“THE CHANGING PROFESSIONAL ROLE OF PSYCIATRISTS IN THE CONTEXT OF MULTI-DISCIPLINARY TEAM WORKING-CAN WE MAKE USE OF THE UK EXPERIENCE IN THE ARAB WORLD?”

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INTRODUCTION

- In England, work around New Ways of Working (NWW) began in 2003
- The Changing Professional Role of the Psychiatrists has been recognized as one of the most important ingredients in NWW
- NWW for Psychiatrists is about supporting and enabling Consultant Psychiatrists to deliver an effective, person-centered service
INTRODUCTION

- As a Care Services Improvement Partnership (CSIP) Eastern Pilot Project site, Adult Mental Health Services in East Suffolk changed profoundly in 2005, adopting a functional specialist model of service, which led to marked improvement in service delivery.

- Some of the concepts in NWW for Psychiatrists which be made use of in the Arab World.
The Suffolk (UK) Pilot Project

“The changing Professional role of Psychiatrists in the context of Multi-disciplinary Team working”
NATIONAL DRIVERS FOR CHANGE

- Abundant literature and evidence supporting NWW for Psychiatrists
- Numerous problems in delivering timely focused care for patients
- Lack of clarity on the role of Consultants (role confusion) : Medical and team leadership
- New challenges for Mental Health workforce
NATIONAL DRIVERS FOR CHANGE(CONT’D)

- Unmanageable workloads
- Increased stress: “an alarming proportion of Consultants exceeded clinically significant stress level” (R.C.Psych. Research Unit, 2003)
- The National Institute for Mental Health in England (NIMH, CSIP) and the R.C.Psych. in partnership with the WPA, have supported national and international work in this area
LOCAL DRIVERS FOR CHANGE

- Enthusiasm and willingness for change
- Many Psychiatrists on inpatient wards
- Lack of clarity of the role of the Psychiatrist
- Increasing demands on psychiatrists
- Stress, lack of job satisfaction
- Lack of equity in workload
- Fostering dependency rather than recovery
- Recruitment and retention
OBJECTIVES

- Improve service delivery
- Improve patients’ and carers experience of the service
- Reduce competing demands on Consultants’ time, with opportunity for professional development and developing special interests
- Refocusing clinical expertise (clarity of role)
- Dissemination of expertise and skills
- Creating a whole system approach
- Culture shift
- Transparency
- Reduced level of stress among consultants
THE MODEL

- Launch: 7 June 2005 for one year
- Consultants working solely with functional teams:
  - Inpatient
  - Generic Community MH Teams
  - Crisis Resolution and Home Treatment
  - Assertive Outreach
  - Early Intervention
  - PICU
- Emphasis on care coordination
- Capacity management
Close monitoring of progress: audits of patients and staff satisfaction, in-house reviews

Re-defining the role of the consultant:
- Representing the team
- Clinical: diagnosis, treatment, difficult cases, legal issues
- Clinical leadership
- Education
- Evaluation, research, audit
- A source of wisdom
OUTCOME MEASURES

- Patient and staff satisfaction
- Diagnostic coding
- Caseloads
- Admission data
- Length of stay
- Bed occupancy
- Serious untoward incidents (SUI)
- Level of stress
“Not every change is an improvement, but every improvement is a change”

- Noticeable on inpatient services from the outset
- Reduction of Consultants’ outpatient clinics and caseload
- Spending more time with teams
- Dealing with more complex cases
- Increased opportunity for MDT working
- Better opportunity for training and supervision

Eventually the model had been adopted by the Trust as the model of service, many Trusts in England followed suit
OBSTACLES

- Anxiety and resistance to change
- Interface issues and continuity of care
- Mixing agendas
- Care pathways
MAKING USE OF THE EXPERIENCE IN THE ARAB WORLD
OBSTACLES

- *Not realistic to fully adopt the Model:*
  - Lack or insufficient Primary Mental Health Services
  - Mainly hospital-based services (sometimes asylums) with many outpatients and lack or insufficient Community-based services
  - The concept of MDT working is relatively new
  - Limited number of Mental Health Specialist Services
  - Unclear care pathways
CONCEPTS THAT CAN BE ADOPTED

- Development of MDT Mental Health Specialist Teams with dedicated consultants e.g. Crisis resolution and Home Treatment, Early Intervention, Assertive Outreach
- MDT Mental Health Assessment Clinics
- Outreach clinics
- Allocation of a dedicated consultant to each Inpatient ward abolishing multiple ward rounds and replacing them with daily reviews
CONCEPTS THAT CAN BE ADOPTED

- Single point of referral to the Mental Health Team with assessment by the most appropriate member

- Care co-ordination (Case Management) and care planning
SUMMARY

- The Changing Professional role of the Psychiatrist has been recognized in England as one of the most important ingredients in New Ways of Working (NWW).
- It is about supporting Consultant Psychiatrists to deliver an effective, person-centered service for people with mental health problems.
- Inevitably, changing the role of the psychiatrist has a profound impact effect on the MDT and the whole system.
summary

- A successful East Suffolk, UK, experience led to the adoption of a functional specialist model of service by the organization and other Trusts in England.

- Some aspects of this experience can be used in Mental Health Services in the Arab World e.g. allocation of a consultant to one team, MDT assessment clinics, single point of referral, care co-ordination and care planning.
THANK YOU