

Psychologists and Psychiatrists: What's in a name?



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There is widespread confusion in the general public regarding the respective roles, qualifications, expertise and treatment methodologies of **psychologists** and **psychiatrists**. Solicitors and barristers are not an exception. This article was written by representatives of both professions and aims to inform and educate the reader regarding these frequently asked questions.

Training

A **psychologist** generally holds a minimum six year university obtained masters degree in which the first four years are spent obtaining an honours level degree in psychology and the final two spent in postgraduate theoretical and practical training. Their undergraduate degree encompasses such subjects as cognitive, developmental, personality, social, neuro, psychology subjects as well as research design and statistics training.

Masters level training aims at specialising the practice and courses are offered in the subspecialties of forensic, clinical, clinical neuropsychology, organisational, sport and exercise, educational and developmental, and counselling psychology. All honours and masters courses have a thesis / dissertation requirement and continue research design and

statistics courses. Professional doctoral degrees enable further practical specialisation with a dissertation component while the alternate Ph.D. degrees enable a further research component.

To become a **psychiatrist** you need to train as a medical practitioner (doctor) and then specialise in psychiatry. A medical degree will usually require six years at medical school. A further two years will be spent in general medicine and surgery as an intern and only then can one enter a psychiatry training scheme run by one of the psychiatry colleges – the professional bodies with responsibility over training and standing as a psychiatrist.

Practice

Psychology is concerned with the scientific study of human behaviour, the mind and its functions. Psychologists train to understand the theoretical, research and statistical bases behind the psychometrics they use to assess human behaviour and function. They also use their clinical judgment based on their training and practical experience to apply these results to a particular individual (patient).

Treatment modalities of a psychologist encompass broadly both cognitive (thinking about thinking) and behavioural (doing) strategies. Clients are encouraged

to identify and discover a new understanding about dysfunctional thinking patterns and behaviours which may underlie psychological distress and by using various techniques assisting them to modify their thinking and/or recondition their behaviour(s). Common treatment areas include depression, anxiety, eating disorders, trauma, grief and loss - to name but a few.

Forensic psychology is defined by the Australian Psychological Society as “the application of psychological knowledge, concepts and skills to the understanding and functioning of the legal and criminal justice system. Forensic Psychology embraces psychology and the law, the psychology of police and policing, corrections, probation, parole, victim services, addiction services, family services and the full range of activities related to law enforcement, and the evaluation and treatment of offenders.”¹

A **forensic psychologist** has knowledge, training and experience in answering questions posed by lawyers and courts such as competency, fitness to plead or fitness for trial, cognitive functioning, malingering, personality, risk of re-offending (sexual, violent, general), addictions, treatment options for offenders, custody arrangements, parenting capabilities, as well as vocational and daily functioning. They commonly use actuarial



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(mathematical and statistical) instruments that form the basis of their clinical opinion and supplement these with comprehensive collateral information from a variety of sources.

Psychiatry is the medical speciality devoted to the study and treatment of mental disorders which include various behavioural, mood, thought, perceptual and cognitive disorders.

The Canadian Psychiatry Association defines psychiatrists as physicians who “enhance the person’s quality of life by providing psychiatric assessment, treatment and rehabilitation care to people with psychiatric disorders in order to prevent, reduce and eliminate the symptoms and subsequent disabilities resulting from mental illness or disorder”. The UK College of Psychiatrists states, “Psychiatrists are informed and uniquely skilled in the integration of medicine, psychiatry, neuroscience and the psychosocial sciences”.

Psychiatrists are trained to diagnose, treat and provide ongoing care for patients with mental disorders of all ages. Psychiatrists also provide consultancy to other health, legal, and other professions.

Psychiatrists use a number of treatment modalities, including medications and psychological interventions, depending upon the psychiatric condition. Collaboration with social and support services are often part of the treatment plan.

Forensic psychiatry is a sub-

speciality of psychiatry. It is concerned with the interface between law and psychiatry. A forensic psychiatrist primarily provides services to courts to facilitate the legal process. Essentially this divides into two basic components. Competency to stand trial and mental state at the time of offending. Risk assessment is increasingly sought by the courts and psychiatrists can weigh a number of correlates present to offer the court increasingly accurate assessments based on current research.

A complete psychiatric report should include fitness to plead and to stand trial, mental state at the time of the alleged offence, any mitigating psychiatric factors that have a bearing on forming intent or responsibility, mental state at the time of assessment, recommendation for disposal or treatment and prognosis including future risk.

Forensic psychiatrists are also involved with prison inmate and inpatient / outpatient care. Ideally ongoing psychiatric care and report writing should be done by different individual psychiatrists to avoid obvious conflicts of interest and ethical dilemmas. Indeed we believe that this will be an area of change in the future of Australian forensic psychology/ psychiatry, as the conflicting responsibilities of caregiver and assessor are more fully realised. The United Nations convention against torture is being used to argue against assessment and treatment being conducted by the same psychiatrist.

Increasingly forensic psychiatrists are being required to attend extra training but this is not the case in Australia at present, experience in the field being the main determining factor.

As can be seen from the above, many of the functions can be carried out by either a psychiatrist or a psychologist, albeit often with a different emphasis and style. The one function that clearly separates the two fields is the prescribing of medications and other medically based treatments such as electro-convulsive therapy (ECT). It is the medical training that psychiatrists receive that makes it possible for them to prescribe medication for patients and when it is deemed necessary to administer electroshock therapy treatments also known as electro-convulsive therapy or ECT. This function in particular should guide the courts in their requests for expert reports.

Reports

According to Australian statutory law, both psychologists and psychiatrists are eligible to conduct mental impairment assessments. Some States and Territories have stipulated psychologists as the professionals entitled to conduct these assessments and others have not specified a preferred profession.²

Psychological reports commonly use clinical interview and a greater number of additional sources of information such as file reviews, observation and other collateral information. They also use

structured assessment instruments and tools specific to the questions posed, whereas psychiatrists tend to base their reports primarily upon the mental state findings.

In the criminal legal context often the work of a forensic psychologist is directed towards answering the “Why?” questions including – Why did he/she get to this point in his/her life? Why did he/she behave in that way? Why can the court be confident that he/she will not resort to that same behaviour again in the future? By virtue of their use of actuarial tools and methodology, a forensic psychologist is uniquely placed to provide the courts with informed assessments of risk of reoffending or recidivism.

A forensic psychologist will commonly recommend particular therapies thought to be beneficial to the patient / offender. These may include further psychological counselling, drug rehabilitation treatment, referral to a psychiatrist or other medical practitioner for medical treatment, or support services for those with other disabilities. In the legal context such recommendations often have direct relevance to the types of orders that a criminal court may consider imposing on an individual.

In the civil arena, psychiatrists are best qualified to comment on the medical, physiological and pharmacotherapy issues concerned with mental illness and impairment. Psychologists, with their testing tools, are well placed to assess genuineness or malingering/exaggeration, to translate findings of mental impairment into assessment of capacity (vocational, familial, intellectual and emotional), and evaluate the need for and type of therapeutic counselling.

In family law matters psychologists will commonly deal with such questions as - Why is the child acting this way? What are the unique family and individual dynamics? What is the parents’ capacity for parenting? What is the likelihood of exposure to harm? Is there

evidence of dysfunction? This process can involve interview with all family members in both home and / or neutral environments.

The authors believe that unless mental illness is suspected or medications involved psychologists are in a better position to answer the often qualitative questions in family law matters. Psychiatrists are generally not experts at judging child custody, visitation, termination of parental rights and evaluating potential adoptive parents.

In general psychological reports often focus more upon the functional, mental and behavioural aspects of the case versus the biological/ biochemical aspects more addressed by psychiatrists. Often the two reports complement each other.

As former Chief Justice Martin noted³ it is not the profession of the expert witness that is important, rather it is the expertise of the individual witness which can be gauged by the specialised knowledge, training or experience of the individual professional concerned.

His Honour said:

once the question of medical treatment of mental illness is put to one side, there is no reason why a psychologist may not be just as qualified, or better qualified, than a psychiatrist to express opinions about mental states and processes ⁴

Footnotes

1. Australian Psychological Society <http://www.groups.psychology.org.au/cpf/> at 14th October 2010.
2. Murray Ferguson and James Ogloff, ‘Criminal Responsibility Evaluations: Role of Psychologists in Assessment’ a. (1997) *Psychiatry, Psychology and Law* 1, 5.
3. *Erminio Nepi v The Northern Territory of Australia and Anor*, unreported (BC9701834), 2 May

1997.

4. *Ibid* at 6.

About the authors

Kate Crawley (nee Hart) has been a practising forensic psychologist for 10 years. She has worked in extensively in the area of criminal risk assessment in Vancouver Canada, Wellington New Zealand and South Australia. She has treated forensic patients within inpatient and outpatient settings as well as within prison and community corrections settings. Ms Crawley spent three years at Drug and Alcohol Services SA where she worked with addictions and chronic pain patients. She has extensive experience providing reports to diverse jurisdictions in the SA court system, on private and court referrals. Due to her distain for cold weather she finally made it to the top end in January 2010 and began working for the Forensic Team, Top End Mental Health Services, where she has been providing reports to the CSJ and Supreme Court on court referrals.

Dr. Steven Robertson began his Forensic psychiatry training in the UK’s large mental health institutions including Ashworth, Parkside, Coldeast, Calderstones and Lancaster Moore hospitals. As a senior Registrar he was tutored by Prof Greg O’Brien, Lead Clinician, Forensic Division at Northgate Hospital. He later moved to Hamilton, New Zealand working with the Director of Forensic Psychiatry Dr Niazi Kraya at Tokanui Hospital. He was then invited by Health care Hawkes Bay, New Zealand, to set up the first forensic psychiatric service in that area and became the director of psychiatry for the Hawkes Bay region. He moved to Darwin in 1999 and became acting Director of the service in 2000. He has spent the last nine years working as the Forensic Psychiatrist for the Forensic Team, Top End Mental Health Services Health Services. ●