

## Working life (PID)

This page provides useful information about the roles and responsibilities of specialists in psychiatry of intellectual disability, where they work, who they work with and what they feel about their role.

“I can see the difference in people’s lives; I can see that I can provide quality of life”

“What inspires me about the job is the variety of mental health challenges that keeps the week so interesting. The nature of problems managed within our service is much broader than with other psychiatric subspecialties. My typical clinic includes organic and functional psychiatric disorders, autism, challenging behaviour, behavioural phenotypes, epilepsy and of course there’s always capacity to consider.”

The work is usually very varied, ranging from mental health act assessments to safeguarding meetings and general hospital liaison visits.

An average day depends on the type of post, case load and service resources available. A large part of the work involves direct clinical care. In a hospital environment this means attendance at outpatients’ clinics and ward rounds. In the community clinic appointments and home visits are an important part of the work.

Multidisciplinary team meetings and multi-professional reviews are held regularly wherever you work. The remainder of your working week will be spent on continuing medical education, service development and [clinical audit](#) [1]. Teaching is an important part of the work, which includes teaching medical students and trainees as well as educating carers.

Most services are based around multi-professional community teams serving a geographical area or linked to [primary care](#) [2] practices. Some posts may include cover for specialist acute assessment and treatment inpatient services, or include use of mainstream beds. A few posts may be inpatient only, especially in specialist forensic posts.

The number of patients seen per day can vary according to the post. Appointments will be longer than those in mainstream psychiatry, to allow sufficient time to communicate effectively with the patients and their carers.

A higher than average number of consultants work part time and there is a lot of scope for flexible working hours. Out of hours work is common in this specialty and can be either linked

to mainstream rotas or stand-alone intellectual disability cover, which can be quieter.

The EU [Working Time Directive](#) <sup>[3]</sup> limits the working week to 48 hours. It is also possible to work part-time once you are consultant, or to train on a less than full-time <sup>[4]</sup>basis (conditions apply).

- **Who you will work with?**

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Intellectual disability psychiatrists work as part of multidisciplinary teams (MDTs).

They work with:

- clinical psychologists
- mental health nurses sometimes known as psychiatric liaison nurses, or PLNs).
- community nurses
- community support workers
- dietitians
- occupational therapists
- other psychotherapists
- other mental health professionals
- physiotherapists
- speech and language therapists
- social workers
- medical secretaries and administrative staff

- **Attractions and challenges of the role**

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Helping people who have an intellectual disability and their carers to recognise, understand and work through mental health problems is an extremely rewarding experience. The broad range of problems encountered also helps to make the job very interesting.

Psychotherapeutic models to help people with intellectual disabilities have developed considerably in recent years and this in combination with community care has greatly

increased quality of life for those with intellectual disability.

Working as part of an integrated multidisciplinary team (MDT) is also supportive and enjoyable.

The Royal College Faculty of the Psychiatry of Intellectual Disability is a cohesive community which encourages active participation. Many members enjoy attending its excellent academic programmes, and appreciate the support, professional and patient/carer resources and world class training opportunities (in conjunction with regional training schemes) that it provides.

Working with such a vulnerable and often poorly resourced population can often feel daunting. Overcoming communication problems, stigma (both in the general population and in professionals) and access issues can sometimes be difficult.

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**Source URL:** <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/psychiatry/psychiatry-intellectual-disability/working-life>

#### **Links**

[1] [https://www.healthcareers.nhs.uk/glossary#Clinical\\_audit](https://www.healthcareers.nhs.uk/glossary#Clinical_audit)

[2] [https://www.healthcareers.nhs.uk/glossary#Primary\\_care](https://www.healthcareers.nhs.uk/glossary#Primary_care)

[3] [https://www.healthcareers.nhs.uk/glossary#Working\\_Time\\_Directive](https://www.healthcareers.nhs.uk/glossary#Working_Time_Directive)

[4] <https://www.healthcareers.nhs.uk/i-am/working-health/information-doctors/less-full-time-training-doctors>