

WPA Position Statement

Roles and Responsibilities of the Psychiatrist of the 21st Century

Introduction: In the past few decades, progress in research and clinical practice of psychiatry has continued apace. However, the resources for mental health services around the globe have not kept pace with the increasing burden of mental illness and certainly do not bear equity with physical illness. The reasons for this variation include stigma in funding as well as often limited training in psychiatry in undergraduate curricula. Recruitment into psychiatry in a vast majority of countries around the globe therefore remains problematic.

Psychiatrists are physicians who manage mental illness. They are the only mental health professionals trained to combine physical (organic or medical), psychological and social factors in understanding aetiology and recommending management of psychiatric disorders. They are well placed to develop collaborative care which places the patient at the heart of intervention and thus can use their knowledge and skills in managing mental illness and in alleviating mental distress. Equally importantly, they should be able to recognise physical and mental illness. This places a unique responsibility upon psychiatrists to utilise their medical skills, knowledge and experience to provide integrated collaborative care.

In a series of articles in *World Psychiatry* in 2010, there was a fierce debate about psychiatry as a profession under siege. In an editorial, Professor Mario Maj (2010), Past President of the WPA, challenged the notion that psychiatrists were an endangered species. He argued passionately that if psychiatry was in crisis, it was a developmental one. In the same issue, Katschnig (2010) highlighted three challenges (from inside) to psychiatry, which included decreasing faith in the knowledge base of psychiatry (in diagnosis and in management) and a lack of coherent theoretical base and, from outside, challenges included client discontent, competition from other professions and negative

image. However, these challenges should be seen as straw men. In the same issue, a number of authors take the Katschnig position to task, recommending various strategies.

We believe that the issue about confidence among psychiatrists and in psychiatry is a red herring, and this position has been discussed in the past. We do consider that the confidence in our position and role has to emanate from a balanced view. Just because there is stigma does not mean that our role is less relevant but that our role must include challenges to stigma and discrimination on the basis of equity and advocacy for our patients. Psychiatrists have the expertise, skills and knowledge to deliver services to some of the most vulnerable and neglected individuals, and we must take pride in what we do.

In this position statement, the WPA sets the scene for the role and responsibilities for psychiatrists, no matter where in the world they practise.

Background: Changes in social expectations, patient-doctor relationships, social media, and factors such as globalisation, urbanisation, rapid industrialisation in many countries, biological factors (such as psychopharmacogenomics), neuroscience of emotions, therapies without therapists and other factors, mean that as a profession we need to look at the role of psychiatrists in the future and their changing responsibilities.

The recent WPA-Lancet Psychiatry commission on psychiatry (2017) has highlighted that psychiatry in the 21st century will be affected by human and financial resources and demographic and societal factors. Ageing of the population, an increase in urban sprawls, migration and the digital world will all influence psychiatric services and pathways into care. Under these changing circumstances, the role of the psychiatrist is also due to change in a number of arenas.

The BMA (2017) in its Presidential Project noted that the doctor-patient relationship is changing and medicine needs to reflect these changes in its practice. The report notes that doctors have to walk a fine line between being realistic with their patients and destroying all their hope. Patients require both reassurance and empathy.

The definition of roles and responsibilities is important for a number of reasons. Foremost is that, once roles and responsibilities are clearly identified, the profession is able to set standards for training, competencies and skills which then can be used to develop competencies and subsequently recruit suitable individuals. Our patients need good psychiatrists and deserve excellent care; and as a profession we need to train and support best practice.

CanMEDS model: The CanMEDS physician competency network adopted in 1996 (revised 2007) by the Royal College of Physicians of Canada places competency of being a medical expert at its core. Rapid technological advancements bring with them changes in expectations, competencies and perhaps more precision too, but also cause a strain on resources.

Medical Expert: The core role of a clinician focuses on providing medical care by delivering clinical skills leading to improvement and better outcome for patients through the application of medical knowledge and professional attitudes. The patient is at the heart of health care delivery.

Communicator: Communication with patients, their families and their carers, and the team as well as with the community and society at large are at the heart of clinical practice. Teaching communication to doctors should start at undergraduate level, and needs to continue lifelong.

Collaborator (team player): Doctors, especially psychiatrists, need to work in teams; hence, they need to be fully aware of the role which team members play, and work in a collaborative fashion in order to deliver optimal patient care.

Manager (of resources): Doctors need to know and learn how to manage teams, human and financial resources and how to allocate responsibilities and resources. In managing resources, they must be aware of efficacy and efficiency of therapeutic interventions and sustainable practices.

Health Advocate: Doctors are best placed both as clinicians and as respected members of society to advocate for their patients, especially in reducing stigma and discrimination and in advancing the health and well-being of patients, communities and society.

Scholar: Doctors have an obligation to their patients to maintain up-to-date knowledge and reflective learning as well as creation, dissemination and clinical translations of medical research and knowledge.

Professional: Being professional means adhering to professional standards and regulation, keeping up to date and demonstrating the highest personal standards of behaviour and ethical practice (see also Bhugra and Malik 2011)

The psychiatrist has additional competencies which include the ability to hold hope for patients and contain the anxiety experienced by patients, their families and their carers, teams and the society at large.

As a profession, we need to demonstrate excellence in all these domains, which are at the heart of clinical practice. This enables us to illustrate the unique nature of clinical psychiatry. These roles are

listed in Table 1, but described in detail below. Psychiatrists need to be clinical leaders and be both responsible and accountable to society and to the profession as represented by the regulator. As psychiatrists and clinicians, we must demonstrate a continual drive for better service and quality of the services we provide, be they in the private or the public sector.

Role of the Psychiatrist: The role and responsibilities for the psychiatrist are multi-faceted and are significantly inter-related, and should be seen in that context.

- a. *Caring for the patient:* Caring for the patient in the best possible manner, providing efficient and efficacious care, is at the heart of the role of the psychiatrist. The services, be they in the public sector or in the private sector, have to be accessible and affordable, but also be non-discriminatory clinical practice. Patients must be treated with dignity and respect, irrespective of the patient's gender, religion, age, socio-economic status, sexual orientation etc. A psychiatrist is a medically qualified doctor who deals with mental illness, but also with the interaction between physical and mental illness. An understanding of psychological and social factors and integration of the biopsychosocial model in understanding aetiology and delivery of therapeutic interventions is a crucial skill.
- b. *Managing complexity and co-morbidity:* The psychiatrist's medical expertise in identifying the complex and co-morbid nature of mental illness (be it between personality disorder and mental illness, substance abuse and mental illness or physical and mental illness) is critical in managing these situations. Managing complexities within the system also affects clinical care. A good manager can enable the team and the patients to traverse these complex settings. As a clinical scientist, psychiatrists are best placed to sift and manage the information and provide the best possible interventions according to the needs of the patient.

- c. *Managing risk*: In many countries, psychiatrists are expected to identify and manage risk, whether it is in the patient's best interest or that of society. Psychiatrists therefore need to work within the statutory framework.
- d. *Identifying and managing patient support systems*: In order for patients to get back to their best level of functioning, clinicians – directly or through their teams – are best placed to identify and manage support systems through the families, kinship, non-governmental or statutory organisations or communities. Identifying positive resources is an important clinical skill and, indeed, responsibility.
- e. *Enabling the patient*: Identifying positive support systems can help enable the patient to reach their full potential in social functioning. By focusing on a patient's strengths and capabilities, the clinician can identify the best options for housing, employment, education etc. The team, directly or through specialists such as social workers, can help the psychiatrist.
- f. *Facilitating recovery*: Patients can learn to live with their symptoms if they can to achieve a social potential which is compliant with their abilities. Recovery model for severe mental illness is an important approach.
- g. *Containing anxiety*: Psychiatrists, as other doctors, have to learn to combat and contain their own anxiety and that of the team, as well as that of the patients, their families and their carers. Individual and group skills may help the psychiatrist to achieve this.

Responsibilities of psychiatrists are related to their roles and have to be seen together.

- h. *Holding hope*: In addition to containing anxiety, psychiatrists also need to hold hope for their patients, their families and their carers. This responsibility is at the heart of medical care, but for a number of reasons is often ignored. For patients, however, it is one of the major roles

they look for in their clinician. Training to acquire this skill (irrespective of how difficult it may seem) is important.

- i. *Teaching and training*: Not all psychiatrists need to teach or train, but they may require sharing skills with their teams. With personal and lifelong commitment to reflective learning, they still have a responsibility to educate patients and their carers. When carrying these out, suitable resources are essential.
- j. *Research and innovation*: Again, not all psychiatrists are researchers or innovators, but they must have the skills to interpret new research and data and use these to improve services and their clinical practice. The research evidence, if applied appropriately, may help clinicians to seek appropriate equitable resources to provide better services.
- k. *Public mental health and advocacy*: By challenging stigma and discrimination, psychiatrists are best placed to advocate for our patients. Furthermore, we need to put evidence that public mental health works into practice and educate the public, communities and policy makers.
- l. *Clinical leadership*: Psychiatrists are best placed to provide clinical leadership and accountability (an undertaking to make sure that something is done) as well as responsibility (personal undertaking to do something). These skills are illustrated in Table 2.
- m. *Drive for quality*: Psychiatrists have the responsibility to ensure that services continue to improve according to the new research which can be translated into clinical care. A major challenge within such a context is provision of services and care which are affordable and efficacious.

Values embedded within the clinical practice of psychiatry are defined as positive or negative factors weighted as a guide to decision and action (RCPsych, 2017). The four dimensions which describe the role of values in psychiatry include their role as a doctor, as a leader and as a co-producer (working with patients and their carers and families with a range of characteristics and qualities) in a transparent manner. These core values present the role of the psychiatrist in a slightly different

manner but contain all the characteristics already described in this document. Co-production (or team working) is an important role and responsibility of the psychiatrist. Ethical values and conforming to local ethics based practice is a significant aspect of an individual's functioning. However, it needs to be recognised that co-production can also be with others, such as physicians, surgeons, primary care practitioners as well as other professionals across disciplines and specialties. All medicine, including psychiatry, is value based, and these values must be inculcated among undergraduates from an early stage.

Next Steps: The major challenges to psychiatry and psychiatrists is from within where we feel stigmatised and let down. We believe that psychiatry as a profession indeed has a bright future. With our understanding of brain structures and functioning of the brain improving on a daily basis and with better knowledge of interactions between biological vulnerabilities and social factors through the development of the field of epigenetics, we are becoming more focused on targeted interventions. Psychopharmacogenomics has shown us the way in identifying drug responses in individuals according to their genes so that we can titrate the dosage of medications more specifically. Using social media and web-based apps, we are in a position to take on public mental health and education agendas in a more focused and constructive way. The future of psychiatry is bright and we need to utilise new inventions in delivering the best for our patients according to their needs.

References

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1. Caring for patients: through appropriate knowledge and management
2. Managing complexity and comorbidity
3. Identifying and managing support systems
4. Enabling the patient
5. Facilitating patient recovery
6. Holding patients' and their teams' anxiety
7. Holding hope for the patient and the team
8. Teaching and training
9. Research and innovation
10. Public advocacy and public mental health
11. Clinical leadership
12. Drive for equality

Table 1: Roles of the Psychiatrist

1. Clinical decision making in the multi-disciplinary context if available
2. Managing team dynamics
3. Enabling colleagues in development
4. Service improvement
5. Drive for quality improvement
6. Equity of access to services
7. Affordable accessible services
8. Ambassadorial role of the profession
9. Awareness of legal frameworks
10. Horizon scanning

Table 2: Roles and Responsibilities as Clinical Leaders

Steering Group: Prof Dinesh Bhugra (UK); Dr Antonio Ventriglio (Italy), Dr Joao Castaldelli-Maia(Brazil), Dr Howard Ryland (UK), Dr Chris Wilkes (Canada), Dr Ekin Somez(Turkey), Mrs Vanessa Cameron (UK), Prof Linda Lam (HK), Prof Edgardo Tolentino (Philippines),Dr Kym Jenkins (Australia), Prof Bernard van Rensburg (South Africa), Brig MSVK Raju(India), Prof Tarek Okasha (Egypt), Prof David Ndeti (Kenya), Prof Santosh Chaturvedi(India), Dr Roger Ng (Hong Kong), Prof G. Prasad Rao(India), Dr Julio Torales(Paraguay), Dr Greg Shields (UK).