

"Children and young people are endlessly fascinating and there is the real potential for change."

Dr Rory Conn is a specialist registrar in child and adolescent psychiatry, ST6 at Simmons House Adolescent Unit, Whittington Health NHS Trust in north London.

Dr Rory Conn

Child and Adolescent Psychiatrist ST6

Employer or university

Whittington Health NHS Trust

Salary range

£35k-£45k

Portrait of Dr Rory Conn

How I got into the role

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I decided that I wanted to become a doctor during my early teenage years. Sciences and humanities appealed to me and so I studied A level English alongside chemistry, biology and physics.

Reading literature (especially Shakespeare) taught me a great deal about emotional states and life generally. I was interested in medicine from the perspective of the patient as a person rather than from the purely scientific viewpoint.

When I arrived at University College London medical school I initially wanted to be a trauma and orthopaedic surgeon, probably as I'd suffered several fractures as a child.

However, it was during a psychiatry attachment during my fourth year that my ideas changed completely.

What I observed was a very different medical style and approach. The principal clinical tools are time (with the patient), thought and empathy. I also had an inspirational consultant, who really listened to medical students and made time for us. I opted for an intercalated degree in Medical Humanities which proved to be very relevant for my future career.

I began to see that the important aspects of psychiatry, such as building relationships and understanding personal life contexts were things that I would enjoy and be good at. So at the end of medical school I applied for a foundation programme post that included a psychiatry rotation, which in my case was old age psychiatry. I published some papers related to psychiatry, including the ethics of end-of-life discussions and the portrayal of autism in Hollywood film.

After foundation training ^[1] I commenced core training in psychiatry which lasts for three years and provides a thorough training in all aspects of the specialty. I was fortunate to have two rotations in child and adolescent psychiatry and enjoyed it so much that I decided to apply for higher specialist training in this specialty.

What I do

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I'm almost at the end of my three-year higher specialist training in child and adolescent psychiatry. I've done placements in the community working for the children's and adolescent mental health service (CAMHS) and in acute hospital-based work, known as liaison child and adolescent psychiatry.

I took a year out of higher training to undertake a postgraduate certificate in leadership and management – the Darzi Fellowship (only available in London and the South East at time of writing). This involved a taught aspect with essays and reading, alongside organisational project work. I remained on an on-call rota.

Simmons House, where I now work, is an in-patient adolescent unit for children and young people aged 13-17 suffering from a range of mental health issues including anxiety, depression, emotional difficulties and more rarely, psychosis. Some of our patients are detained under the Mental Health Act.

Many of the young people have long-standing difficulties such as loss of a parent or traumatic issues relating to previous abuse or neglect. I work closely with a large multidisciplinary team (MDT) with teachers, social workers, nurses, occupational therapists, clinical psychologists and psychotherapists - we all work together to provide a coherent treatment plan.

My jobs as a psychiatrist in the unit are to diagnose mental illness, manage risk, including that presented by self-harm or disordered or restricted eating. I also prescribe and monitor medications, all under consultant supervision.

As a team we decide how well our treatment plans are working. We make use of various different talking therapies such as cognitive behavioural therapy [2] and psychotherapy.

Each day begins with a handover from the night staff. I may need to see a patient urgently if they have been distressed or particularly unwell overnight. I always carry a personal alarm so that anyone in the unit can contact me about emergency situations, perhaps if someone is extremely agitated. When patients are initially admitted to the unit, they see one of the psychiatrists for an initial medical examination to rule out other medical conditions.

I then generally see the young people for one to one sessions each day, lasting around one hour. Sometimes I might take them outside the unit for a walk, as this might encourage them to open up to me about their problems. I also conduct family therapy sessions involving parents and siblings.

We sometimes make use of a one-way mirror during family therapy, where the team are able to observe the child or young person (with their permission) in a reflective manner.

After lunch each day we hold a community meeting, where the young people are able to raise issues that might be worrying them. We also hold structured groups such as art and cooking and once a week the young people prepare lunch for everyone.

Psychiatry higher training is unusual in that you're allowed one day a week of special interest time. I've developed an interest in tics and Tourette's syndrome, and help run a clinic for this at Great Ormond Street Hospital once a month. These conditions are very treatable using techniques where children are taught to cope with and suppress their symptoms.

I also work on educational projects and develop my academic interests during this day away from direct clinical work.

Being on-call about one day in nine is also part of the job. This means being available by telephone to deal with enquiries from paediatricians and emergencies from 5pm in the evening to 9am the following morning. Sometimes I'll need to go into one of the acute hospitals during the evening or night to deal with serious issues.

The best bits and challenges

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My job is unpredictable, challenging and extremely varied. Children and young people are endlessly fascinating and there is the real potential for change. The work I do can have long-lasting beneficial effects on their future and this is very rewarding. 50% of mental health issues are detectable at the age of 14 and 75% by the age of 18. Early intervention can make all the difference, even to potentially serious illnesses such as psychosis.

The main challenge in my job is addressing the stigma about mental illness, which is very much present in society. Dealing with children and their families in distress can also be very emotionally demanding. I spend an hour each week with my consultant and her support helps me manage the more difficult aspects of the job.

Life outside work

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Spending time with my family is important to me and I also try to keep fit. I hate commuting on busy trains, so I cycle to work which I find is an excellent way to de-stress and keep home and work life separate. I also enjoy reading novels and playing golf occasionally.

Career plans and top tips for others

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I'm almost at the end of my higher specialist training and am currently applying for consultant jobs. I'm really interested in paediatric liaison work and the relationship between physical and mental health. I want to further develop the links between paediatrics and mental health and have helped develop the "Thinking Together" project which is a collaboration between child psychiatrists and paediatricians.

Top tips

- there's a lot to be learnt from reading non-medical literature, so read as widely as you can
 - try to develop a portfolio career with niche interests, as well as developing your educational and research work – all these help to give your career balance
 - get involved in charity work such as "Young Minds" and become a student associate member of the Royal College of Psychiatry from medical school onwards
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Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training [2]

https://www.healthcareers.nhs.uk/glossary#Cognitive_behavioural_therapy