CHAPTER 1
Welcome

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Standing on the edge with my patients – abiding with them – means that I must harbour a true awareness that I, too, could lose my child through the play of circumstance over which I have no control. I could lose my home, my financial security, my safety. I could lose my mind. Any of us could.

Christine Montross

When you say you’re a psychiatrist, people either run towards you or away from you. Some tell their life stories, hoping for wise insights or solutions; others ask if you’re about to read their mind, analyse or section them. Medical colleagues may be equally fascinated or unnerved by your new ‘powers’. This says lots about the stigma and ignorance in mental health, but doesn’t tell you what your new job actually involves. That’s where this book comes in.

Breaking the ICE isn’t a textbook, but a handbook: rather than focusing on facts and figures, it explains how to be a psychiatrist. There are three sections:

• **Introduction**: overview of your role; psychiatry refresher
• **Common Tasks**: day-to-day work, whether based:
  - In a Community Mental Health Team (CMHT)
  - On a psychiatric ward
  - On-call in the general hospital and Emergency Department (ED)
• **Emergencies**: rarer, urgent situations – in the CMHT, Ward, or while on-call.

We recommend you read the Introduction before starting. Then, dip into the relevant Common Tasks once you’ve worked out what your job involves (first 1–2 weeks). It’s probably worth skim-reading the Emergencies before your first on-call shift, and within your first month.

To prevent repetition:
• The Introduction covers key assessment and management principles – we’ll relate back to these throughout the book
• Topics are placed in the setting where you’re most likely to manage them yourself. With psychosis, for example:
  - *On-call* – assessing someone with a first episode of psychosis (Ch.53)
  - *CMHT* – psychosis management – initial (Ch.23) and longer-term (Ch.24)
  - *Ward* – most psychosis management decisions are made in team ward rounds, but you’ll often be alone if and when neuroleptic malignant syndrome strikes (Ch.67)
• Each chapter starts by highlighting related topics
• At the end of chapters, we’ve addressed What ifs …?
  - Situations where real life doesn’t run smoothly
  - Important points if seeing this person elsewhere, e.g. CMHT instead of ED.
Nonetheless, you will find areas of repetition, especially if you read the book cover-to-cover. This is because we expect you to dip in and out of chapters, as needed, and we don’t know which chapters you’ll meet first. Our apologies if this is slightly annoying as you grow more familiar with the structure of assessments, but we’d rather state the obvious than leave you with major gaps. Additionally, since Breaking the ICE is aimed at all trainees (including doctors who may have never worked in the UK before), you might find you already know some of the basics – feel free to skip over them (we won’t be offended).

Finally, we’ve gathered the views of patients and colleagues from focus groups and online responses – and peppered the book with them. They include tips, personal experiences of mental illness, and warnings to help you avoid common mistakes. Some are uncomfortable to read – but if you can take them on board, we think they’ll change your practice for the better.

Whether you’re planning a career in psychiatry or just passing through, we hope you enjoy your placement. And in case you’re wondering, you can only read minds after passing the MRCPsych exam.

Reference