as a multidisciplinary team we made a lasting positive impact on the lives of many young people, and their family units.

While the diagnosis and treatment of psychiatric issues is not always clear or straightforward, it is however challenging, rewarding, impactful and life changing for all those involved.

# Forensic Psychiatry

Forensic Psychiatry is concerned with helping people who have a mental disorder and who present a significant risk to the public. It covers areas such as the assessment and treatment of mentally disordered offenders, investigation of the complex relationships between mental disorder and criminal behaviour and working with criminal justice agencies to support patients and protect the public. Forensic Psychiatrists work alongside many other services including the criminal justice agencies such as the defence, prosecution, gardaí, probation, courts, and prisons. Inpatient services are located at the Central Mental Hospital in Dundrum.

**Dr Conor O'Neill**
**Consultant Psychiatrist**

I decided that I wanted to specialise in Psychiatry while in university, and did a summer attachment in General Psychiatry. After internship I applied for a training scheme in psychiatry. My final attachment was in forensic psychiatry at the Central Mental Hospital. I was lucky in that this coincided with a time of major expansion and restructuring of Forensic Psychiatry in Ireland. Whilst there I became involved in the department's well-supervised research programme.

Forensic Psychiatry offers the chance to work in a range of challenging and interesting environments, including prisons, courts, the Central Mental Hospital and the community. A career in Forensic Psychiatry, as well as being endlessly interesting and varied, allows you to work with people with serious mental illness. In Ireland, as in other countries, some of the most unwell people suffering from the most severe psychiatric illnesses present via the criminal justice system. The training is highly structured and well-supervised, and allows the development of skills in research and structured risk assessment.

I wanted to work in court diversion and spent a part of my Senior Registrar training in Australia to develop skills in this area. In the past, many trainees did all of their higher training abroad, often in the UK. The National Forensic Mental Health Service has expanded in recent years such that excellent training is available in Ireland now, although some may wish to spend some time abroad.

I have never regretted choosing a career in Forensic Psychiatry and would strongly recommend it as a career choice for those who are interested in people, who want an interesting and varied job in which you can make a real difference, and are not afraid of hard work. In other jurisdictions, the scope of Forensic Psychiatry and the range of subspecialities have continued to increase, making it an attractive career option with the likelihood of consultant positions in the future.

**Dr Zetti Azvee**
**Trainee**

Psychiatry was my only love during the clinical days of my medical school years. However, during my internship year, the labour room buzz and the fuzzy feeling of being surrounded by babies in the postnatal ward lured me into exploring a few years of the world of Obstetrics and Gynaecology. When I realised how I only love delivering babies and nothing else, I realised the real surgical world was not a life I would want as a life-long career.

I went exploring and came to a lull, despite the opportunities to live a life working as a doctor in different parts of the world. A serendipitous opportunity for soul searching following an ash cloud eruption in 2010 during a visit back to Ireland reacquainted me with my first love, Psychiatry.

I remember my first on-call as a locum Psychiatry Registrar in St John of God Hospital vividly. The Consultant on-call was a prominent Consultant who has since retired. I was very nervous, apologetic and kept reminding him it was my first Psychiatry call. He asked me about my past career path and his response to my reply was *"There is Psychiatry in everything that you have done. You will be fine"*. It was a moment of revelation for me. In the words of Abraham Maslow, *"What a man can be, he must be. This need we call self-actualization"*.

Having enjoyed all my rotations, my final posting in my Basic Specialist Training was in Central Mental Hospital. I discovered a new world where it all made sense. I have learnt that liaison is an important niche in every discipline of medicine and specifically managing risks is pivotal in Psychiatry. Forensic Psychiatry is a perfect balance of the two; meticulous combination of medicine, legal, ethics and risk management. It is extremely interesting and very rewarding. It echoes my personal views on life. Nothing comes without any giving; nothing goes without any taking.

“Forensic Psychiatry offers the chance to work in a range of challenging and interesting environments..”

- Dr Conor O’Neill

# General Adult Psychiatry

General Adult Psychiatry provides for the assessment, diagnosis and management of mental illness in persons who are aged between 18 and 65 years. General Adult Psychiatrists manage a patient population that includes those with psychosis, mood disorders, organic brain disorders and personality disorders. They usually work within a team of other mental health professionals to provide care which may be delivered in the community or inpatient units. A thorough knowledge of pharmacological treatments, psychological approaches and an understanding of the social factors contributing to the development and perpetuation of mental illness is required in this specialty and is emphasised in training.

**Dr Ciaran Corcoran**
**Consultant Psychiatrist**

After my intern year I wasn't sure in what area I wanted to specialise. After 2 SHO jobs in medicine, I decided to try 6 months of Psychiatry possibly with a view to doing General Practice. I interviewed for a Psychiatry post and was offered a training rotation. During the 6 months I found the experience of General Adult Psychiatry both stimulating and challenging. Once I had this experience of Psychiatry I never wanted to do anything else. I continued my training both in Ireland and in the UK, including getting involved in research in academic centres. I now work as a consultant General Adult Psychiatrist in Mullingar.

I do both inpatient and outpatient work. My inpatient work is in St Loman's Hospital and my outpatient work is in the Community Mental Health Centre Mullingar. I start the week with a new patient clinic where new patients are seen by the non-consultant hospital doctors or myself. I take a history, carry out mental state examinations, formulate and develop a management plan which involves the biopsychosocial approach. I generally review inpatients in the afternoons. I also see patients for individual psychotherapy and I am part of a psychotherapy supervision group in the area of dialectical behaviour therapy for patients with borderline personality disorder. I have a review clinic one day a week in the Community Mental Health Centre which is always very busy. One morning a week our team has a multidisciplinary meeting where we discuss new patients, inpatients referrals and complex cases. I have weekly meetings with colleagues followed by teaching and journal club and case conference. I supervise the non-consultant hospital doctors.

Other aspects of the job include administration, family meetings and service development. I am lucky to have supportive colleagues and an excellent multidisciplinary team of Nursing staff and Nurse Therapists, Occupational Therapists, Social Worker and Psychologists

**Dr Gearoid Moynihan**
**Trainee**

Many in mental health may perhaps consider a General Adult Psychiatrist as somewhat of a jack of all trades. I am currently working as a Higher Specialist Trainee in a busy and dynamic General Adult Service in North Dublin City.

In my experience, this specialty affords me the luxury of variety. On a regular basis, I see patients with all manner of psychiatric and emotional difficulties - with presentations varying from Schizophrenia, Bipolar Affective Disorder, Depression, Anxiety, Addictions and Personality Disorders - to name but a few!

I see people of all ages from eighteen years upwards, in a variety of situations - in my outpatient clinic, day hospital, acute inpatient unit, patients' homes, nursing homes and other care settings. The area where I work covers a varied catchment area, and hence there is a wide socio-demographic diversity; ranging from affluence to homelessness.

Indeed, as a General Adult Psychiatrist, one must be familiar with all manner of mental and physical illnesses, and treatments. One must be familiar with the law and also work closely with many other agencies. I work with a multi-disciplinary team in my inpatient unit, day hospital and outpatient clinic, who are a fantastic asset to patient care, and allow flexible and dynamic input for each person I see. Indeed, with this flexibility, we can offer home-based treatment for those who are very unwell as an alternative to inpatient admission.

My current post has allowed me to pursue my own interests, including research and psychotherapy. I have found that my psychotherapy training has allowed me to think about thinking, and to learn about learning. I have found that it has enriched me as a Psychiatrist, and facilitated me in becoming a more reflective practitioner.

To sum up, the variety found in General Adult Psychiatry is an absolute joy - it pushes me to be the best I can for my patients, making sure I have a broad knowledge base from which I can help them.

# Learning Disability Psychiatry

Psychiatry of Learning Disability is a specialty that provides a service to those individuals with learning disability (I.Q. < 70). There are however geographical variations in service provisions in terms who supports those with a mild learning disability (IQ. < 50). In some regions these individuals would come under the remit of Learning Disability Psychiatry and in others General Adult Psychiatry.

The prevalence of mental illness in individuals with learning disability has been estimated to be three times that of the general population. In addition, communication difficulties, genetic factors and co-morbid physical illnesses such as epilepsy can combine to make the presentation of mental illness in this population very complex. Learning Disability Psychiatrists provide a service at community clinics and workshops, residential homes and some larger residential institutions that are being phased out. We also work as part of a multi-disciplinary team that may include specialised Learning Disability Nurses, Clinical Psychologists, Occupational Therapists, and Social Workers.

**Dr Evan Yacoub**
**Consultant Psychiatrist**

It was clear to me that I was going to work in Psychiatry early on at medical school. Initially I was interested in Forensic Psychiatry but working with people with learning disability changed that. I realised that I enjoyed supporting people who were marginalised. Perhaps coming from a small ethnic minority group was a contributory factor to this.

I enjoy working in this specialty immensely. It provides me with the opportunity of being involved in a number of sub specialties within a specialty. I see people with old age related conditions, childhood disorders, forensic issues and neuropsychiatric disorders. I am also significantly involved in service development. I thoroughly recommend it as a career option.

**Dr Jane O'Connor**
**Trainee**

For me Psychiatry had held my interest from an early stage in my training, but fought for attention with medical specialties and ghosts of career options past. I must admit no one was very enthused by my eventual career choice, with my mother regularly appealing "Would you not be a GP? That would be very useful.... " It transpired that many of my relatives are familiar with two options for medical graduates: General Practitioners and Consultants. And as yet, I am neither!

After a year in Psychiatry of Learning Disability I spoke with one of my supervising consultants. I reflected the experience I had had with my peers and family alike; that they perceived my embarking on a career in Psychiatry was to not quite achieve all I might. Or perhaps they were just not sure what it was I was going to achieve. Or it is perhaps not as

tangible when we try to communicate just what it is we do, compared with introducing oneself as a Cardiologist, let's say. The reception I received when I talked of being a Psychiatrist with a special interest in Learning Disability has been even more woolly. There have been vague nods, frequent denouncement of all intellectual disability services, and one marvellously inaccurate comparison with Mother Teresa.

Assessing mental health difficulties is a challenging and rewarding experience. This is never more so than when the patient has a learning disability. The impact of disability on perception of life events, emotions and psychopathology is a fascinating and rewarding journey to travel with someone. I have learned so much about the language I use and shouldn't sometimes use. I have learned about the management of epilepsy. I have learned about treating people who are often exquisitely sensitive to medication. I have learned that one can document a mental state examination when someone does not speak a word during an assessment.

I learned a lot about medication and genetic disorders and epilepsy and behavioural phenotypes. I have improved my clinical ability; of that I have no doubt. But I also saw Ireland and the institutions and services it has to offer to some of its most vulnerable people. Most of these people have spent a lifetime engaging with services, good and not so good. They were, without exception, generous with their stories.

I spoke with my supervisor about the reaction I have gotten working in Psychiatry; and latterly in Psychiatry in the area of Learning Disability. She likened my perceiving that my career was 'not quite important enough' to people with mental health problems who may perceive that 'my illness is not quite important enough.' I think I would get a more positive, or maybe certain, reaction from family were I to detail a career in Cardiology, for example. I imagine this is only a fraction of the stigma and attitude that a lot of patients experience when explaining their illness or need for psychiatric assessment. I think the people with learning disability and mental illness are at the outer fringes of this, already marginalised, group.

I think it behoves us to continue to address lack of understanding about mental illness and help to support people in achieving this understanding. And I think I will continue to make my career choices based on what I am drawn to, and on what motivates me.

# Liaison Psychiatry

Liaison Psychiatry is a branch of Psychiatry that relates to the mental health needs of patients attending general hospitals and Emergency Departments. The term can also be used to describe psychiatric involvement in Primary Care. Working as part of a multidisciplinary team and based in a general hospital, the Liaison Psychiatrist provides assessments and treatment to a diverse group of patients. The Liaison Psychiatrist is also involved in teaching, training and research. Working in a general hospital gives the Liaison Psychiatrist the opportunity to do collaborative research with medical and surgical colleagues as well as with many other health professionals such as Physiotherapists or Speech Therapists.

**Dr John Sheehan**
**Consultant Psychiatrist**

Doctors with an interest in both Medicine and Psychiatry should consider Liaison Psychiatry as a career. A typical day involves seeing "consults" on medical or surgical wards. Patients are referred with a range of problems such as depression, anxiety, psychological adjustment difficulties, alcohol use disorders, substance use disorders and medically unexplained symptoms. Such psychiatric problems aggravate physical health problems, increase length of stay and may increase mortality. The psychological care of the patient should take place in conjunction with physical care.

The Liaison Psychiatrist also works in the Emergency Department where he/she deals with psychiatric emergencies as well as patients who present with self-harm. Some Liaison services have special interest involvement such as psycho-oncology, neuropsychiatry, perinatal psychiatry or transplantation psychiatry. The biopsychosocial model of illness is employed. Training and experience in psychotherapies is beneficial in the understanding and management of patients. In my experience, there is never a dull moment! It is gratifying to sort out what appear to be medical conundrums such as a patient with a conversion disorder. In such cases, the input of the Liaison Psychiatrist is often much appreciated by medical colleagues.

Over the past few years, several reports have been published emphasizing the importance of Liaison Psychiatry. In Liaison Psychiatry in the Modern NHS (2012), it states "Commissioners need to regard liaison services as an absolute necessity rather than as an optional luxury" - strong words indeed! The Academy of the Medical Royal Colleges report (2009) states that "there is an urgent need to strengthen both the provision of mental health care to people with physical illness and the quality of physical health care provided to people with mental health problems in general hospitals and primary care". Such recommendations should facilitate the further development of Liaison Psychiatry which is underdeveloped at present in Ireland.

**Dr Caoimhe Clarke**
**Trainee**

As a medical student I had not considered embarking on a career in psychiatry. The ultimate draw for me was my fascination with patients' stories and the complexity of mental illness in daily life as well as in the hospital setting. You will never be bored working in Psychiatry. No two stories are ever the same or even told in the same manner. As a result I chose to start my basic training in Psychiatry immediately after my internship.

The definition of liaison is "the communication or cooperation which facilitates a close working relationship between people or organisations". As a Liaison Psychiatrist you are doing this on multiple levels, amongst your own multidisciplinary team but especially with the multiple medical and surgical specialities in the general hospital setting. Communication in this diverse environment is key and very challenging at times.

During my basic specialist training I worked as an SHO on a Liaison Psychiatry team for 6 months. I am now a Senior Registrar and found myself drawn back to this extremely dynamic specialty. It can move at a fast pace, be unpredictable and you have to be ready to gauge your response working within the busy general hospital setting. What's not to like?

The patient population is geographically varied and their diagnoses are diverse. A Liaison Psychiatrist needs to know the map of the hospital as patients are assessed in the emergency department, ICU, medical and surgical wards. Many liaison teams have special interest areas including psycho-oncology, transplant and peri-natal services. There is the opportunity to assess and spend time with patients with physical and emotional difficulties. This can be challenging as the intermix of organic and psychological symptoms need to be teased out carefully.

There is ample opportunity to get involved in research and audits overlapping with our medical and surgical colleagues. It is a much needed specialty within the hospital setting. If you like life in the faster lane of Psychiatry then Liaison is for you!

“My abilities to co-create therapeutic relationships with patients have been enhanced..”

– Dr Verena Keane

“In my experience, there is never a dull moment!”

– Dr John Sheehan

# Medical Psychotherapy

Medical Psychotherapy is the specialty where the art of Psychiatry flourishes. Medical Psychotherapy is the home of the 'talking cures'. A fundamental skill of a good doctor is their ability to engage with and co-create a therapeutic relationship with their patients. This skill is central to working in this area. The development of this skill takes time and involves the Medical Psychotherapist engaging in their own personal therapy. The work of a Medical Psychotherapist can be both intense and challenging. To ensure safe and ethical practice ongoing supervision of a Medical Psychotherapist's work is a sine qua non. A Medical Psychotherapist and a patient together form a unique therapeutic relationship. Within this special medical context, the patient in conversation is enabled to expose his/her outer and inner worlds, knowing that they will be listened to in a non-judgemental way. This in turn fosters the recounting of patients' life stories such that new, different and more useful accounts are co-created resulting in understandings of emotional worlds and emerging embodied resiliences such that life can be more fully engaged with.

**Dr Verena Keane**
**Consultant Psychiatrist**

As a medical student I vividly recall trying to engage in conversation with a young woman of my own age despite her thought disorder. I just couldn't understand how she could sit and engage in a conversation that made no sense. So even though she was present, she wasn't. This experience fostered in me a curiosity about the mind, rather than the brain. Within a year of commencing my SR (HST) training I enrolled to do systemic therapy and I was hooked. This training exposed me to the world of concepts / theories / ideas - knowledges within post-positivist domains.

My Psychotherapy training encouraged me to explore the foundations on which my Psychiatry and Psychotherapy training was built. This enabled me to think about thinking, learn about learning. My training fostered 'inside out' learning in addition to the usual 'outside in' learning.

This enabled me to begin to understand myself and others and how, perhaps, we co-create our social worlds and problems therein. In addition my abilities to co-create therapeutic relationships with patients have been enhanced and this is a crucial ingredient within psychiatric practice.

I have found that my Psychotherapy training has enriched my practice as a Consultant Psychiatrist enabling me to be a more reflective practitioner. My Psychotherapy training has enhanced my abilities to 'bend towards the other' and to be ever mindful of the sacredness of the patient-doctor relationship and the privilege that is bestowed to doctors in our society.

**Dr Gabriela Sorin**
**Trainee**

I was eight years old when I first heard the word anthropology, and as arbitrary and determined as only a child can be in her decisions, I made up my mind to become an anthropologist. Later, I read about the fieldwork of Margaret Mead a renowned anthropologist who discredited the Oedipus complex by Freud. Mead considered it a westernized model of parental-filial relationships, arguing that in some cultures it was the mother's brother that in a non-incestual arrangement with his sister helped bringing up the offspring and was accredited as the father figure. Through Mead I got introduced to Freud.

Looking back, Freud's *"Moses and Monotheism"*, my father's career change from neurosurgery to psychiatry and Viktor Frankl with his universally acclaimed *"Man's Search for Meaning"*, were decisive in my career choice.

During my BST I had the possibility of conducting CBT sessions to both adults and children. Many Trainees, at different stages, pursue a higher degree in a specific psychological orientation, a precious asset for career as well as service development. I believe no other specialty is as holistic and scholarly as Psychiatry. Psychotherapy is its most sensitive and reflective resource. It enables the physician to see the person behind the illness..., and the one "behind the desk". *"Physician, heal yourself"*, warned that old proverb.

In spite of the above, I did try anthropology for a while; after all I spent a great portion of my childhood fantasizing about it. A Freudian interpretation on the go could indicate that it was a mere way to attempt delaying instant gratification. I always seem to choose the longest pathway, I admit. In retrospect, it is not surprising now that serendipity (let's call it that way), has brought me to Ireland, (all the way from Buenos Aires) to do the basic specialist training scheme in Psychiatry after a somewhat bureaucratic process of revalidation.

# Old Age Psychiatry

Psychiatry of Old Age is a specialty that provides a service to those who develop mental illness over the age of 65. Mental illness in older people is common and often has a complex or multi-factorial cause. Old Age Psychiatrists therefore provide a service in general hospitals, at community clinics, in patients' own homes and in nursing homes. Treatment will sometimes involve admission to day hospitals and occasionally will involve admission to a specialised inpatient facility. Old Age Psychiatrists work as part of a multidisciplinary team that may include Mental Health Nurses, Clinical Psychologists, Occupational Therapists, and Social Workers. In addition we work closely with our colleagues in general hospital departments including medicine for the elderly, neurology, neuropsychology, neuroradiology, and in primary care.

**Dr Maria Moran**
**Consultant Psychiatrist**

I first considered becoming a Psychiatrist as a medical student, while completing my Psychiatry clinical attachment. It was the first time as a medical student that I felt part of the clinical team. I accompanied staff on domiciliary visits, to day hospitals and clinics, and spent time on the inpatient unit. I was able to follow the journey of the patient. I developed an understanding of the interplay of biological, psychological and social aspects of the patient's condition and of the treatment plan.

The neurosciences always interested me, and I began to understand the relationship between neuroanatomy, neurophysiology etc. and personality, cognition, mood and behaviour. However, I was also very keen to maintain and use my skills in general medicine.

Old Age Psychiatry has given me an opportunity to focus on the aspects of Psychiatry that I enjoy most, such as the relationships between mental and physical health, the organic basis of mental illness and dementias, and the biopsychosocial approach to understanding and treating an individual presenting with psychiatric symptoms.

Psychiatry also provides an opportunity to work as part of a multidisciplinary team and to work in many different settings. During a typical working week I could be assessing patients in a specialised memory clinic, on a domiciliary assessment for someone living in very poor conditions, providing group therapy for patients with anxiety disorders, or attending a case conference with colleagues in primary care and/or the general hospital.

I also enjoy the many opportunities I have to teach. This includes teaching medical students, Psychiatrists in training, Nurses, other health care professionals, Carers and many different professional groups about ageing and mental health.

There are also opportunities for research in Psychiatry of Old Age. For example there are research projects ongoing with our colleagues in other neuroscience specialties to enhance our understanding of the causes and treatments of the various types of dementia. The diversity of the clinical and academic work in Old Age Psychiatry helps to maintain my motivation and the enjoyment of my work.

**Dr Catherine Dolan**
**Trainee**

At the outset of my basic training in Psychiatry my plan was to become a Child and Adolescent Psychiatrist as I enjoyed studying Paediatrics and Psychiatry in college. However my first basic training post happened to be in Old Age Psychiatry and I became quickly convinced this was the specialty for me. I am currently undertaking dual higher specialist training in General Adult and Old Age Psychiatry. As part of my current post I am Clinical Lecturer for undergraduate students in Trinity College Dublin and I continue to partake in research in the area of brain health of older adults.

There are many reasons I enjoy working with the older population. The interface between physical and mental health is apparent in every specialty, but particularly so in Old Age Psychiatry. Complex medical comorbidity is the norm rather than the exception in this population with mental illness frequently presenting atypically. I enjoy the diagnostic challenge this poses. I get satisfaction from teasing apart the possible organic contributions to psychiatric symptoms in older adults, for instance hallucinations possibly secondary to a neurodegenerative disorder rather than a primary mental illness. Cognitive assessment, brain imaging and other medical investigations are a very important part of patient assessment, as is closely working with a patient's primary care team and other specialists such as Geriatricians.

A holistic approach to often complex social, cognitive and physical issues which accompany mental illness in this population requires close multidisciplinary team working. The goal is to help alleviate distress caused by symptoms to improve a patient's quality of life and allow them to live in their own home for as long as possible. In the specialty of Old Age Psychiatry home visits are frequent as some patients can find accessing the clinical center difficult. It is a privilege to visit somebody in their home and this often allows for a more naturalistic view of the effect of mental illness or cognitive impairment on a patient's life. A career in Old Age Psychiatry is varied, often challenging and certainly stimulating and I am glad it is what I have chosen to specialise in.

# Social & Rehab Psychiatry

Rehabilitation Services comprise a new and exciting specialty in Irish psychiatry. Consultant Psychiatrists work as clinical leaders of the multidisciplinary team. Our role is to deliver a comprehensive range of assessments and interventions to facilitate recovery among the most vulnerable people within mental health services: those with severe and enduring mental illness. We work alongside the full range of health professionals including Nurses, Occupational Therapists, Social Workers, Psychologists and Health Care Assistants. We have strong connections with voluntary training, employment and housing organisations which are vital in enabling people to move beyond mental health services and to live fulfilling lives within their communities.

**Dr Daniel White & Dr Selena Morgan Pillay**
**Consultant Psychiatrists**

I have always had a keen interest in the treatment of mental illness since my first clinical attachment in Psychiatry. Over the course of my postgraduate Psychiatry training, I became especially interested in the treatment of the most vulnerable patients within mental health services; those with experiences of severe and enduring mental illness. People with severe mental illness often have prolonged admissions to hospital. Over time, their symptoms may become resistant to treatment and they may gradually withdraw from society. In many cases, individuals lose their skills of independent living and sense of identity.

Rehabilitation Psychiatrists work alongside the multidisciplinary team to build a strong therapeutic relationship with each patient. Listening and providing choices is a key initial step in engaging patients in the process of recovery. Over time, Rehabilitation Services support individuals in rebuilding their skills and improving their quality of life. I provide specialist assessments of individuals in their homes and on the acute admissions unit. In collaboration with the multidisciplinary team, comprehensive care plans are devised based on patients' needs alongside a broad range of interventions including: pharmacotherapy, psychoeducation, psychotherapy, social skills training, budgeting skills, vocational training and assisted housing options. I work closely with housing and vocational training organisations to ensure that the individuals within the Rehabilitation Service have access to employment and housing opportunities.

Rehabilitation Psychiatry is a challenging specialty. Given the complex and varying needs of people with severe and enduring mental illness, an extensive set of clinical and leadership skills are a key part of being an effective Rehabilitation Psychiatrist. There are few experiences in Psychiatry more rewarding than seeing a patient progress in their recovery to the point where they can live meaningful and fulfilled lives in the community alongside their families and friends.

**Dr Ahmad Iqbal**
**Registrar**

Many moons ago when I finished my internship in general medicine and surgery, the thoughts of choosing a career path were chasing me like a bull. But it didn't prove to be too difficult at the end as I got an opportunity of a clinical attachment with the Psychiatry Department and it paved my future career.

There were two reasons to choose Psychiatry; firstly I really believe in understanding the real person behind the statue of bone and flesh and secondly I was good at making conversations.

During my Psychiatric training I worked in General Adult and other areas of Psychiatry. My current specialty is "Rehab and Recovery". Many years ago I worked in some wards labelled as Rehab wards. Although the concept was there, direction and funding was lacking. Therefore, the real spirit of Rehabilitation was missing.

The Irish Psychiatric Rehabilitation group (IPRG) utilises the following definition, *"the prevention, reduction, elimination or control of illness related deficits and disablements of people with severe and enduring mental illness...the concept of enhancing personal autonomy and enabling the individual to maximise their abilities and to lead a fulfilling life."*

The Rehabilitation team caters for two groups:
1: People with severe mental illness and
2: People whose needs cannot be met by the General Adult teams.

Rehabilitation team work involves assessment in a multidisciplinary fashion, the biopsychosocial needs of the patient and carers and devising a care plan. The patient is involved at every stage of the programme. There is appropriate input from colleagues in medicine, social work, psychology, occupational therapy, care assistants and peer group worker.

My work involves interaction with patients and team members on a daily basis. There is no panic situation; adequate time is spent to address a particular need. We try to interact with our patients with the utmost respect and humanity. They are considered as part of a Rehab family. Activities such as managing social interactions, budgeting skills, interacting with other organisations, assessing the verbal and performance skills and controlling physical ailments are all included in our work. Psychiatry can be challenging but dedication makes you cross every hurdle. The knowledge that you are helping someone gives you a sense of satisfaction. There are no shortcuts in Rehab; it's a long way forward. But the rewards in terms of job satisfaction are high.

“There are few experiences in psychiatry more rewarding than seeing a patient progress in their recovery to the point where they can live meaningful and fulfilled lives..”

- Dr Daniel White

# Other Career Pathways in Psychiatry

# Military Psychiatry

**Dr John Tobin**
**Lt Col (retired)**

I accidently became a Military Psychiatrist. It was very different. As a discipline it was unknown in Ireland at the time, but there is a large network of Military Psychiatrists spanning the globe since the First World War. With the help of colleagues in NATO, where Ireland held Partnership for Peace status, I was able to develop a mental health service for Irish military personnel.

Our patients are different. They carry firearms and they serve in conflict and post conflict zones. A Military Psychiatrist has to be prepared to travel widely and he or she needs to keep physically fit. It can be physically and emotionally difficult work, but it is never boring. It suited me as I had an interest in physical fitness, history and international affairs. This was a way of gaining first-hand experience of world events. Psychiatry by itself is a fascinating subject.

It becomes even more intriguing when you are in a position to witness directly how people cope in severe circumstances and when you are able to help those who are overcome by the type of severe traumatic events that you would not witness in a normal civilian practice.

It is a growing field within mental health medicine and its experiences and knowledge base have led to a whole new discipline pertaining to how the mind and brain are affected by severe emotional trauma.

# Psychiatry and the Independent Sector

**Dr Michele Cahill**
**Consultant Psychiatrist**

I started my career as a private practitioner and then joined the public service on a full time basis. I have now returned to private practice. While I very much enjoyed my time in the public service, the restraints with respect to resource allocation were frustrating and the eternal meetings and committees I found, after more than 25 years, unproductive and exhausting. I wanted to spend more time in face-to-face clinical practice and management of the patients referred to me for their psychiatric care. I joined Psychiatry as I saw it as a fascinating and challenging area in which to work.

Private Psychiatry offers a real alternative to the public service. It is easy to get started without great expense; you only need a desk and a chair. You can choose the amount of time you work, the patients you see, the amount you earn and you can determine your own holiday leave. This leads to great autonomy in working and great job satisfaction. I work with patients who are happy to engage with me and are motivated to recover. I have a great diversity in my practice and can determine what areas of interest I develop. There is scope in private practice to determine a personal psychiatric career path, e.g. psychotherapeutic, medico-legal, addiction, psychosexual. Burnout, which is a common factor in medicine, and indeed in Psychiatry, can be avoided by the private practitioner who is in control of their own destiny.

The freedom to be in control of one's own destiny, to organise work and life around one's self is liberating.

Private Psychiatry is a very definite option for any graduate which can be easily achieved and is a pathway available to all Psychiatrists on the Specialist Register.

# Medico-legal work in Psychiatry

**Dr Damian Mohan**
**Clinical Senior Lecturer, TCD**
**Consultant Forensic Psychiatrist**

Medico-legal work in Psychiatry involves providing expert evidence to assist the Court of Criminal Justice when dealing with issues such as 'Fitness to Plead' or 'Insanity'.

Psychiatric evidence is also heard in the Civil Courts. A medico-legal psychiatric assessment is required when a psychiatric report is used as evidence in civil litigation, for example in relation to compensation for work-related stress or after a traumatic event such as an accident.

The psychiatric assessment may be requested in order to establish a link between the trauma and the victim's psychological condition, or to determine the extent of psychological harm and the amount of compensation to be awarded to the victim.

There is no typical working day in the life of a medico-legal/Forensic Psychiatrist. Each day brings a new challenge in balancing the rights of a patient against the risk to the public. Forensic matters often have tight deadlines which must be met, such as when writing medico-legal reports. Attendance at Court has been compared to a viva voce examination and requires careful preparation.

These are exciting times for medico-legal / Forensic Psychiatry in Ireland with ongoing developments in mental health law and the prospect of moving to the new forensic mental health facility in North Dublin.

“I would view the optimisation of my work-life balance as having imbued my work as a Psychiatrist with enthusiam and energy..”

- Dr Siobhan MacHale

# Part-time Careers in Psychiatry

**Dr Siobhan MacHale**
**Consultant Psychiatrist**

The CPsychI provides full support to Trainees who wish to consider flexible or part-time training for some or all of their training in Psychiatry. The College requires that provision is made for Trainees who wish to train on a part-time basis, at BST or HST level. Flexible training requires the agreement of the Vice-Dean/Mentor, Employer and the College. Flexible Trainees are required to undergo the same whole time equivalent length of training as full-time Trainees and may therefore spend a longer period in each attachment.

I highly recommend part-time training to all Trainees in Psychiatry, up to and including at a consultant level. During my 24 years (to date) of practice in Psychiatry, I have worked on a part-time basis for 12 years. Four of these years were in Higher Specialist training and 8 years as a Consultant Liaison Psychiatrist, before returning to full-time working 4 years ago. I began part-time training following my first maternity leave, with the aim of optimising my balance. One of my male colleagues was also working part-time, in order to pursue his career as a writer, which he has continued to do very successfully to the present day. I would suggest certain personal characteristics tend to optimise the experience of part-time working; in particular, flexibility, reliability, and a focus on good communication and team-working skills. Part-time working has never impeded my acquisition of clinical skills, exam success, research career, involvement in management or my ability to function fully in a multidisciplinary team setting at all levels; in contrast, I would view the optimisation of my work-life balance as having imbued my work as a Psychiatrist with enthusiasm and energy. It is important to recognise that many Trainees must work full-time for financial reasons, but other than this, part-time working trumps full-time working in all ways, to my mind. Life is short. "Flexible training in Psychiatry allows you to combine a fascinating and rewarding career with other commitments or interests" - I couldn't agree more!

# Final Word: REFOCUS

# REFOCUS:

## Recovery Experience Forum of Carers and Users of the Services

REFOCUS, was conceived by the College of Psychiatrists of Ireland in 2011, as a forum where the views and experiences of those who use the mental health services, and their Family Members/Carers, would inform and influence all aspects of College business and, in particular, the training experience of young future Psychiatrists.

The name REFOCUS stands for Recovery Experience Forum of Carers and Users of the Services. This reflects the strong belief of the forum in the wellness and Recovery philosophy, a desire for change and improvement in the mental health services, and the importance of addressing the issues and concerns faced by those who use the services, and their Family Members/Carers, in Ireland. The idea of 'refocusing' seemed to capture this objective perfectly.

The committee is comprised of 8 people with experience of the Mental Health services, 8 Carers/Family Members of those who use the services, and 8 Psychiatrists; a mix which reflects the actual life situations of all parties involved when someone is unwell and also contributes to rich and meaningful discussion and subsequent activities to support the aims of REFOCUS.

The commitment and dedication of REFOCUS members has been outstanding. They see their inclusion within the College of Psychiatrists as a great opportunity. There has been an honesty, openness, understanding and compassion, which has been both humbling and instructive.

# REFOCUS on Recovery

*"There is something unique and not unique about people's stories because everyone has mental health. Often, the first step in helping someone is realising the life they lead."*

"I found it really helpful when my Psychiatrist said, 'you want to stop medication, good; what are you going to put in its place? I felt I was being treated as an adult"

*"Recovery, for me, is the discovery of an acceptable and accepting way of life after or during mental illness"*

**"The real power of REFOCUS is having the persons own narrative, but also having an awareness of the needs of the psychiatrists themselves"**

"This is a massive uphill battle, sometimes we need to be helped up the hill; sometimes we need a nudge forward. Non-judgmental communication is so important."

Visit our website for further information

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