4 Hinton DE, Lewis-Fernández R. The cross-cultural validity of post-traumatic stress disorder: implications for DSM-5. *Depress Anxiety* 2011; **28**: 783–801.

5 Peltzer K, Pengpid S. Female genital mutilation and intimate partner violence in the Ivory Coast. *BMC Women's Health* 2014; **14**: 13.

6 Lewallen S, Courtright P. Case-Control studies. *Comm Eye Health* 1998; **11**: 57–8.

doi: 10.1192/pb.40.4.230

Mental Health Officer status and recruitment in psychiatry

Denman *et al*'s paper[1] was thought-provoking and of vital importance given the current difficulties in recruiting to psychiatry training schemes. However, it is our opinion that the authors made a significant omission in not assessing the effect that Mental Health Officer (MHO) status has had on applications to training schemes.

Certain members of staff who were members of the National Health Service pension scheme before 6 March 1995 were eligible for MHO status.[2] This enabled them to take retirement aged 55 with no reduction in pension benefits. MHO status was withdrawn in March 1995.

Financial incentives have become almost a taboo subject, but one which we feel should be revisited. MHO status recognises that, owing to the particular stresses in the specialty, early retirement may be desirable or necessary for some doctors. This offered a significant financial and lifestyle boost to those afforded it.

The crisis in recruitment to psychiatry training posts is well described. It is exacerbated by the effect MHO status has on retention of experienced psychiatrists. Retirement aged 55 – instead of 60 or 65 – only worsens the workforce crisis. The recent reduction in lifetime allowance from £1.25 million to £1 million will make it financially unattractive to those with MHO status to carry on working past 55, even if they wished to do so.

It is highly unlikely that MHO status would ever have been the sole reason to choose psychiatry. However, it formed a significant incentive that directly contributed to the attractiveness of the specialty. It is worth considering what impact its withdrawal is having and comparing the benefits of MHO status to the salary premiums which have been offered in the new junior doctor contracts.

Alje C Van Hoorn, CT2 in liaison psychiatry, Cornwall Partnership NHS Foundation Trust, Truro, UK, email: alje.vanhoorn@nhs.net and **Adnan Sharaf**, ST4 in old age psychiatry, South Staffordshire and Shropshire NHS Foundation Trust.

1 Denman M, Oyebode F, Greening J. Reasons for choosing to specialise in psychiatry: differences between core psychiatry trainees and consultant psychiatrists. *BJPsych Bull* 2016; **40**: 19–23.

2 http://www.nhsbsa.nhs.uk/Documents/Pensions/Mental_Health_Officer_Status_Factsheet.pdf

doi: 10.1192/pb.40.4.231

Authors' reply: psychiatrists' use of formulation

In this issue of the *BJPsych Bulletin* it is heartening to hear discussion and reflection on our work[1] from Professor Hughes,[2] and how particular issues that interested the research team resonated for her.

Professor Hughes brings a perspective from her work in psychotherapy and her own experience of the role of therapy and formulation in psychiatry. She reflects on the range of understandings of formulation within the profession, and possibly the semantic gap between psychology and psychiatry around this. Psychiatrists' understanding of formulation was a key area of interest for the research team, who come from a range of theoretical backgrounds themselves, and from across the psychiatry and psychology divide. This range of enhanced understandings as a result of different ways of formulating is something the team values, and we hope the research provides some further discussion and thinking of psychiatry's relationship with this.

Professor Hughes writes from an interesting generational perspective while acknowledging some distance from the coalface of the National Health Service (NHS). This perspective was interesting for the research team, given our own experiences working as psychologists and consultant psychiatrist in the NHS over the last 15 to 20 years and also through the generational experiences of those being interviewed. In response to her query about the level of experience in the sample, the 12 psychiatrists interviewed had between 7 and 41 years' experience since qualifying, with 8 of them being at consultant level, ranging from early consultant years to people nearing retirement. We would highlight the finding that formulation appeared to be increasingly valued with greater experience and that more experienced interviewees felt more confident in their ability to use formulation.

Staying with the generational theme, Professor Hughes does highlight with some sadness the challenges faced by psychiatrists today. We also felt these were important emerging narratives in the research, particularly increasing workload, time pressures and the loss of thinking space. These were regretted by the psychiatrists interviewed and should act as an alarm to us all. Like Professor Hughes, the research team were saddened to hear some psychiatrists feeling formulation was an add-on role, an addition to the diagnostic, prescribing and risk management roles. We would echo her words in ensuring that supporting psychiatrists in training around recognising the impact of the range of experiences upon mental distress, and building their skills in formulation, should remain a key area of psychiatric training and examination.

However, like Professor Hughes, we remain hopeful for the opportunities of working together across professions and learning from each other for the future.

Roxanna Mohtashemi, clinical psychologist, Lancashire Care NHS Foundation Trust and Lancaster University, UK, email: roxannamohtashemi@nhs.net; **John Stevens**, consultant psychiatrist (early intervention in psychosis) and **Paul Geoffrey Jackson**, clinical psychologist, Mersey Care NHS Trust; and **Stephen Weatherhead**, clinical tutor, Lancashire Care NHS Foundation Trust and Lancaster University.

1 Mohtashemi R, Stevens J, Jackson PG, Weatherhead S. Psychiatrists' understanding and use of psychological formulation: a qualitative exploration. *BJPsych Bull* 2016; **40**: 212–6.

2 Hughes, PM. Psychiatrists' use of formulation. Commentary on psychiatrists' understanding and use of psychological formulation. *BJPsych Bull* 2016; **40**: 217–9.

doi: 10.1192/pb.40.4.231a