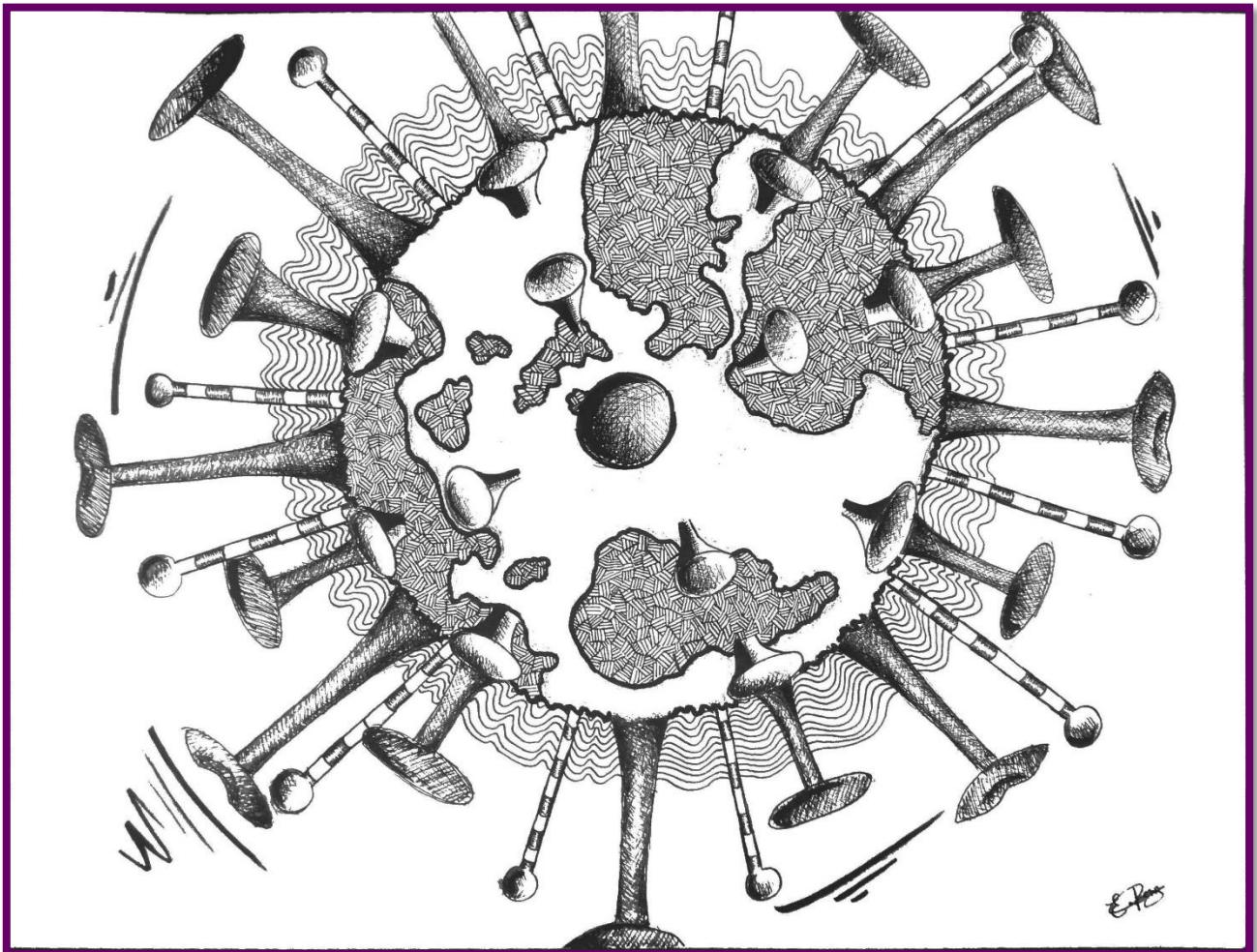


# Future $\Psi$



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# Editorial

Dear Readers,

The year 2020 undoubtedly challenged all of us in many different ways. Final year students became doctors - whisked into training under challenging circumstances. Medical students left clinical placements and faced a rapidly evolving world of virtual education. Foundation doctors continue to isolate from loved ones, many redeployed but ultimately adapting and providing frontline healthcare services.

I hope this FuturePsych edition demonstrates, however, that despite facing surmountable challenges and uncertainty the Choose Psychiatry campaign and the passion for mental health advocacy remains strong. I believe that the current circumstances reflect the demand and need for students and doctors like you to train in Psychiatry and join our dedicated healthcare professionals in providing the best front-line mental health services.

There are many free exciting psychiatry virtual events hosted by UK medical school PsychSocs taking place each week and competitions available – a small sample can be found on page 12. Please do close your revision notes and join me in March for a fantastic online [#ChoosePsychiatry](#) Twitter Takeover event where you will meet likeminded students across the UK who share your interests - get to know your PsychSoc and chat to doctors who work in a diverse range of psychiatry subspecialties.

Last year I wrote “2020 can be the year you begin to think about your personal goals and development”. Your goals have undoubtedly changed or you have placed them to one side as you continue to focus on training and remain strong for yourself, family and friends. Changing your goals or realising that in fact during these difficult times it is okay to not achieve everything - slowdown, reflect and take time to focus on yourself and make room for very important self-compassion.

Despite a virtual world of work and lockdown measures, weekends do still exist; and it is important to remember this!

Medical students - we can sometimes feel like spare parts (pulling curtains...); but I urge you: by staying safe, continuing your training and learning with vigour, with acquired knowledge you too will join the workforce – this is your part to play. Although your placements may change or reduce, continue to learn from the best teachers out there: patients!

Every year I use the Mind Matters account to wish students good luck in their finals – last year I wrote

*“Please remember that compassion, integrity and empathy cannot be objectively measured. A doctor’s character cannot be quantified by grades.”*

So, to all my fellow final year students: good luck in your exams – this year we will be in PPE but the sentiment stays the same!

Finally, let us hope 2021 brings us brighter days. We all continue to navigate uncertainty and do so as one family. Thank you to everyone who contributed to this edition of FuturePsych.

*By Patricia Vincenzo, Medical Student at Queen’s University Belfast*

@TrishVini



Patricia Vincenzo (left) and Dr Ahmed Hankir (right), delivering the Wounded Healer, Queen’s University Belfast, March 2020.

## Meet the President

Thank you for inviting me to share something about myself, and also to share some thoughts on the upcoming work of our College over the next few years. I'm always excited to help support our future psychiatrists, and encourage you all to contribute to the work of the College and share your views and insights with us. Your input and fresh perspectives will be incredibly valuable in helping to shape our work.

I was very honoured and humbled to be elected as the 47<sup>th</sup> President of RCPsych after winning the Presidential Election at the start of 2020, and starting my term of three years in July. I live and work in Devon, and have been a forensic psychiatrist and front-line clinician for 33 years. I was also the College registrar for the last five years.

When running for President, I needed to set out what my priorities would be in helping to lead RCPsych. As you'll no doubt already know, there are so many issues we could prioritise when thinking about how to help improve mental health services across the UK – but I settled on four that I hope you would agree are very important for our field. They are:

- Equity between physical and mental health
- Championing diversity
- Supporting the workforce
- Sustainability at the heart of all we do

Under each of these themes we are, with members and our staff team, working hard to see some progress and change. Although I don't have space in this short introduction to share the detail on these areas, if you would like to know more about what we're doing,

please head over to the website where you can find out more. I'll also use this opportunity to mention the College values, which have been key to underpinning all our work. They form the acronym CIRCLE, and they are Courage, Innovation, Respect, Collaboration, Learning and Excellence. I'm sure you will already be living out these values in your work so far, and hope you continue to find them motivating and helpful.

I became President of the College at one of the most challenging times many of us working in the NHS will have ever experienced, and it has been a whirlwind so far. I'm very aware of how hard all our members and associates are working right now, and as trainees and students, I feel you deserve particular recognition as many of you will have not only had your studies interrupted in some way, but also may have been in at the deep end in the context of working through the pandemic.

My thanks go out to all of you for your hard work and commitment to psychiatry at this challenging time. I look forward to working with you in the future.

**Dr Adrian James**  
President, Royal College of Psychiatrists



## Reflecting on a Project about Dreams and Psychosis

Dreams and their significance have always been of interest to me but I had never looked into my own dreams. I wanted to find out more about my own subconscious and how it processed things through my dreams. Therefore, as part of a medical humanities project, I kept a dream journal (Figure 1) for several months and wrote a short story based on the content of my dreams.

My dream journal gave me insight into the patterns of my own dreams. I was able to see common themes, such as insecurities I had in my waking life. My dreams made me realise that some thoughts were bothering me more than I realised, and so I was able to consciously work on these to turn them into something more positive. My dream journal also provided entertainment as some of the dreams were so bizarrely comical that it was impossible not to look back at them and laugh.

I wanted to learn more from the experience of dreaming. I realised that dreaming has similarities with psychosis in that images and ideas can seem absolutely convincing, however bizarre, until we return to reality. As a result, I intended to look into how these two phenomena could be connected.

From my research, I found there are theories proposing that dreaming and psychosis come from the same processes in the brain<sup>(1)</sup>. Although neither is fully explained, many people agree that there is a connection between the

two. Both are based on an individual's waking reality and process it in a way that does not always make sense until the dreams or hallucinations are analysed further<sup>(2)</sup>. Research has shown that patients who experience psychosis typically have less REM sleep (the phase of sleep associated with dreaming) than those who do not have psychosis<sup>(3)</sup>; although further research is needed to determine whether this represents a causative link between sleep quality and perception.

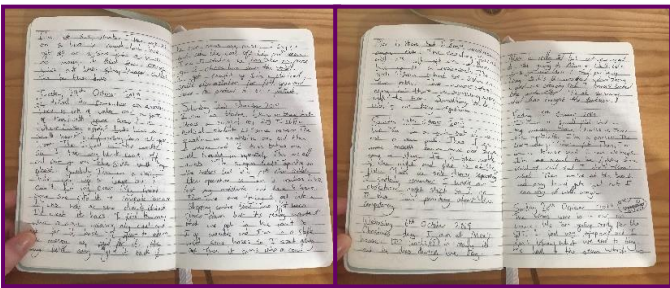
If psychosis does come from the same part of the brain as dreams, then it makes sense that if I were to have hallucinations and delusions then they may take the form of some of my dream content.

I decided the best way for me to explore this would be to write a short story with a main character based on myself. I researched a couple of the common elements in some conditions with psychosis, such as schizophrenia. I also detected appropriate patient stories to discover how someone might feel during a first presentation of psychosis. I then created a story that aimed to encompass all of these factors. Although the character is based on me, I purposefully left details vague so that it could be the story of many different people. Getting into the headspace of my character was quite poignant as it brought up feelings that I rarely consciously consider. It was also valuable for my learning to think about how patients could be

feeling when they are experiencing psychosis, especially when individuals may not know what is happening to them. When writing the story, I had insight into the fact that my character had psychosis, but patients may not have this awareness.

This project enabled me to learn more about myself and more about how a patient with psychosis might be feeling. Dreaming is a very interesting field, and hopefully in the future we may be able to increase the use of dreaming in a therapeutic approach to mental illness.

*Figure 1: Some pages from my dream journal*



By Hannah Mulligan, *intercalating Medical Student at University of Exeter*

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## Intercalating in MSc Neuroscience

For the 2019-2020 academic period I took a year out of Medicine to study MSc Neuroscience at King's College London (KCL). I had a fantastic time, filled with many exceptional learning experiences. I gained so much insight into the inner workings of the brain and became immersed in mental health related research. Additionally, I had the opportunity to network with many world-leading academics, scientists, researchers, clinicians and fellow brain-enthusiasts from across the globe.

The course itself commenced with foundational modules providing a broad overview of the basics of neuroscience, namely neuroanatomy and neuropathology. The subsequent modules explored the following fields: psychiatric genetics, developmental neurobiology, neuroimaging, neurodegeneration and the neuropsychology of mental health. Then in early February, we were able to select a specialised pathway for further in-depth study. I chose cognitive neuroscience due to my interest in psychiatry and because KCL is at the forefront of mental health research.

The course concluded with a 20-week research project where I worked alongside Professor Ulrike Schmidt, who is Head of the Section of Eating Disorders and a Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust. It was an honour to work with her and her colleagues in the Department

of Psychological Medicine. Professor Schmidt leads pioneering research into novel therapeutics, such as neuromodulation treatment and attention bias modification, in the treatment of an array of eating disorders.

For my research project, I undertook a systematic review to summarise the empirical evidence examining the relationship between emotion regulation and heart rate variability in individuals with maladaptive eating behaviours (eating disorders, obesity, and their subclinical presentations). Additionally, my review explored the validity of heart rate variability as a physiological biomarker of emotion regulation in these populations. The review results were encouraging, suggesting that, overall, the evidence points toward heart rate variability as a valid, objective biomarker of emotion regulation impairments in binge eating disorder, bulimia nervosa, obesity and anorexia nervosa. Furthermore, the autonomic dysfunction (specifically, reduced resting state vagal activity and abnormal stress reactivity) observed across these conditions may be reversible by novel effective treatments, such as HRV-biofeedback or videogame therapies.

Not only did I gain invaluable knowledge from my course, but by being based at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN), I had unlimited access to attend multiple events and seminars on related research/clinical domains. From the latest insights into functional neurological disorders to discussions of the therapeutic potential of psychedelics for

treating depression, fascinating research was always readily available. Similarly, with the RCPsych headquarters right on my doorstep, I had the opportunity to attend various conferences held at their London Office. I particularly enjoyed the London Student Psychiatry Conference 2019 where I was able to cross paths with inspiring medical students who similarly share a passion for psychiatry.

All in all, my 2019-2020 intercalation year was a phenomenal experience, both from an academic and personal perspective. I would highly recommend the course and the experience of intercalating in Neuroscience to anyone who is considering pursuing a career in psychiatry and/or allied professions.

*By Chloe Gilkinson, Medical Student at Queen's University Belfast*



## Mental Health Awareness

### Charity Ball

I believe that psychiatry is a fascinating specialty and one in which there is scope to make a great difference in a person's life. I decided to do an iBSc in Psychology and have done both an elective in Australia and an FY1 job in Psychiatry. These placements have reaffirmed my desire to pursue a career in psychiatry.

As a third year medical student, when reflecting upon psychiatry as a speciality, and those around me, it struck me that there is still a stigma surrounding mental health conditions, especially amongst students and young doctors. I realised that I knew multiple people who may be struggling silently with mental health problems.

I decided to try and do something about this. I knew that there were many services available, such as university support groups, pastoral support and student counselling. However, I wanted to try to reduce the stigma to a wider audience in a relaxed, and less confronting environment. I wanted to get people thinking about mental health problems, so that they can begin to recognise these in themselves or friends of theirs, and to be aware of the services available.

With two of my closest friends, we set up the first Mental Health Awareness Charity Ball in Leicester in 2016. All proceeds went to the

mental health charity, Mind. Four years later, we have now hosted four charity balls and raised a total of £8881.64 for Mind.

The night consists of a three-course meal, entertainment, dancefloor, a raffle and an auction. We place leaflets on the tables which contain information of some of the local and national mental health services. One of the pivotal points of night is the three speeches which consist of both personal accounts and expert views in the field. Over the years, speakers have discussed topics such as depression, anxiety and eating disorders. The personal accounts have mainly been from medical students and young doctors, bravely describing their struggles with mental health problems, and which services they have found helpful. A common theme has been struggling to seek help before things have escalated to a crisis point such as suicide attempts and hospitalisation. The experts have ranged from university lecturers to mental health nurses, who have spoken about topics such as art and mental health, mindfulness and the link between physical and mental health.

We have received a lot of positive feedback. The most rewarding comments are those saying that the mental health ball has made someone reflect upon their own mental health. One of our most recent speakers, who had been suffering with depression, posted on social media saying "I can safely say things have improved tremendously since the start, and I contribute a large part of



this to the fantastic Mental Health Balls here in Leicester. For without them, I would have always seen myself as an outsider and a medic who should hide from this major issue for fear of being personally or professionally reprimanded.” This feedback encompasses exactly what we set out to do, and highlights the importance of raising awareness, even amongst those in the medical field.

Whilst I was working in psychiatry, it was easy to become encompassed in the acute cases. It is important to remember, however, that mental health problems can affect anyone, and this could include colleagues, friends and family. Health promotion and education is pivotal to prevention and early management. I will always try to remember this in my training and to continue playing a part to raise awareness.

*By Dr Tamara Chithiramohan, Academic FY2, Leicester Northampton Rutland deanery*



Keertana Easwarakumar (left), Tamara Chithiramohan (middle) and Smrithi Santhosh (right) – Three organisers of the Mental Health Ball.

## Reflecting on the Role of Physical Touch

Having worked on intensive care psychiatry wards before and during the first peak of the current Covid19 pandemic the effect of social distancing and its impact on mental health was palpable. Debates over the past months have been torn between what constitutes a safe distance to reduce disease spread and what is an implementable recommendation for the public [1]. The loneliness and fear that this has also evoked in many people has been widely reported on [2]. In those patients who were already suffering severe deteriorations in their mental health the enhanced restrictions in hospitals could often worsen the situation for them.

Personally I found it a new challenge to develop good rapport with patients under social distancing regulations. Two metres felt like a great distance away from someone who is crying or distressed in front of you. Similar challenges were equally felt by colleagues during phone and video consultations; over-the-phone consultations did not seem to be sufficient to really gauge someone's mental state or facilitate them having an honest discussion with you. It is so important when clerking a new patient on psychiatry that the environment feels safe and you can open up to the person asking you potentially painful questions.

I have been grateful that patients still seemed to be able to trust and share difficult histories to someone in a mask and visor who is standing a little further back than seems natural. Although you cannot know for certain how much the enhanced PPE and implementing more distancing affected your first impression with a patient, the benefit on the wards was that often you could slowly build that rapport every day. Being aware of the social barriers caused by these physical restrictions was important and may have led to more time being put in to earn a patient's trust. When looking at communication models it seems that the restrictions of Covid19 mean that we lose many of our non-verbal cues and instead will need to rely on our tone and carefully constructed content of the consultation [3].

On the wards, as always, staff adapted. Bumping elbows, air high-fives and thumbs-up became the mainstay of non-verbal communication. Video calls to family were utilised. I also observed that when outside-visits could not take place patients would look to other patients for physical reassurances; more hugs were exchanged and sensory items for comfort shared. It certainly was taking patients a noticeably longer time to build that trust in the team. I personally felt many patients were less anxious when they could see me before without PPE and could more easily read my reactions when they shared their stories.

Going forward into a second wave of the pandemic, I am of the opinion that extra

measures will need to be taken when caring for mental health patients to ensure the physical distances are not damaging to rapport or patient wellbeing. Based on this, I strongly support the use of the terms 'physical distancing' or 'safe distancing' rather than 'social distancing' when applied to environments central to patient care. 'Good body language' is something that is often touched on in communication skills teaching, and I think we all need to be wary of how this is being impeded currently [4]. The social element of patient care can be the most central tenet in forming a good patient-doctor relationship [3], and this should not be lost or forgotten whilst we maintain a safe distance.

*By Dr Nikhita Handa, AFP FY2 East Lancashire Hospitals*

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## Why We Should Never Stop Talking about Mental Health as Medical Students

Talking about mental health struggles is something that is undeniably difficult. It demands us to be openly vulnerable about some of our deepest insecurities, a level of intimacy that casual chit-chat and general social convention rarely calls for. As a consequence, sufferers often battle in silence, suffocated by a stigma and sense of shame that keeps them from speaking out.

Unfortunately, among medical students, this is almost too much of an accepted reality. Perfectionism, coupled with a tendency to be overcritical, are two traits that often go hand in hand with studying medicine – and sadly, mental health disorders feed off the exact same things. We are all aware of the increased incidence of mental health problems in medical students – horrifying statistics such that **1 in 3** medical students suffer from depression<sup>[1]</sup>. But yet, if this is so, then why is the discussion still so taboo?

When I was diagnosed with anorexia nervosa in my second year of uni, I personally saw it as a complete failure. I treated the diagnosis almost like I had flunked some real-life OSCE that medical school has set up for me. I walked around with this label on my head, feeling like my peers, tutors, even patients could look straight through me and see just what I truly was; weak. I started to think - maybe I am not

resilient enough to deal with the stress of medicine? Maybe I don't deserve to be in medical school, maybe I won't be a **good doctor?**

All of this contributed to me battling in silence, choosing to only open up with those who were closest around me. To everyone else, I maintained the stance that I was fine, and painted a smile on my face. Behind closed doors, there was so much more going on. There were bad days, there were tears, but there were also good days and the victories. Looking back on it, it feels so strange that I went through undoubtedly the toughest challenge in my life so far, and I did it all relatively silently.

My case is not isolated, and it gave me a real insight to how many other medical students are probably going/have gone through a similar thing. As future doctors, we are going to meet people with mental health struggles every day in our careers, whether we choose psychiatry or not. If we can lend that empathy and support to our patients, then we must also be able to extend it to each other, and to ourselves. Having a mental health difficulty **does not make us any less of a medical student** or have any sort of influence in our ability to practise. We must continue to dismantle this hurtful association and build a narrative that focuses on supporting medical students' mental health, rather than pretend it is not an issue.

The truth is, we are a long way off from being in a society that talks about mental health as freely as if we are discussing the weather. However,

little by little, we can all make a contribution in getting there. Two years ago, I chose to share my story on Instagram as I wanted to show people like me that they are not alone, and they are allowed to admit when they are suffering. We are all human, and if you are struggling with something right now – use this as a sign to be brave and **ask for help**. It may be tough, but I promise you that it will definitely be worth it.

*By Kate Baird, Medical Student at King's College London*



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## RCPsych Competitions

General adult psychiatry medical student essay competition – *“Psychiatrist: brain, mind or soul doctor?”* – Closing 28 February 2021

Rehabilitation and social psychiatry faculty Medical Student essay competition – *“Do psychiatric rehabilitation services have a role in the current health system?”* – Closing 29 March 2021

Rehabilitation and social psychiatry faculty bursary to attend annual conference – foundation year one trainee - Closing 29 March 2021

Child and adolescent psychiatry medical student essay competition – *“In these times of significant social change, how can issues as deprivation and poverty, and inequalities (including ethnicity) affect the mental health of children and young people?”* – Closing 12 April 2021

Neuropsychiatry faculty medical student systematic review competition – *“What is known about the short and long-term neuropsychiatric effects of Covid-19? How might biological and psychological factors interact in Covid patients?”* - Closing 30 April 2021

Would you like to submit an article to the Summer 2021 edition of FuturePsych magazine? We are always interested to hear from you! We welcome reflections, case studies, opinion pieces, reviews, elective reports and interviews with equal applaud. For more information, please email: [careers@rcpsych.ac.uk](mailto:careers@rcpsych.ac.uk)

## F3 in New Zealand

Since medical school I have known that I want to be a psychiatrist, but as I progressed through foundation training the idea of taking a break before commencing CT1 became more appealing. With some of the most beautiful scenery in the world, a pleasant climate and relatively transferrable healthcare system, New Zealand felt like the perfect choice.

The application process was not too onerous. I applied through the national recruitment system in April and started a full-time job in December. I spent the first 7 months working in a busy inpatient unit in South Auckland where I looked after patients with a wide range of presentations and learnt the fundamentals of psychiatric assessment and management.

On-call work enabled me to gain confidence at assessing adults and children in crisis in A+E, police cells or their homes, and I often completed the first medical assessment for the mental health act.

It was a fantastically varied job, with good levels of supervision and a supportive group of trainees, which was particularly helpful as I was geographically isolated from my family during the first wave of COVID.

My second job was particularly memorable as it was in a Māori Cultural Community Team in central Auckland. I was a little apprehensive as my knowledge of the Māori culture was limited,

but my anxieties could not have been more misplaced. The team was incredibly welcoming and my time there has changed my whole outlook on psychiatry and how we approach cultural and spiritual beliefs.

The Māori culture is beautiful - I learnt about their traditions, language, world view and how this affects and relates to their experience of mental health.

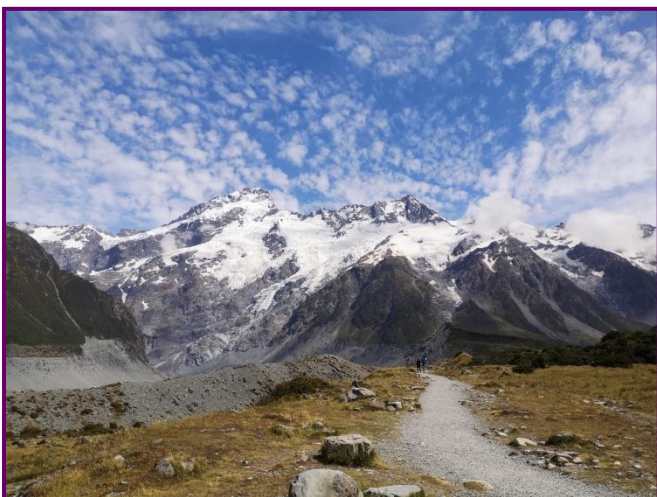
We approached patient care using a culture-specific model of health which places a particular focus on someone's wairua (spiritual health). We talked to our patients about their cultural identity, relationship to the land and environment and placed considerable importance on the involvement of their whānau (extended family and friends). Every patient had input from a kaiatawhai (cultural worker) and our elder would become involved if we felt someone would benefit from seeing a Tohunga (healer). I saw how a team can truly put the patient at the centre of their care, and how spiritual experiences may sometimes offer a more rounded explanation for symptoms such as hallucinations.

The wellbeing of our team was also of central importance and so every morning we gathered for karakia (prayer), waiata (songs) and acknowledgments, and held welcoming and farewell ceremonies for anyone that joined or left our team (including medical students!)

To top all of this off, choosing to take an F3 also allowed me to travel extensively around a beautiful country and make unforgettable memories outside of work.

I will definitely be bringing the lessons I have learned in New Zealand home with me and have no doubt that it will help to shape my career in psychiatry. If you get the opportunity, I would strongly encourage anyone in a similar position to consider doing an F3 abroad.

*By Dr Eleanor Dawkins, Post-Foundation London Hospital*



## Psychiatry Exposure Amongst New Medical Students

Psychiatry has certainly gained momentum amongst the new generation of medical students in Northern Ireland. Over the course of the past several months, I have been in the unique position of making an unequivocal statement regarding my interest in pursuing psychiatry. Interestingly, these claims have garnered increasingly supportive and knowledgeable responses where students immediately vocalized the need for raising awareness. These conversations eventually transcended into a meaningful discussion about known mental health issues, most notably autism or depression. On rare occasions, the dialogue also inspired divulgence into a relevant experience which shaped their current outlook on the topic. Moreover, students were able to comprehend the dearth of medical professionals in psychiatry, consequently realizing the significance of higher recruitment.

Student-led PsychSoc's, in my opinion, have been a major contributor in achieving this feat and continue to reshape quintessential ideas concerning the speciality. As research has ascertained, these societies serve as a pathway for medical students to explore their interest and relieve budding curiosities<sup>[1]</sup>. Additionally, collaboration and close association with RCPsych serves to supplement their authenticity in driving student interest. Concurrently, I found that the presence of

RCPsych representatives at Queen's MedSoc Freshers' event, undoubtedly, augmented the society's credibility.

Furthermore, events organized by Queen's PsychSoc this year brought aspects of psychiatry to light. An excellent example of this would be Dr Ahmed Hankir's talk titled 'The Wounded Healer', which effectively highlighted how psychiatry enriches diversity. Dr Hankir's fight with adversity and eventual solace in psychiatry also discredited misinformed notions regarding the lives of specialists. In fact, RCPsych's extensive campaign "Choose Psychiatry" is yet another avenue attempting to change student attitudes and fight stigmatizing ideologies.

Moreover, both RCPsych and PsychSoc's have realized social medias' pertinence for relaying psychiatry-related information. This was successively demonstrated via the PsychSoc Twitter Takeover hosted in October last year. The one-hour long internet-based event allowed students to obtain guidance with regards to specialist training and potential careers in the field. Not surprisingly, these instances have somewhat levelled the playing field for psychiatry to receive equal consideration by incoming medical students.

At the same time, changes in societal values surrounding mental health issues have also fostered newer perspectives. Most communities across the globe now recognize the value of acknowledging their existence. Recent political

interest and resultant mass media campaigns have promoted this concept even further; hence most students are now relatively open to psychiatry as a career possibility and no longer hold egregious viewpoints on the matter. Understandably, the question of student interest being maintained still persists and previous research was certainly apprehensive on it<sup>[2]</sup>. However, considering the substantial rejuvenation of mental health model, new investigations should be carried out to confirm/refute this claim.

All in all, not only are these aforementioned advances laudable; they speak volumes for the tireless efforts of RCPsych and PsychSoc's across UK medical schools. I truly hope Psychiatry will see 100% training occupancy in the near future.

*By Muhammad Hamza Shah, Medical Student at Queen's University Belfast*

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