

# e-Interview



## Mary Phillips

Mary Phillips is Director of the Clinical and Translational Affective Neuroscience Program and Professor of Psychiatry at the Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine, USA. She trained at Cambridge University, the Maudsley Hospital and Institute of Psychiatry, London. Her special area of interest is the neurobiology of mood disorders.

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

Difficult question – but actually something completely different that involves communicating with people and expression of ideas – interior design!

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

The development and rapid rise of non-invasive neuroimaging techniques.

### Do you feel stigmatised by your profession?

Not any more. The realisation that psychiatric illnesses have biological bases – just like other medical illnesses – has helped, in my opinion, to destigmatise psychiatry, not just for me but for patients and their families too.

### What are your interests outside of work?

Walking, music, film.

### Where is psychiatry heading in the 21st century?

I believe that we will see the development of a neurobiologically driven classification system for psychiatric illness that I hope will provide us with the biological framework that we so desperately need to help guide new treatment developments.

### What job gave you the most useful training experience?

I had many good jobs in training as a psychiatrist, but perhaps the one that provided me with the best all-round experience was my 6-month position as registrar at the Maudsley Hospital psychiatric intensive care ward.

### Which publication has influenced you most?

The first study to employ neuroimaging to show changes in activity in a key region of the human emotional brain – the amygdala – in response to human fearful faces, by Morris *et al*, published in the journal *Nature* in 1996. I can honestly say that this paper changed my life.

### What part of your work gives you the most satisfaction?

Being able to translate findings from research into material that I can discuss with individual patients to try to help with their understanding of their illness and their day-to-day care.

### What do you least enjoy?

Receiving bad news about funding cuts and the effect this will have on the ability to carry out clinical and research work in psychiatry.

### What is the most promising opportunity facing the profession?

The ability to integrate neuroscience into clinical practice to make a significant difference to the way in which we conceptualise and treat psychiatric illness.

### What is the greatest threat?

Resistance that I have observed in some to embracing a model of psychiatric illness that includes a neuroscientific framework.

### What single change would substantially improve quality of care?

Being able to personalise patient care guided by biological measures observed at the individual patient level.

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

Embrace all opportunities to learn about psychological, biological, social and cultural facets of psychiatric illness.

### Do you think psychiatry is brainless or mindless?

It will become brainless or mindless if we fail to embrace a neurobiological framework to understanding psychiatric illness!

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

Guiding accurate diagnosis, treatment choice and setting high standards in the training of the next generation of psychiatrists.

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

This is a difficult question as there are so many interlinked areas that are in desperate need of development. As an overarching statement, however, I would say that the ability to choose a particular treatment for individuals who have psychiatric illnesses based upon their individual biology, in addition to consideration of environmental and social factors, will be a huge step forward in helping to treat many psychiatric illnesses. Alongside this, of course, is the development of new treatments based upon a better understanding of biological abnormalities that are associated with different psychiatric illnesses.

### How would you like to be remembered?

Not as someone brainless or mindless!

**Dominic Fannon**

doi: 10.1192/pb.bp.110.030577