

WPA Position Statement: Good Psychiatric Practice

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), Mr Andrew Peters (Australia), Dr Roger Ng (Hong Kong), Prof G. Prasad Rao (India), Dr Julio Torales (Paraguay), Dr Greg Shields (UK).

Good Psychiatric Practice

Several national organisations already have papers and Position Statements highlighting the components of Good Psychiatric Practice. The present statement is not meant to replace these. This should be read in conjunction with the WPA Position Statement on Roles and Responsibilities of Psychiatrists in the 21st century as well as Bills of Rights for patients with mental illness, for Children and Young People and for those with Intellectual Disability as produced by the WPA.

The WPA urges its member societies (especially those that do not have a similar document) to use this and modify it according to local and national healthcare systems and needs.

Various components of Good Psychiatric Practice are as follows:

Role of the Psychiatrist

A. Caring for the Patient

1. Carry out a thorough accurate assessment
 - a. Taking a full history and collateral history
 - b. Take developmental history
 - c. Conduct comprehensive mental state examinations
 - d. Carry out necessary physical examination and investigations
 - e. Consultation style should be directed towards building and maintaining therapeutic alliance which depends upon cultural values and expectations engaging the patient, their carers and families
 - f. Good communication skills are necessary for the clinician to engage and explain
2. Fully cognisant of at least one of the major diagnostic systems and of the latest developments in therapeutic intervention
3. To ensure that appropriate therapeutic interventions are available and offered using evidence-base and appropriate guidelines
4. Working with patients who are detained and their carers and families as indicated

5. Psychiatrists must be aware of when and who to refer to between agencies and across specialties
6. Maintain good quality case notes and consent access by patients according to local regulations
7. The psychiatrist must keep up to date with and provide services which are non-discriminatory related to gender, age, sexual orientation, religion or disability

B. Managing Complexity and Co-morbidity

1. Whenever psychiatric patients have complex and comorbid conditions, psychiatrists must take due care in assessing, investigating, managing and recording these details
2. Any changes in treatment or treatment decisions must be communicated appropriately, taking into account local confidentiality arrangements
3. Psychiatrists must keep up to date with clinical advances relevant to their clinical practice and seek help wherever appropriate
4. Throughout their practising career, psychiatrists should work with teams and colleagues to improve clinical care

C. Managing Risk: Managing risk is strongly influenced by local needs and healthcare systems.

1. Carry out a thorough and proper assessment of risk to self and/or others through examination, collateral history and developmental history
2. Work with patients, their carers and families and the team wherever available and possible to assess and manage risk
3. Be readily accessible
4. Carry out regular review of risk assessment

Relationships with patients depend upon mutual respect, openness, trust and good communication. These can be sometimes difficult and strained, especially if patients are detained against their will. Relationships with patients and their families and carers have to be open and mutually respectful.

D. Identifying and Managing Patient Support Systems

1. It is important to identify a patient's support systems, be they carers, families, friends, peers or others in the community, which may include Non-Governmental Organisations
2. The psychiatrist must listen to the patient, ask for and respect their views while engaging them
3. The patient's support system needs information about the illness, treatment and possible outcomes. The psychiatrist must share appropriate risk and benefits of recommended therapeutic interventions
4. Adequate information regarding the patient's diagnosis, treatment and outcome must be shared in simple-to-understand language
5. Psychiatrists should recognise and respect patients' lifestyles, personal goals and take their gender, sexual orientation, religion and disability into account
6. When the patient lacks the capacity to consent, appropriate information and explanations should be shared with the person who is responsible for the care of the patient

E. Enabling the Patient

1. Good psychiatric practice must focus on working with the patients to build on their strengths and enable them to lead a fruitful life
2. It is crucial to work with the patient, their carers and their families to understand what is needed
3. Advocating for the patient at all times so that their needs can be identified and met appropriately from different sources

4. Respecting the patient's right to seek a second opinion and refusal to participate in teaching or research and also to ensure that their refusal is accepted and acknowledged, and this refusal is not held against them and their care is not adversely affected
5. Psychiatrists must consider the risks and benefits of various treatments and, as far as possible, discuss them
6. Within the bounds of local regulations of confidentiality, patients' carers and their families should be involved in their care

F. Facilitating Recovery

1. Wherever possible, the focus must be on facilitating and enabling recovery
2. A range of activities leading to recovery must be developed and delivered wherever possible
3. Information about their illness should be made available in easy to understand form to the patient and their carers and their families
4. Psychiatrists should recognise and respect the diversity of patients' lifestyles, ethnicity, cultural and religious beliefs
5. Psychiatrists must make every effort possible to recognise, respect and develop a patient's ambitions and personal goals

G. Holding Hope and Anxiety

1. An important role and responsibility of the psychiatrist is to hold patients' and their carers and families' hope, in that their condition can be managed effectively. This can be done by sharing positive strengths and building on them, and being honest and upfront
2. In many circumstances, members of the team may feel frustrated or anxious about their patients' illness or behaviour, and it is crucial that the psychiatrist is able to understand this and deal with it in an appropriate manner

3. Some of these types of anxiety are related to children or to young people or the developmental course of the individual, and psychiatrists should be able to manage these
4. Engaging peer support workers or others, especially from non-governmental organisations, can be very helpful in holding hope and managing anxiety of patients as well as of their carers and families
5. Psychiatrists need to be cognisant of patients' rights and capacity to consent

H. Teaching and Training

1. Psychiatrists should have the necessary teaching skills if needed to educate teams, medical students, postgraduates and other disciplines
2. Psychiatrists must have the skills to educate patients, their carers and families about the patient's illness, deteriorating signs and self-management
3. We recognise that not every psychiatrist will have the intent or the inclination to teach, but we believe that these are essential and helpful skills which can be used in educating patients and public alike

I. Research and Innovation

1. Again, we recognise that not every psychiatrist will be a researcher or an innovator, but we believe that it is crucial that they understand the basic principles of research and apply these to their clinical practice
2. If involved in research, it is crucial that appropriate consent is obtained and capacity assessed and research is carried out to a high standard
3. Issues of probity are adhered to throughout the process of research to its conclusion and publications
4. Appropriate research guidelines are followed both for patients and volunteer participants in research

J. Public Mental Health and Advocacy

1. As research evidence gets stronger in the role of public mental health eg prevention of mental illness and mental health promotion, psychiatrists must be aware of various strategies to deliver on this. We recognise that not everyone will be interested in this, but at the minimum, all psychiatrists should be aware of the risk and benefit of such an approach
2. Psychiatrists are in a strong position to advocate for our patients as are patients to advocate for psychiatric services and clinicians, including psychiatrists
3. This approach can prove fruitful for sustained funding and resources

K. Clinical Leadership

1. Psychiatrists, by virtue of their skills, training and experiences, are often well placed to be the clinical leaders in their teams
2. Psychiatrists therefore must take on this responsibility within the team, irrespective of the whether they are working in the private sector or public sector
3. Clinical leadership is about planning, developing, delivering and evaluating services which must be both accessible and efficacious
4. Clinicians must be aware of their own competence, gaps and strengths as well as their weaknesses

L. Drive for Quality

1. Psychiatrists must monitor, maintain and ensure quality of clinical care and patient safety
2. If possible, proper and regular clinical audits should be carried out
3. Psychiatrists should determine and monitor meaningful measures of clinical outcome

4. Psychiatrists should recognise adverse events and ensure that lessons are learnt to change clinical practice wherever possible

M. Clinical Leadership

A. Clinical decision-making

1. Clinical decision-making is at the core of psychiatric practice. Therefore, clinical decisions must be based on evidence and not on personal whims or preferences
2. The psychiatrist therefore must remain up to date with advances and their translation into clinical practice
3. Within the framework of local services and healthcare systems, the psychiatrist must provide services which are accessible, efficacious and meet the needs of the population
4. Clinical leadership includes the responsibility to evaluate services and their efficacy as well as efficiency

B. Managing team dynamics

1. The psychiatrist must work with colleagues in a collaborative way with the best interest of patients at the core of the team functioning
2. Therefore, the psychiatrist needs to be fully aware of the various professional roles within the team
3. Psychiatrists should be willing to listen to team members and respect their expertise
4. When required, the psychiatrist should be able to provide advice and support to colleagues based on mutual professional respect facilitating joined-up working
5. Psychiatrists should be aware of team dynamics and their own role and influence on team functioning

C. Enabling colleagues

1. The psychiatrist should facilitate an atmosphere within the team where individual opinions and diversity of the team are acknowledged and valued
2. The psychiatrist should enable and support colleagues with respect and seek to resolve professional difficulties and conflicts, and ensure that such difficulties do not impede patient care
3. The psychiatrist should acknowledge and work within the lines of accountability established in their own teams and other professions
4. Psychiatrists should share information within the local regulatory and legal frameworks to provide effective and safe care

D. Service improvement

1. Depending upon the healthcare system within which the psychiatrist is working, the key aim is to work across professions and with managers to deliver services which will be used by the patients and their carers
2. The psychiatrist should serve collaboratively with managers to plan and deliver services which are regularly reviewed and evaluated and appropriate changes made, if necessary
3. The psychiatrist should be confident in managing challenges and justification of management and clinical decisions made

E. Quality improvement

1. The quality improvement of services, be they in the public or private sector, is an ongoing process and the psychiatrist must be aware of areas which require improvement
2. Quality improvement must focus not only on structures but also on processes, including therapeutic interactions with the psychiatrist and other members of the team
3. Psychiatrists must ensure that all these tasks involve patient participation

4. Working across disciplines and teams is an important aspect of quality improvement

F. Equity of access

1. All patients, irrespective of their age, gender, sexual orientation, religion or other variables, must receive the same level of access
2. Consequently, the psychiatrist must advocate equity of access and resources both for clinical services and research
3. Services need to be accessible and affordable

G. Affordable accessible services

1. Whether in the public sector or the private sector, services should be affordable for patients, which means that services need to be well-funded and accessible
2. The services require appropriate levels of funding, including public mental health services
3. Affordability of services can be improved by a key component of professionalism, which is altruism
4. Appropriate partnerships with others e.g. non-governmental organisations, can increase affordability and accessibility of services

H. Ambassadorial role

1. Psychiatrists at all times are ambassadors for psychiatry as well as medicine. Thus as medical practitioners it is crucial that they convey the right messages to patients, their carers and their families and to stakeholders
2. Their skills as communicators can help improve their role as well

I. Aware of legal frameworks

1. Psychiatrists must uphold the highest possible professional standards and be fully aware of regulatory and legal framework wherever they practise
2. Psychiatrists must be honest and trustworthy and act with integrity at all times

3. A psychiatrist must be aware of and comply with legislative frameworks, not only in the context of their patients' mental health but also other laws, such as Human Rights, Equality Act etc.
4. Relationships with pharmaceutical companies and other commercial organisations must at all times be transparent and compliant with local laws

Conclusions

Psychiatrists deal with some of the most vulnerable individuals, who may not have the capacity to consent to treatment or may be at danger of harming themselves or others. Therefore, as a professional, it is absolutely critical that the psychiatrist deals with them in an open honest and caring manner, ensuring that no harm comes to the patient but also that the patient remains at the core of all they do. This document should not be seen as mandatory, but as facilitatory and aspirational within the context of local legal framework, clinical practice and healthcare system. Many countries will have their own Good Practice guides and this document should be seen as supplementary and not supplanting them. It should be read in conjunction with the WPA Position Statement on the Roles and Responsibilities of the Psychiatrist in the 21st century. Psychiatrists must be aware of other local documents relevant to their area.

