

Appendix : Questions for the semi-structured interviews

1. Questions for General Psychiatrists

Introduction questions

When did you qualify as a doctor? When did you start in psychiatry? How long a consultant? How long in this post? What proportion of your outpatient/community patients would you guess are on psychotropic medication? Inpatients? What medication do you think you use most?

Do you have any therapists in your team? Does this make a difference in how you treat patients?

Orientation/ attitudes to medication and therapy

Can you tell me a bit about the most recent new patient you remember starting on psychotropic medication? What happened? Did you see a role in referring them for formal psychotherapy?

The most recent new patient you remember where you stopped/ reduced their medication? What happened?

Most recent referral to a therapist? What was it about? Why did you refer?

Ever recommended someone stopped therapy? What happened?

What proportion of your patients might you refer or discuss with a psychotherapist?

How is crisis managed if someone is in crisis during therapy? Example

Experience of combined treatment

Tell me about your experience of working with patients who are also (i.e. as well as on medication) in psychotherapy treatment (group or individual). (Ask about experiences of the psychiatrist's work with the patient, particularly around medication, if it had to be handled differently from how it would have, had the patient not been in therapy. Times when one might very directly aid the other, e.g. therapy to help with compliance or taking control of medication, or with phasing medication out; medication supporting someone through pain therapy)

Have you ever done joint reviews with a therapist?

Describe to me a time when you had a good experience with a psychotherapist?

Good how?

Describe to me a time when you had a bad experience with a psychotherapist?

Bad how?

Give me an example where you had a mixed experience with a psychotherapist
(there were good areas but also more difficult ones? How did that look like?)

Do you actively seek updates on your patients' psychotherapy treatment / do you expect the psychotherapist to contact you first / or do you not expect any contact between the two of you? Give me an example. Lessons learnt.

Obstacles / opportunities in collaboration

Is there scope for on-going collaboration and if so how would that look like?

Have you been asked to provide consultation to therapists? Give me an example, what has this included? Have you considered consulting therapists? About prescribing? Can you imagine doing that?

What are the obstacles in such collaboration and what are the opportunities?
(examples of how they managed a disagreement)

Identifying patient characteristics

Are there groups of patients for whom this collaboration is crucial? In what sort of circumstances would you ask a psychotherapist's opinion? Give me an example

Other questions

How do you view treatment resistance?

Describe your theoretical orientation. Would you say it is predominantly biological / psychological / social? How did you evolve to the theoretical stance you have?

2. Questions for non- medical psychotherapists

Introduction questions

When did you qualify as a psychotherapist? Other professional background? Registering body? How many years in this post? Do you have any psychiatrists in your team? Does this make a difference?

Orientation/ attitudes to medication and therapy

Can you tell me a bit about the most recent new patient you started therapy with? Have you asked them or do you know whether they see a psychiatrist and

whether they are prescribed any medication? If not, why not? If they asked, why did they ask?

How many patients do you have on your caseload? How many are on psychotropic medication? What are they? How many do you suspect are but aren't quite sure?

The most recent referral to a psychiatrist? What was the problem?

Ever recommended someone stopped their medication? What was the problem? How did you recommend this? (Discussed with psychiatrist first or expressed concerns to psychiatrist through the patient? Why?)

Most recent patient who is receiving a formal therapy and psychotropic medication?

Are there in your mind categories (conditions, people etc.) that are more likely to get medication (than not) and more likely to get therapy (or in whom therapy feels contraindicated).

What proportion of your patients might you refer or discuss with a psychiatrist?

Experience of combined treatment

Tell me about your experience of working with patients who also see a psychiatrist for medication review. (Ask about experiences of the psychotherapist's work with the patient, had to be handled differently from how it would have had the patient not been on medication. Might ask about good experiences of simultaneous psychotropic and psychological therapies and about bad experiences, are there times when sequential use of one then the other is good? Times when one might very directly aid the other, e.g. therapy to help with compliance or taking control of medication, or with phasing medication out; medication supporting someone through pain therapy)

Joint reviews with a psychiatrist?

Describe to me a time when you had a good experience with a psychiatrist?

Good how?

Describe to me a time when you had a bad experience with a psychiatrist? Bad how?

Give me an example where you had a mixed experience with a psychiatrist (there were good areas but also more difficult ones? How did that look like?)

Do you actively seek updates from psychiatrists on your patients' treatment / do you expect the psychiatrist to contact you first / or do you not expect any contact between the two of you? Give me an example. Lessons learnt.

Obstacles / opportunities in collaboration

Is there scope for on-going collaboration and if so how would that look like?

Do you think a psychiatrist could assist your therapy and how? How does a psychiatric review/ involvement of a prescriber impact on the therapeutic frame?

Do you think medication tends to help the analytic process or do they interfere with it? Do they increase or decrease a patient's ego strength?

Have you been asked to provide consultation to any psychiatrist? Give me an example, what has this included? Have you considered consulting psychiatrists? About aspects of your patients' treatment? Can you imagine using that?

What are the obstacles in such collaboration and what are the opportunities?
(Examples of how they managed a disagreement)

Identifying patient characteristics

Are there groups of patients for whom this collaboration is crucial? In what sort of circumstances would you ask a psychiatrist's opinion? Example

Other questions

How do you view treatment resistance?

What is your theoretical orientation? How has this evolved over the years through your experience? How much do you understand about medication?

3. Questions for medical psychotherapists

Introduction questions

When did you qualify as a medical psychotherapist or psychiatrist in psychotherapy? Registering body/ bodies? How many years as a consultant? How many years in this post?

Are you dually trained? (Two CCTs?) Have you worked as a general adult psychiatrist before? In what department do you work in?

Ask if they are on the prescribing register with the Trust pharmacy when they last prescribed; whether they keep two roles separate so only prescribe for some patients they aren't and won't see for therapy. If so, might ask whether they think their therapy training and experience changes how they think about prescribing even with patients/clients they're not going to take into any kind of formal therapy.

Orientation/ attitudes towards medication, therapy

Do you prescribe in your current role? When was the last time you prescribed?
What happened?

Can you tell me a bit about the most recent new patient you started therapy with?
Have you asked them, do you know whether they see a psychiatrist and whether they are prescribed any medication?

How many clients do you have on your caseload? How many are on psychotropic medication? How many do you suspect are but aren't quite sure?

The most recent referral to a psychiatrist? What was the problem?

The most recent referral to a psychotherapist (if applicable)? What was the problem?

An example where following an assessment you were in doubt whether the problem needed predominantly medication or treatment? What happened?

Ever recommended someone started / stopped their medication? What was the problem? How did you recommend? Discussed with psychiatrist first or expressed concerns to psychiatrist through the patient? One example for each (start and stop)

Most recent client who is receiving a formal therapy and psychotropic medication?

Are there in your mind categories (diagnoses /people) that are more likely to get medication (than not) and more likely to get therapy (or in whom therapy feels contraindicated).

What proportion of your patients might you refer or discuss with a psychiatrist?

How do you think your psychotherapist colleagues see you? What are their expectations of you? Give me an example where you were seen as a psychiatrist only/psychotherapists only/ or dual role acknowledged.

Experience of combined treatment

Tell me about your experience of working with patients in combined treatment.

Give me an example where you successfully integrated your two roles (psychiatrist/ prescriber and therapist)

Give me an example where you found it difficult/ impossible to integrate your two roles

Give me an example where it was difficult to integrate your roles but managed with asking some help. How did you do that? Lessons learnt?

Tell me about your experience of working with patients who also see a psychiatrist for medication review. (Ask about experiences of the medical psychotherapist's work with the patient, had to be handled differently from how it would have had the client not been on medication. Might ask about good experiences of simultaneous psychotropic and psychological therapies and about bad experiences, are there times when sequential use of one then the other is good? Times when one might very directly aid the other, e.g. therapy to help with compliance or taking control of medication, or with phasing medication out; medication supporting someone through pain therapy)

Joint reviews with a psychiatrist or a psychotherapist?

Describe to me a time when you had a good experience with a psychiatrist/psychotherapist? Good how?

Describe to me a time when you had a bad experience with a psychiatrist/psychotherapist? Bad how?

Give me an example where you had a mixed experience with a psychiatrist/psychotherapist (there were good areas but also more difficult ones? How did that look like?)

Obstacles / opportunities in collaboration

Is there scope for on-going collaboration and if so how would that look like?

Do you think a psychiatrist could assist your therapy and how? How does a psychiatric review/ involvement of a prescriber impact on the therapeutic frame? Do you think medication tends to help the analytic process or do they interfere with it? Do they increase or decrease a patient's ego strength?

Have you been asked to provide consultation to psychiatrist? Give me an example, what has this included?? Have you considered consulting psychiatrists? About aspects of their client's treatment? Can they imagine using that?

What are the obstacles in such collaboration and what are the opportunities?
(examples of how they managed a disagreement)

Identifying patient characteristics

Are there groups of patients for whom this collaboration is crucial? In what sort of circumstances would you ask a psychiatrist's opinion? Example

Other questions

How do you view treatment resistance?

What is your theoretical orientation? How has this evolved over the years through your experience? How much do you understand about medication?

4. Questions for all three groups of professionals

Are there other important things I've missed that you'd like to tell me?

Any particular experiences, good, bad or just interesting/surprising that you'd like to add?

Has any of this intrigued or surprised you? What (if anything) in what we've talked about strikes you as most important?

Is there anything you've read, not necessarily from the professional literature that has influenced you that you think I should read or know about?