



e-interview

Brendan T. Monteiro

Brendan is Medical Director at St George Healthcare Group providing forensic rehabilitation services for deaf people and forensic neuro-rehabilitation services. He is also a part-time consultant in early intervention services in Bolton, Greater Manchester West NHS Foundation Trust. He trained in psychiatry in Ireland and the UK after graduating from Mumbai University. His special interest is mental health and deafness.

If you were not a psychiatrist, what would you do?

I would make a useful golf caddy to a young gifted professional (I am not good enough to be a professional). I understand the mechanics of the swing, the variability of course conditions and most importantly the bit of the game 'between the ears'.

Do you feel stigmatised by your profession?

Not at all! I have enjoyed positive interactions with other medical specialists, varied professionals (e.g. lawyers and educators) and have lectured to a wide range of professionals. I have also spoken to the general public as an after-dinner speaker and at deaf clubs on a range of mental health issues. I would not choose to work in any other field of medicine.

What are your interests outside of work?

Golf, travelling, Liverpool FC and listening to rock music (from the '60s and '70s).

Who was your most influential trainer, and why?

Dr John Denmark was the pioneering figure in deafness and mental health from the mid-60s. He was charismatic and shared his wealth of knowledge readily. We became close friends and it was my privilege to write his obituary for the *BMJ* and national broadsheet newspapers in 1998.

What job gave you the most useful training experience?

Two jobs: (1) senior registrar, forensic psychiatry at Edenfield Centre, Prestwich Hospital. I became strongly committed to a sub-specialty that had fascinated me. (2) senior registrar, psychiatry for deaf people. I felt de-skilled at first, because of communication barriers with my patients, and then 'opened my eyes' professionally and figuratively to 'see' and use British Sign Language in mental health practice.

Which publication has influenced you most?

Everyone Here Spoke Sign Language by Nora Ellen Groce. A vivid account of deafness on Martha's Vineyard. It describes the integration of deaf and hearing people for over 200 years as sign language was



used by everyone. This led to an assimilation of deaf people into educational, vocational and social life of the community.

What part of your work gives you the most satisfaction?

Ensuring that every patient has a well-coordinated multi-disciplinary after-care plan. Patients with highly specialised needs in diverse cultural, linguistic and social settings, present a challenge to mainstream services; it can take months to put a good care plan in place. I take great satisfaction in facilitating and helping to deliver robust after-care plans.

What do you least enjoy?

Paperwork, attending unnecessary meetings and reading voluminous emails.

What is the greatest threat to the profession?

An increasing number of managers and non-clinical staff with a disproportionate influence on service planning and delivery. They lack understanding, do not have the vision, gleaned from clinical experience, and are often in the job because of a variation on the theme of 'musical chairs' in trusts; the difference is that the number of 'chairs' increases with every reconfiguration. Psychiatrists often find themselves on the periphery, without any real involvement in crucial strategic planning decisions, to the detriment of patient care.

What single change would substantially improve quality of care?

Shifting all community mental health services (crisis intervention, assertive outreach, out-patients, etc.) to primary care to encourage easy access and early detection and intervention. Such a move could lead to the destigmatisation of Mental Disorder, and serve to educate the public about mental health issues.

What is the role of the psychiatrist in countries emerging from conflict?

Collectively, psychiatrists need to use their organisational strength to influence the development of systems to encourage impartial access to mental healthcare. Individually, psychiatrists need to develop skills to

assess the sequelae of trauma and loss to enable the patient to develop coping mechanisms; it is vital not to make any assumptions based on personal values and beliefs.

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

Increasing pressures to broaden the remit of psychiatry to meet political imperatives, leading to mental health legislation and scarce resources being used to attempt to deal with societal problems, which should not involve psychiatric interventions.

Do you think psychiatry is brainless or mindless?

Neither – the brain is a unique organ, whose workings are influenced by physical, educational, social, emotional, cultural, moral and psychological factors. It is the 'engine' that enables the mind to travel on a train 'journey' through life. Psychiatrists must understand both the mechanisms of the engine and the panorama of the journey, so they can intervene if the train is derailed.

What is the role of the psychiatrist in rebuilding healthcare systems?

To ensure that the diverse mental health needs of different sections of the population are properly reflected in healthcare provision, and that resources are allocated based on clinical priorities and not political dogma or financial imperatives.

What single area of psychiatric practice is most in need of development?

The National Health Service must develop quality multi-disciplinary therapy programmes for people with a range of neurotic illnesses. This group is prone to long waiting times and limited therapeutic interventions, with resultant poor outcomes and continuing distress. Provision of therapies should encompass ethnic needs, be accessible to all referrals and reflect the cultural/linguistic needs of the patient.

What single area of psychiatric research should be given priority?

The delivery of psychiatric education to medical students merits rigorous research. Most newly qualified doctors are ill-equipped to deal with the duality of physical and psychological interactions in the clinical presentation of illness. Research should be directed at improving the knowledge base and awareness of all students so that treatment outcomes can be improved.

How would you like to be remembered?

He made a difference to a disadvantaged section of the community and helped to develop healthcare pathways that can be used effectively in future.

Dominic Fannon

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