Should state sector community psychiatry be hospital based? A local, and personal, perspective

Most psychiatrists acknowledge that community psychiatry is a critical component of any comprehensive package of psychiatric care. Yet few of them choose to devote their careers to working in a community setting within the state sector. Many psychiatrists work in the private sector and one might say that private practices are to some extent community clinics insofar as they provide an out - patient setting for care in the community. Of course such a community may extend beyond the geographical confines of the practice and there is often in- patient work beyond the out -patient component. Moreover such a setting allows for greater autonomy.

Almost by definition , community psychiatry should offer a service that is based as close to the patient as possible. Care is best rendered in close proximity to where patients reside and in so doing improves not only access but also enables closer monitoring, speedier intervention and ideally prevention of relapse and hospitalizations . Moreover, the support systems in terms of family or community based structures can more readily be mobilized to provide a necessary safety net for the patient and an important point of reference for staff regarding monitoring and intervention. Ideally, this should be the point of entry into the system of psychiatric care with up referral as required. Further it should be the destination of patients who have been treated at higher levels, as they settle and stabilize clinically.

Whether this happens in practice depends on the extent to which a system is functional, with all levels of care adequately staffed and orientated with a patient population who are comfortable with accessing the service at an appropriate level. Within the context of psychiatry in the state sector, the majority of psychiatrists are hospital based, specifically at hospitals affiliated to the academic platform of the respective universities throughout the country. There are dedicated community services – within academic settings - whereby both trainee psychiatrists and psychiatrists perform their work at community clinics. This entails a constant movement of doctors through clinics with little continuity beyond that of a 6 month rotation for trainees, which may vary, with obviously more for specialists- if they remain in the service. At a specialist level, they too are constantly on the move between clinics predominantly ensuring that trainees are adequately supervised and rendering service as required whilst also performing their own clinical duties amidst both administrative and academic responsibilities – without a permanent site of work. Whilst the requirement for community psychiatry needs to be fulfilled, staff attrition is high. This needs to be explored. Further, patient and caregiver satisfaction with such services - as well as outcomes - requires objective elucidation .

At what level do psychiatric services need to be rendered in the community, and in what setting ? One is often confronted by health authorities with the question : ''what outreach do you perform ? '' whereby hospital based staff are by implication expected to extend service provision beyond their primary place and setting of employment i.e. into the broader community, be it for out or in- patient services. Is it necessary for either trainees or specialists to be active across the community ? It should be noted that within the state sector, there are hospital based out -patient departments , some of which may well serve as community clinics in the absence of other such clinics in the geographical area they serve.

It seems that given the shortage of specialist psychiatric personnel, certain of the work should be devolved to primary care physicians – potentially assisted by specialist psychiatric nurses - with selected clinics designated as ''specialist'' multi-disciplinary team (MDT) centres and served by hospital based units at a district level. This would entail repositioning posts in the community to such hospitals, as well as to the next level of hospital i.e. the regional hospitals. In this way, each hospital beyond the central (tertiary/quaternary level) hospitals would have appropriately skilled medical staff that would enable the rendering of hospital based psychiatric care and hospital supported out - patient care in the community, as such staff would provide service at the aforementioned designated MDT clinics which in turn would be the referral point for primary care clinics (staffed by primary care physicians together with specialist psychiatric nurses). Moreover, the central hospitals would provide ongoing psychiatric training and professional development to all levels of medical and allied staff thus completing the loop between primary care and tertiary/quaternary care.

With such a system, specialists and trainees would be hospital based but community involved. The possibility is that it would provide greater job satisfaction and staff retention with improved continuity and quality of care. It would not cost more, but would require a repositioning and reallocation of staff at all levels i.e. from trainee to specialist- all of whom would be university affiliated thus extending the academic platform all the way through the chain of care. The implementation of such a system would see benefits for the facilities - with improved levels of care, and for the university - who would be in a position to increase training of both medical students and trainee specialists (registrars) due to access to more training sites. The community would ultimately, and hopefully, be the beneficiary.

Maybe such a system already exists in some settings. In others, certainly not. There are traditional approaches that are employed, yet circumstances have changed or the approaches are not yielding the desired outcomes. It is time for reflection and reconsideration. Whilst the focus has been on medical staff, any meaningful care requires a multi- disciplinary team hence any change cannot be in isolation. Other staff within the MDT potentially require similar review.

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