**The Female Psychiatrist in the 21st Century: A Vision of the Future**

*An extract from the “A Letter to the past” segment of the Guardian Newspaper first published in November 2097*

My day begins as much as it did 70 years previously. I will review the list of patients that I am due to meet. Meetings have changed considerably since the pre-covid days, and we now rely heavily on integrated technology to transport us into dedicated virtual meeting realms. In these rooms it is possible to simulate many aspects of the mental state examination, with the addition of toning down certain unpleasant aromas. One hazard of this is the manufacturing of prefabricated characters by patients to avoid detection by mental health services.

JM is a 47-year-old man with a relapse in his schizophrenia. Due to the distortion of the frequencies surrounding the meeting he was able to fabricate himself as a well woman in her 30s. Despite this being an obvious attempt to avoid an admission to the wellness wards (what we used to call mental health units) it did demonstrate a remarkable level of insight into how his mental health would be perceived, and there has been a rise in such cases involving fractional technological distortions.

Following my morning clinic there is usually an urgent request from a GP. I usually review this before my prescribed walk and nutrition plan. This allows me some time to process the request and prepare feedback which will automatically be directed to the processing centre.

The nature of mental illness has changed considerable over the last 50 years, with an emphasis on preventative mental health. It is now possible to predict using genetic and epigenetic schemes children that are more likely to develop mental illness. This has enabled dedicated nurture champions to ensure these children have better starts in life and these preventative studies have shown a substantial reduction in prodromal mental disorders in these teenagers. However clinical studies are still ongoing, and although the predictive optimism has proved to be within 90% there remains a proportion of the population that are not captured in this data. These are the patients that occupy much of my day.

SJ, is an exceptional 20-year-old: She has escaped the genetic and epigenetic markers that would usually suggest mental illness and was nurtured adequately based on the case reports on her file. However, she presents to hospital with her first episode of psychosis. The specificity of anti-psychotic treatments mean that many of the side effects we were once familiar with have disappeared, and whilst treatment is not perfect, SJ is able to make a full recovery with specialised support. She has returned to university and is in the process of completing a degree in quantum-evidential computer analytics. Unfortunately, in her case there is still some residual cost of disease that would have been avoided if her illness had been predicted.

Global changes in drug restrictions mean that formerly widely used substances such as cannabis, cocaine and amphetamines, which often accounted for a number of drug induced psychosis cases, have decreased. There are still, however, the ongoing effects of mental health conditions that developed during the covid-times associated with isolation, reduced physical contact and anxiety. The unprecedented impact of the virus on the male population has also impacted on the distribution of males in health care roles, as in wider society groups. And whilst this has had a substantial impact; loss of knowledge, skills and experience, it has allowed for universal equality to be established.

This has led to a greater dominance of females in psychiatry, as well as traditionally more gender-biased surgical roles including orthopaedic surgery. This change has enabled more women to progress at senior leadership levels, and has resulted in a female psychiatrist working as part of the government in the role of mental health champion. Because of this there has been an increase in the provision of funding towards mental health services, bringing more parity with physical health services. Furthermore, the move from remote working as a result of the post covid initiatives has finally led to an integrated IT system that removes the antiquated bureaucracy that caused such difficulty accessing patients notes between different services and trusts. All this was down to the Paisley Cohort, another female empowered initiative, following the release of the Scandalise data that showed a disproportionate number of patients falling between these gaps in care that were precipitated by archaic IT systems. One unfortunate consequence of this has been the need for integrated security systems to protect individual data, and whilst these arrangements exist there is still the need to contact the IT services on a regular basis (using the antediluvian phone!) to gain access to relevant passwords. In some ways things do not change.

AB is a man I met when I first began working in psychiatry in the early 20’s. Back then, a large amount of my daily workflow involved writing letters to GPs, chasing routine blood screenings, medical histories and currently prescribed medication. This often meant a substantial delay in patients receiving care as letters would drift back and forth. Back then the NHS spine was in its infancy, and privacy concerns meant that many patients were frightened of the impact of this data. Sadly there fears weren’t entirely misguided.

MDTs have also changed significantly with representative by patient champions (friends, relatives, volunteer), more collusion between social and mental health services, and the vast array of new treatment modalities. One of the impacts of this has been the reduced anonymity, that, coupled with well-publicised leaks of data, has meant that those indexed on the severe mental illness protocol have been exposed. Whilst the hope that the 21st century would lead to the end of stigma, the reduction in mental illness has only served to marginalise sufferers, and many now face discrimination from their communities.

VL is a 68-year-old woman with a diagnosis of long-standing schizoaffective disorder that has been responsive to treatment. In December 2089 following the ITsoft Leak, her neighbours discovered the severity of her mental illness. Despite education by local social teams there was a distrust that VL may demonstrate unsociable behaviour that may impact on the community. In particular, threats were made by one of her neighbours, and she was followed by a self-appointed community protection brigade. This resulted in an exacerbation of VL’s mental health and she was admitted to hospital. The offending neighbours were prosecuted and upon discharge VL was located elsewhere.

It has also only been 30 years since the breakthrough of new treatments to prevent Alzheimer’s and these medicines have been widely adopted by society, and along with novel new treatments for genetic disorders like Huntington’s have already shown great promise. Despite this there are still a number of conditions that still require better research and treatments in order to see a relative reduction in psychiatry in mainstream life.

KI is a man in his 60s with a family history of dementia. Unfortunately, he is old enough to remember that his mum and dad both declined from the illness. Luckily for him the vast progress on dementia medications means that a 3 yearly implant and lifestyle advice has virtually reduced his chances of suffering from this degenerative condition.

Globally, the impact of the universal peace act has considerably reduced the rates of conflict associated trauma, and this impact was particularly felt by women who had long been victims of sexual violence. More locally the “me too” movement prompted changes in the way that victims of sexual violence are supported in reporting crime and has led to an increase in convictions.

Wider societal changes include the introduction of the universal basic wage. Already in 20 years since the introduction of this measure there has been a reduction in homelessness and child poverty. There were hopes that this would also alleviate the gap between the richest and poorest in society but unfortunately this has not been the case. It has, however, been a factor in reducing the rates of schizophrenia in the most marginalised groups.

The *black lives matter* movement which gained prominence in the 20’s following the death of a man at the hands of police officers has also led to some stark changes in equality and diversity. This has also prompted changes in our approach to those that exist outside traditional gender binaries – even to speak of these binaries today seems absurd. Both these changes have led to enhanced progress in diversifying health services and representation by diverse communities is now mandated on committees.

My day usually ends with a cup of tea debrief with one of my trainees. Unfortunately, the development of better treatments and preventative methods has meant that psychiatry is now an elite specialism, and it can be difficult for keen doctors to get their training numbers. My trainee in particular is part of the widening access scheme that has recognised the need for doctors to reflect the community they serve. She is also someone with lived experience of mental illness, and this wealth of understanding that comes from this has added to the improvement of mental health care.

Dr MK is a 36-year-old woman from inner city London who trained as a doctor and psychiatrist following an episode of severe depression that required admission to hospital, and non-conventional ECT (This new method leads to relatively few side effects and no short-term memory loss). She has been working for me for the last 3

years and is hoping to specialise in the management of idiopathic psychosis.

I arrive home to meet with my children and their families. We gather together for dinner and will discuss our days. One of my proudest achievements is my family and the societal changes that have enabled the role of parent to be recognised. Increased flexibility in the workplace allows professionals to thrive in multiple roles.

The changes I have experienced throughout my career have allowed me to flourish in the workplace and to work with other doctors and researchers to reduce much of the burden of mental illness. Unfortunately, we have not yet eroded all the stigma associated with these conditions, but I believe that these changes have led to real improvements in patients’ lives and this I can be proud of.