

CAREER FOCUS

Military Psychiatry

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What is Military Psychiatry?

To paraphrase Groucho Marx (1895-1977) Military Psychiatry is to Psychiatry what Military Music is to Music(1). In essence it is both very similar and very different from civilian mental health services. It shares the focus on individual patient care, working within a multi-disciplinary team, but differs in its occupational focus in maintaining the operational fitness of the military population.

One of the few constants in military psychiatry is change. We have just undergone a major change, giving up our military inpatient facility which was based at DKMH in Catterick Garrison, North Yorkshire. The service is now delivered by enhanced Community teams, with in-patient provision provided by the private sector.

Where are we?

The enhanced community teams are based in the military major centres, to serve the local military population. Figure 1 shows the location of departments of Community mental health within UK, and they are listed together with military contact numbers in Table 1.

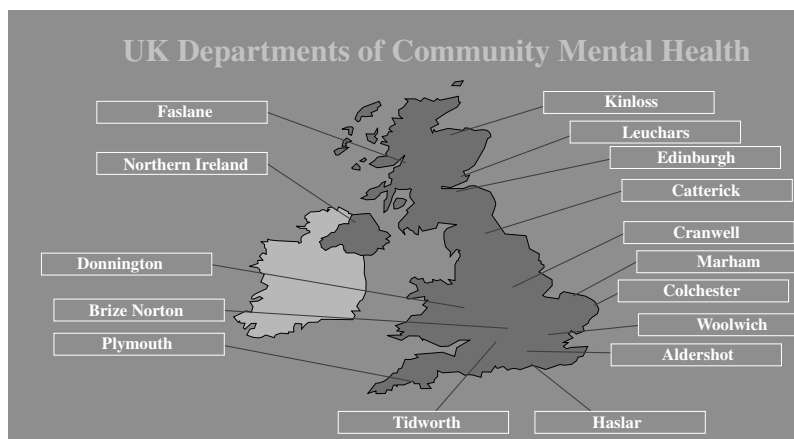


Figure 1. Locations of DCMHs in UK

Currently there is still a military inpatient unit in Wegberg, near JHQ in Rheindahlen, serving the forces population in Germany, including families and other entitled civilians. It is possible that the model of psychiatric provision in Germany will change to resemble the provision in UK, with enhanced community teams and in-patient provision provided by the local civilian sector.

DCMH	CONTACT NUMBER
Aldershot	94222 5778
RAF Brize Norton	95461 7552
Catterick Garrison	94731 3058
Colchester	94651 2057
RAF Cranwell	95751 7369
Donnington	94480 2188
Faslane	93255 5188
Haslar	93819 2257
RAF Kinloss	95131 7065
RAF Marham	95951 7077
HQNI	9491 62791
Plymouth	9375 65965
Scotland	95151 7452
Tidworth	94342 2236
Woolwich	94691 4363

Table 1. List of Contact Numbers for DCMHs

What do we do?

As a speciality we provide mental health support as part of Army Primary Health Care service, in the UK. The majority of our time is spent doing clinical work, carrying out mental health assessments and delivering psychiatric treatment, within the setting of the DCMH. In addition to supporting primary care doctors in the management of mental health problems, as part of our occupational role, we make recommendations to unit commanders via the completion of an FMed8A on the management and occupational limitations associated with psychiatric problems.

The occupational role of psychiatrists also involves the medical grading of service personnel, with our focus on the M & S of PUL-HHEEMS. We make assessments of medical grading for both potential recruits of the forces and serving personnel.

In addition to traditional clinical work, military psychiatrists are involved in liaising with admitting consultants for the inpatient service and lecturing both medical staff and commanders at all levels. There are ample opportunities for research within the cadre, particularly with the advice and support of the new Academic Centre for Defence Mental Health, which is part of the Kings College, London.

In addition to mainstream military psychiatry, there are opportunities to extend one's clinical experience with honorary posts with

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local NHS services. The cadre currently has Consultants with Honorary appointments in Liaison Psychiatry, Forensic Psychiatry and at local teaching hospitals and medical schools.

Deployments & Operational Role

Historically psychiatrists are rarely deployed in large numbers. Major deployments in recent times have included the Falklands conflict, Op Granby and Op Telic. Psychiatrists deploy as part of a Field Mental Health Team(2) which consist of a single psychiatrist and 2-4 psychiatric nurses. The FMHT tends to be administered by the local medical unit, but have a peripatetic role, similar to the Environmental Health teams, in that they cover a large area, and divide their time between clinical work, briefing troops and advising commanders.

At times of operational requirement the focus shifts briefly from the care of the individual to the maintenance of fighting capability, and therefore the principles of PIES are employed both to maximise operational capability as well as limit stigma and offers a better long-term outcome for psychiatric casualties. Outside these times, when psychiatric CASEVAC is appropriate, cases can be rapidly and efficiently repatriated for in-patient care in the UK or Germany.

Training

Previous Experience

Most psychiatrists have had an interesting training path before coming to psychiatry. In the military this is no different. General Duties within the military as a Medical officer is vital training to equip you with an understanding of the culture of the organisation as well as a working knowledge of the day to day role of service personnel.

Many psychiatrists have general practice experience, often being attracted to Psychiatry by the challenging and interesting patients, the co-operative multi-disciplinary working and the luxury of 60 minute consultations.

Any GDMOs, GP or Civilian Psychiatrists interested in Military Psychiatry should write to CA Psych for their appropriate service. The addresses for which are shown in Table 2.

SHO Grade

Once selected for entry into military psychiatry, you enter an SHO training scheme. The military no longer runs its own stand-alone SHO training scheme, but enrolls military SHOs onto NHS training schemes, with recognised 6 month posts with Departments of Community Psychiatry. The selection of a scheme requires the approval of the Tri-service dean, but is sufficiently flexible to account for personal choice, family commitments and training opportunities.

The MRCPsych acts as an exit examination at the end of the SHO grade, allowing progression to higher specialist training(3). The main object of training leading to the exam is to provide a generic grounding in psychiatry, covering: theoretical teaching, clinical competence and knowledge of research methods and appraisal(4).

MRCPsych Part I applicants must have completed 12 months of full-time (or equivalent part-time) approved psychiatric training, either 12 months General Adult Psychiatry, or 6 months General Adult Psychiatry and 6 months Old Age Psychiatry. Candidates must also satisfy the requirements in terms of registration and be sponsored to sit the examination by both their clinical tutor and a consultant for whom they have worked for at least 4 months in the previous year.

Part II applicants must have had a minimum of 30 months of full-time (or equivalent part-time) approved psychiatric training; this includes the approved training for Part I. Twelve months General Adult Psychiatry is mandatory, with 18 months in any sub-speciality, but no more than 12 months maximum for any individual sub-speciality and can include up to six months can be in other specialities e.g. General Practice. Training must be supported by evidence of attendance at an appropriate academic "MRCPsych" course (this is confirmed by your clinical tutor). You must have completed 6 months in either Child & Adolescent Psychiatry or Psychiatry of Learning Disability before you will be eligible to join the college regardless of whether you have passed the examination.

Consultant Advisor	Contact Address
Group Captain F B McManus <i>Defence Consultant Adviser in Psychiatry</i>	Department of Community Mental Health Donnington, Venning, Barracks, Donnington, Telford TF2 8JT
Surgeon Commander J G Sharpley CA (Royal Navy)	Department of Community Mental Health Haslar, Royal Hospital Haslar, Gosport, Portsmouth, Hants PO12 2AA
Colonel D Gamble L/RAMC OBE CA (Army)	Headquarters Psychiatry Scotland and Gibraltar, Watson House, Royal Air Force Leuchars, Fife KY16 0JX
Group Captain G E Reid CA (Royal Air Force)	Department of community mental HEALTH, Royal Air Force Brize Norton, Oxford OX18 3LX

Table 2. List of Single Service CA Psych with contact details.

The College wants future Members to be involved in its activities and Inceptorship offers such an opportunity(5). Benefits include receiving the British Journal of Psychiatry and the Psychiatric Bulletin, the Inceptors Handbook (this contains many of the regulations and details regarding the exams), details of meetings and eligibility for election to the Collegiate Trainees' Committee. There is a long tradition of Military Trainees sitting of the CTC, which gives the opportunity of seeing how the college functions and impacting directly on trainee issues

One of the disadvantages of completing an NHS based training scheme, can be the relative isolation from the Military, but this can be minimised by taking up a six-month placement within a DCMH and attending the annual Tri-service Psychiatric Conference.

SpR Grade

Having passed the MRCPsych, you enter the SpR grade, with a Tri-service rather than an NHS National Training Number. Although you are effectively sponsored by the military you still have a competitive interview for a place on an SpR training rotation. There is a minimum of three years to develop your psychiatric skills, and increase your management skills, while having a supervising consultant. You have protected time for both a special interest, such as addictions or eating disorders, and academic study. The academic sessions are designed to give SpRs the opportunity to perform some original research, but can also be used to gain Masters level academic qualifications such as MSc, LLM, and MBA.

The majority of training is delivered within an NHS training programme with the opportunity of a twelve month post within a DCMH.

Consultant Psychiatrist

Training continues after a successful CCST, ASCAB and appointment as a consultant Psychiatrist within the Defence Medical Services. The RCPsych sets standards for annual CPD, 30 hours internal and 20 hours external. The SG Policy on medical officer appraisal ensures that appraisal medical education continues throughout your professional life.

Flexibility within the Speciality

A number of the current psychiatric cadre are dual qualified consultants, which means in addition to providing a General Adult Psychiatric service within the military they can bring additional specialist skills such as liaison or forensic psychiatry. There is sufficient flexibility within the cadre, to accommodate particular subspecialties within psychiatry. There are opportunities to develop

skills in CBT, EMDR and other psychological therapies. Military Psychiatry is a sufficiently broad church to welcome all psychiatrists from the most psycho-analytical to the most biologically minded.

There has also been a tradition of flexibility of postings, with comparatively long tours to ensure personal, professional and domestic stability, with the contrast of relatively rare and short operational tours.

Wider Horizons

In addition to providing a clinical psychiatric service to the UK military, there are opportunities for practicing military psychiatry in a wider context. Military Psychiatrists sit on NATO working groups, affecting mental health policy for all NATO troops, while liaising with colleagues from within NATO and Partners for Peace. The occupational and operational skills of military psychiatrists are valued within other government departments, which has led to valuable levels of co-operation.

As UK Military psychiatrists we are regularly invited to speak at both national and international meetings, such as the Royal Society of Medicine and the World Psychiatric Association

Current Manning

Manning is currently an issue within military psychiatry, with a shortfall of almost 60%, which provides an excellent opportunity for both psychiatrists within the military and civilian colleagues looking for an interesting role, with a challenging patient group.

The speciality can offer opportunities to everyone from SHOs, through civilian SpRs to consultants both civilian and in uniform.

Career Opportunities

Within the speciality there are a number of key appointments, in support of the remaining full-time clinical psychiatrists. These are the Professor of Military Psychiatry, Clinical Director BFG, the three single services CAs and the Defence Consultant Advisor.

The Professor's post has in the past focused on medical education and training within the military, but with the advent of the ACDMH it is hoped that this role will become re-invigorated with a strong research ethos. The Clinical director post in Germany offers the opportunity of managing a discrete, independent service, outside APHCS, and advising 1* Director Healthcare Germany.

The Single service Consultant Advisors act as a focus for the specialty of psychiatry within each service, while providing special to arm advice to their individual Medical Directors General. The DCA replicates this function at a Tri-service level, offering specialist advice to the Surgeon General.

Strengths and weakness of Military Psychiatry

A career in Military Psychiatry can be attractive for a number of reasons; you are dealing with a young, motivated population and your practice will not be impeded by the worst bureaucratic elements of the Mental Health Act legislation. Your client group will rarely have dementia, learning disability, or require you to deliver long-term rehabilitation. But you will still have the challenges of first episode psychotic illnesses, anxiety and depressive disorders, eating disorders, psychosexual problems as well as some alcohol and drug misuse.

As stated above large scale operational deployments are rare for psychiatrists, while the opportunity to visit stable operational theatres on a regular basis exists.

You have time to spend with vulnerable patients, but the primacy of operational requirement means that long-term psychotherapy and rehabilitation means that such patients are released to the NHS for on-going care.

References

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- 3 Whyte S. Managing postgraduate education. *Advances in Psychiatric Treatment* 1999;5:225-232
- 4 Mindham R. Preparing a trainee for the MRCPsych examinations. *Advances in Psychiatric Treatment* 1996;2:265-270
- 5 Royal College of Psychiatrists. Handbook for Inceptors and Trainees in Psychiatry. 1995