



columns

e-interview

Glenn Roberts

Glenn Roberts trained in Bristol and is currently Consultant Psychiatrist in Rehabilitation and Recovery, Wonford House Hospital, Exeter, and lead on Recovery for the Royal College of Psychiatrists. His special interests include narrative perspectives in understanding psychopathology, the use of performance arts in mental health education and the development of recovery-oriented practice, practitioners and services.

If you had not become a psychiatrist what else would you have done?

In reality I would probably have been an unhappy GP, but as a young person I considered being a marine biologist. The romantic idea of being a water bailiff on a trout river had an escapist appeal; lacking any talent or skill I imagined I could be a surrealist painter.

What has been the greatest impact of your profession on you personally?

It has been the making of me.

Who was your most influential trainer and why?

Monty Barker, an assertive and somewhat formidable Scot. He conveyed a belief in me that carried me across some difficult times and was able to support an opinionated but relatively inarticulate young man to grow as a teacher, trainer and writer.

Which book has influenced you most?

There are many, but Judith Leibrich's *A Gift of Stories* is memorable both for its content as well as its design and its creation for a national anti-stigma campaign in New Zealand. It is an inspirational anthology of diverse first person accounts of journeys in recovery. It underlines how finding one's personal story can be a gift to oneself and others.

What part of your work gives you the most satisfaction?

There is a particular delight in getting a paper accepted for publication, but I am a clinician at heart and find satisfaction in working for trust and understanding with people struggling with psychotic experiences. I also get real pleasure in taking people off sections and have felt for some time that we should have some kind of ritual to mark this event.

What do you least enjoy?

Meetings about reorganisation – especially when I'm chairing them.

What is the most promising opportunity facing the profession?

Some aspects of New Ways of Working. In particular, attending to the quality of the helping relationship so as to support people taking an active stance in their own recovery and reframing our power relations with



those we serve so that we are 'on tap, not on top'.

What is the greatest threat?

Standardisation, through the production of manuals, performance measures, guidelines and payment schedules, all of which deny complexity and the need for mature judgement based on an individualised approach.

What conflict of interest do you encounter most often?

The seductive temptations of being invited to wander around the country talking about things I value at the cost of then failing to be available to actually do them.

Do you think psychiatry is brainless or mindless?

I think psychiatry has suffered from rivalrous dichotomies. As Luc Ciompi put it, 'the disastrous splitting of our understanding and treatment into either biological or psychosocial reductionism'. We and our patients have brains and minds, and social contexts as well as ethical and spiritual sensitivities. We would do well to move towards holistic and ecological perspectives that consider the complexity of interacting variables that create illness and promote wellness.

How would you entice more medical students into the profession?

Work and teach from values, tell them real-life stories and focus on the longitudinal perspective of illness and health interacting over time. This would be supported by developing training experiences that are co-led by people in recovery who can speak from personal experience. Students could and should be drawn to psychiatry by its values, knowledge, intimacy and humanity, and the support that training offers for their own maturation and development as people as well as practitioners.

What is the most important advice you could offer to a new trainee?

Spend time getting to know your patients and colleagues well and, beyond preparing for exams, pick topics to study that arise

from your curiosity, experience and what matters to you, preferably all three.

What are the main ethical problems that psychiatrists will face in the future?

Overcoming the pull of self-interest – we need to acknowledge where we may not be needed and learn how to share and hand over power and authority so as to support the development of non-psychiatric and non-professional workers. For example through employment of SupportTime and Recovery workers or partnerships with non-statutory groups and peer supports who have a different, complementary and sometimes more relevant role in supporting someone's recovery than we do.

How would you improve clinical psychiatric training?

I would ensure that it is centred on the lived experiences of people with mental distress and disorder. We need to move beyond diagnosis and treatment, and base all our interactions upon a full understanding of the life someone has lived. This is far more than 'taking a history', it is about learning together. We need to re-personalise our theory, training and practice, and work in ways that model this for trainees.

What single change to mental health legislation would you like to see?

It may now exist – I think that community treatment orders used carefully and sparingly could prevent much needless breakdown in people's lives.

What is the future for psychotherapy in psychiatry training and practice?

Psychiatrists need to understand the major models of psychotherapy, their applicability, merits and limits in order to plan care and treatment, make appropriate referrals and support informed choice. They also need their own psychotherapeutic skills suitable for everyday practice – often they may be ill-prepared by training in specific psychotherapies they cannot implement. Exposure to over defined expert models may perpetuate unhelpful views that you cannot do it unless you are properly qualified, whilst the 'properly qualified' are all but invisible in mainstream psychiatry. I think the future of psychotherapeutic/psychosocial training may lie in developing a broad range of specific skills such as how to work with hearing voices, paranoid beliefs and self-harming behaviours, alongside flexible person-centred methods such as life coaching.

How would you like to be remembered?

I value kindness, creativity, a sense of humour and people who speak out for their own truth even if it goes against the flow. If I have these qualities in any measure I would welcome being remembered so.

Dominic Fannon

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