Contents

3 Editorial, Dr Joanne Wallace
4 The Longing for Respite from Fear, Idura Hisham
6 National Student Psychiatry Conference Bristol 2020: Report, Catherine Ollerhead
7 NSPC 2020 Art Competition Winner: Chloe Challen
8 In Conversation with the Organisers of NSPC 2020, Chrissie Thorburn and Catherine Ollerhead
11 My Psychiatry Elective, Jordan Bamford
12 Get Involved: Prizes and Events
13 Psychiatry in Medicine, Dr Tom Ronan
14 The Inside story: An update on PEEPS Sheffield from two Perspectives, Bethany Platford and Dr Edward Fearnley
15 Improving Inpatient Physical Activity levels: A Quality Improvement Project, Dr Loui Kyriacou,
16 Peer-led Mental Health Training at Bristol Medical School: The key to a more Mentally Healthy Population of Doctors? George Cole
17 An Evaluation of Patient Experiences of being Detained under the Mental Health Act: does Paternalistic law help or harm People? Emily Jones

Would you like to submit an article to the Summer 2020 edition of FuturePsych magazine? We are always interested to hear from you! We welcome artwork, reflections, case studies, opinion pieces, reviews, elective reports and interviews with equal applause. For more information, please email: careers@rcpsych.ac.uk

Cover artwork: Dysphoria by Chloe Callen, Winning entry Art Competition NSPC Bristol, 2020, Chloe is a 5th Year Medical Student, Imperial College, London, interview on page 7
Editorial

Dear Readers,

Perhaps like some of you I went to medical school with the aim to become a psychiatrist, so I didn't need any convincing that psychiatry is an amazing speciality and fulfilling career but what I did need was information and encouragement. My first year of a graduate entry course was particularly fast paced and sadly psychiatry was a bit neglected compared to rote learning various insertion points of muscles whose names I have long since forgotten. My university’s PsychSoc was in its infancy and getting involved, helping the society grow, brought me into contact with fellow students who shared my passion, as well as with psychiatrists who live and breathe #choosepsychiatry.

Members of the Psychiatric Trainees’ Committee (PTC) were particularly welcoming and encouraging, inviting me for lunch when I didn't know anyone else at Congress and giving me their email addresses if I had any questions about training or needed a speaker for the next PsychSoc event. Getting the chance to be part of such an amazing group of people as the Foundation representative on the PTC has been a privilege and I look forward to the next year of my term where I will get the chance to meet inspirational medical students and Foundation doctors who have shared their passion for psychiatry by organising national conferences (page 6), or organising psychiatry tasters and mentoring (page 14) or teaching fellow students mental health first aid (page 16).

As I write this, I am enjoying some well-deserved annual leave, and what better time to reflect on completing my Foundation training in the shadow of the COVID-19 pandemic. Just as our patients have faced vast uncertainty and rapid change to the NHS they know and love, similarly we’ve stepped up to the challenges of imposed rota changes, working patterns and entire ways of working. I have had the pleasure of working with interim Foundation doctors who have bravely entered our workforce early and we have missed the presence of medical students as clinical placements have been cancelled. Many of my fellow Foundation trainees have lost out on a rotation they were looking forward to since medical school and many medical students are left in limbo, studying at home, waiting to hear when they will be back on placement and what that placement will look like. Our usual coping mechanisms inside and outside work have had to adapt to these strange times, adding to the challenges we face.

I am due to start psychiatry training in August and my path here has not been direct, nor the easiest, but I don’t think I would have it any other way. COVID-19 has made all our paths more difficult and the direction of travel unclear but our passion and support for each other in psychiatry is what sets us apart.

I hope this edition of FuturePsych inspires you all the #choosepsychiatry and to know that you are all in very good company here!

Dr Joanne Wallace, Foundation Doctor, Northumbria Healthcare NHS Foundation Trust

@starryjojo
The Longing for Respite from Fear

Idura Hisham, 4th Year Medical Student, St George's University of London

It's 6 am and I am awoken by my 16-year-old cat, Smokey, pawing on my face demanding his breakfast. Sensing my annoyance, he licked my face as if to say sorry. “This will be a good day,” I think to myself as I get up and prepare his breakfast. Not long after, my alarm that was meant for 6.30am goes off and I go switch it off; as I do that, I catch a glimpse of all my notifications from the night before. My family back in Malaysia has been discussing the new measures the Malaysian government has taken to control the outbreak in the group chat. Not long after, I get a BBC notification with their daily morning update. Against better judgment, I click the link. I'm confronted with despair: an economy that's suffering, people that are dying, and a pandemic that just won't slow down -- we're at nearly one million cases worldwide. Maybe today won't be as good as I hoped.

The phone goes off again - my mom has forwarded a news article about the lack of testing and PPE in the NHS to our family group chat, and my brothers respond by urgent me to come back to Malaysia. I reassure them that I am safe and well looked after, and that satisfies them for now.

My experience with my family is nothing out of the ordinary for many working in the NHS. My friends working in different roles in the NHS also face similar struggles. Some have been called selfish for choosing the NHS over their family's peace of mind, and some have buckled under pressure, opting to quit. The common theme in all of our cases is a painfully personal one – how the news preys on a family’s fears. Being a mere 4th year medical student, there's not much I can do. But seeing the struggle faced by the NHS, I cannot help but want to do something. I've recently volunteered to be a Healthcare Assistant, a decision my family is vehemently opposed to. "Why take unnecessary risk when you don't have to?" they said. I tell them that I won't be able to live with myself knowing that I did not help when I could have.

As I go to shower, I hear the sirens of the ambulance taking patients to the hospital, as I live so close to the hospital, this is not anything out of the ordinary. But I do note that it is a lot more frequent than usual. Helicopter flights happen all the time now too; patients get flown in so often that it sounds like a warzone right out my window.

After talking with my family, I couldn't help but wonder why fear dominates the headlines. It might be useful in times of outbreaks, but already frightened mothers don't need more fear, they need hope. Fear is useful to shift behaviors rapidly in the right direction, but once we’re there, we need a beacon of light, not more darkness. Fear needs to be used minimally and carefully, and it shouldn't consume our daily lives. Excessive fear and the belief that there are no feasible means of avoiding the threat, might also hinder engagement in recommended measures and development of maladaptive coping mechanism such as excessive avoidance and stigmatization of certain groups [1-3]. Reorienting discourse, shifting from number of deaths, toward the number of recoveries or moments of solidarity within communities might help provide a sense of hope in people. However, this needs to be balanced with emphasis on the severity of the disease outbreak, as low perceived threat has been associated with failure to comply with infection control measures.

At 9pm another BBC alert – the cases have now exceeded one million. My entire adult life, the news has been the first and last thing I checked in the day; but for the sake of my mental health, I need a break. In a recent survey [4], 66% of fellow young people echoed this, identifying...
reading/watching the news as unhelpful for their mental health. Now more than ever, we need positive outlets, not negative outlooks.

For me, that outlet is poetry, which I used to process how I felt about today:

*I am searching for silver in coal, as a path of men on the news infect me with fear.*

*I hear, the howling wind, my head bent low and staggered.*
*I was once a golden knight, my sword and shield they comfort me, a broken compass of hope.*

*As the rain beats my shield like the tears of a widowed wife. My sword, blunted by lightning, my body beaten and bruised by the virus in the air.*

I turn my phone off and watch my favorite show with my two cats, Smokey and Tiger, by my side. And with every funny heartwarming moment, I can feel my spirits begin to heal. Later, I take out a karaoke microphone I recently bought and record myself singing cheesy love songs with my cats to send off to my friends, I look ridiculous and sound horrible, but hopefully it’ll bring a smile to their day. Tomorrow we will face COVID-19 again and I will use this renewed energy to give all I can to make the little difference I am able to.

To everyone reading this, maintaining your psychological wellbeing ensures you are able to provide the best level of care for patients; do it for them and do it for yourself.


National Student Psychiatry Conference 2020: Report

Catherine Ollerhead, Vice President of Bristol University PsychSoc 2019/2020

This year’s National Student Psychiatry Conference was hosted by Bristol University Psychiatry Society on the 8th-9th February 2020. Our theme was “Crisis to Chronic: Beyond Medicine”, and we aimed to cover the presentation and management of patients both acutely, sub-acuteley and chronically, from the perspectives of the whole multidisciplinary team, including medical and non-medical professionals. The event was run by a student committee, consisting predominantly of 4th and 5th year students. Our speakers came from all over the UK, with representation from both the University of Bristol and the University of the West of England.

The weekend started with lectures covering crisis, liaison psychiatry and acute admission to hospital. A particular highlight of the morning was an interview with an expert patient, who was very candid about his experiences with mental health, and how he learned to thrive despite ongoing challenges. Over lunch time, delegates had the option to join a Balint group, a new feature for this year's conference, which gave students an opportunity to reflect and practice this skill. Alternatively, there was plenty of time to peruse the wide range of academic posters presented by medical students from across the country and beyond, or enjoy the art competition submissions, exploring mental health in a new way.

Saturday afternoon brought the first of our workshops. We were able to offer a choice of 16 workshops split over the two days, covering LGBT+ mental health, neuropsychiatry, CAMHS, perinatal psychiatry, LD/ID psychiatry, old age psychiatry, addictions, sport psychiatry, forensic psychiatry and academic psychiatry. The workshops were particularly well received, allowing a more interactive approach and the ability to explore a topic in more detail. We were very privileged that several of these workshops included patients discussing their experiences, which really brought the importance of the topics home. “Nightline Training”, “LGBT+ Mental Health”, “Playfulness in Therapy” and “Perinatal Mental Health” all received particularly positive feedback.

The first day finished with a keynote speech by Professor David Nutt on new therapies for PTSD treatment. It was fascinating to hear about the research around potential use of MDMA in PTSD treatment, and the queue for questions at the end showed how engaging people had found it.

The second day focused more on the chronic management of mental health, with a particularly well received talk by Dr Thanos Tsapas on the societal effects on mental health. Unfortunately, Storm Ciara prevented our Theatre piece on post-natal depression from going ahead, and we took the decision to cut the day slightly short in order to enable delegates more time for travel. The conference closed with a great reminder from Dr Ginevra Read about the importance of looking after ourselves in order to look after our patients.

At the end of the conference, first and second place prizes were awarded for the poster competition and art competition.
We would like to thank everyone who supported this conference, particularly our main sponsors: HCSA and Bristol SU Alumni Grant. As well as, those who had stalls at the conference: MDU, Wesleyan, Cardiff University MSc Psychiatry, Brunel Lions Club, Walk to Talk Project. We would also like to thank the RCPsych South West Division for their invaluable support – specifically Dr Helen Sharrard and Abigail Watts, without whose support this conference could not have been run. Finally, we would like to thank the RCPsych for giving us the opportunity to run this conference. It was a great experience and we, the committee, believe we have learned a lot during this process.

We wish the best of luck to the NSPC 2021 hosts!

@BrisUniPsychSoc

NSPC 2020 Art Competition Winner: “Dysphoria” by Chloe Challen

Chloe Challen, 5th Year Medical Student, Imperial College, London

What interests you about psychiatry?

My interests in psychiatry stem from my BSc in Medical Humanities, Philosophy and Law. Learning about topics such as the anti-psychiatry movement, the phenomenology of illness and the portrayal of psychosis in horror films really shaped the way I view mental illness. I found myself drawn to psych based opportunities becoming the ICSM Medical Humanities society president and winning a few RCPsych essay prizes. The more I’ve learnt about psychiatry, the more complex and exciting it has become!

What does art in psychiatry mean to you?

I think the saying “a picture paints a thousand words” really rings true. Illness can drastically change our perceptions of the world and bring about emotions that are difficult to convey in words. When I think of art in psychiatry my first thought is of Mary Barnes, she is a shining example of how art can be used as a powerful medium to narrate journeys through illness.

What’s next for you?

I’m looking forward to being the Vice President of my university’s psychiatry society next year and I’ve also submitted my artwork to be exhibited at the Institute of mental health. I’m really interested in perinatal psychiatry so I’m looking for research opportunities in that area and I’m aiming to apply to the Psychiatry Foundation Fellowship.
In **Conversation with the Organisers of NSPC 2020**

**Chrissie Thorburn and Catherine Ollerhead, President and Vice President of Bristol University PsychSoc 2019/2020**

**Why did you want Bristol Psych Soc to host the NSPC 2020?**

Bristol University Psychiatry Society is very passionate about reducing stigma and increasing awareness, knowledge and understanding of mental health. We have had a stable committee for a few years now and have run many events over those years. We had many ideas for the conference – having applied the year before – and felt ready to host it if chosen. We are fortunate in Bristol to have a plethora of clinicians, academics and other health care professionals that share in our passion. This made us confident that we would be able to make the conference a success, fostering interest in both psychiatry as a career and producing future doctors that are passionate about patient-centred care and mental health, regardless of the speciality they choose.

Also, the University of Bristol has been facing issues in the mental health and well-being of students over the last few years that have been well-documented in the media. We felt that it was important and well-timed for us to ‘strike whilst the iron is hot’. We aimed to showcase the positive steps the grass-roots organisations in Bristol are implementing to promote and ensure progress, whilst highlighting and collaborating on the next best steps for growth. We wanted to show that there is hope and help in Bristol for people who may be suffering with mental health issues.

**What have you both learnt from your roles organising the conference?**

**Chrissie, President –**

I have learnt just how complex and difficult it is to organise such a big event! There are so many layers to the organisation of an event this big, so many small details to take into account, so many people you need to network with.

It has been a rollercoaster of emotions but a great experience. I feel I have learnt and developed a variety of skills over the months leading up to the conference and after it – from general skills, such as time management and multi-tasking, to specific skills, such as public speaking and leadership, to internal skills, such as self-assurance and resilience. These skills I know will be invaluable for me in the future.

Our society was thrown into some very difficult scenarios and I am proud that we managed to pull through and run such a successful event.

This experience has made me much more confident in my own abilities. If someone had told me 3 years ago, I would be running a national conference in a large conference centre with over 150 people attending and I would be standing up speaking in front of that audience, I would not have believed them. After this experience, I will not be shying away from opportunities, which I would have done previously. I do think this experience has been beneficial for me, despite the elements of stress and struggle.

I wouldn't have been able to organise and run this conference without my amazing committee, but especially Catherine, who was so supportive and dedicated every part of the way!

**Catherine, Vice President –**

Running a national conference on this scale turned out to be exciting and stressful in equal measure! We faced a lot of challenges on the way, but I’m really proud of how we overcame these, from problems with venues, to difficulty sourcing funding, right down to having to deal with storm Ciara on day two of the conference. I’m usually someone who loves to have everything planned down to the last detail, so I’ve
definitely gained the ability to be more flexible and calmly adapt as situations arise.

Working in a team as large as ours was also great experience in managing group dynamics and keeping up morale. One of the things I love about psychiatry is the multidisciplinary team approach, so it was great to practice key relational skills in the conference setting.

Chrissie was also amazing, and we helped to keep each other going in the hard times! We both had to practice being kind to ourselves, which is so important! I’m so glad I took up the role, and was so lucky to work with such a great and dedicated president.

Why do you think Psych Soc is important for medical students and why did you decide to get involved with your PsychSoc?

Chrissie, President –

I think PsychSocs are the primary place where interest in psychiatry and mental health is promoted and developed at medical school. If any student is interested in mental health, hopefully they would be interested in attending our events. Of course, not every single person going to our events will become psychiatrists (or may even be medical students) but our aim with events is always to make people think about mental health – to want to understand it better and learn more about it. Hence, reducing the stigma around mental illness and hopefully encouraging people to help themselves and others too.

We want people to consider mental health in all aspects and specialties of medicine. Mental health is not just something a psychiatrist needs to think about, it is something all clinicians and staff need to be aware of and take seriously within themselves and their patients.

I wanted to be more involved in a mental health-based organisation and Bristol University PsychSoc seemed like a good start. When I applied for the role of President, it seemed like a great chance to get more involved and show true dedication and commitment to something I have always been passionate about. I had many ideas for events and opportunities the society could get involved in. I wanted to show students just how interesting and important mental health is.

Catherine, Vice President –

Admittedly, I hadn’t been too involved in our PsychSoc before we were chosen to host the conference. I have also had an interest in psychiatry since my 6th form days, and kept an eye on the PsychSocs events, with the intention of getting more involved later in medical school. Having now done the conference, I do wish I had been involved with our PsychSoc earlier! They are a great opportunity to meet up with like-minded students and engage with fascinating talks. Psychiatry is often neglected at medical school, which can be frustrating if you have a specific interest, but the PsychSoc is able to fill that interest and cover areas that the curriculum might not have time to explore. I now am a big advocate, and would encourage any student who is interested in mental health to get involved – what is there to lose?

What interests you about psychiatry?

Chrissie, President –

Psychiatry is a limitless field. There is so much more to discover and uncover when it
comes to the mind. No two people are the same. No two people think and act in the exact same way. The brain is an organ that works differently in every human. The mind is so complex that a ‘one-size-fits-all’ narrative does not work. I like that management is so individualised and you really get to know the patient. You become someone they can trust, and I feel that is an immense privilege. You can help them at their most vulnerable moments. You can help even when they feel there is no hope. I like the idea that there is no giving up. There is a constant willingness to try new and different methods of management. There is constant hope. You can make a significant difference in someone’s life, whether that is directly helping them or enabling them to help themselves.

Catherine, Vice President –

Psychiatry is such an exciting field to be involved in. Sometimes it can feel like there isn't a huge amount more to discover in some of the other specialties, whereas we are only just beginning to uncover the complexity of the mind and mental health – having done an intercalated BSc last year in Psychology and Medicine, I got to see some of the upcoming interventions and developments, particularly around psychiatric genetics, which look set to become game changers in the future.

I also love how Psychiatry covers a diverse range of patients, with many different conditions and presentations. I’ve always loved getting to know patients and feel so privileged when they share their histories and insights into their life. Hearing people’s stories and how this has shaped them, their personality and their mental health is fascinating, especially as everyone is different and unique.

What are your next steps on your journey towards a career in psychiatry?

Chrissie, President –

Next year, I am travelling to New Zealand for my elective where I will be focussing on forensic psychiatry and liaison psychiatry. I am really looking forward to it!

In the time before I leave and after I return, I am planning to attend more psychiatry conferences and events. I am still a committed member of other mental health charities and research projects and will continue on with those through next year too.

Catherine, Vice President –

While I should have been on my Psychiatry placement at the moment, unfortunately COVID-19 had other plans! For now, I’m continuing to learn online and am really enjoying it. Whenever we can get back to placement, I’m excited to get clinical experience in Psychiatry, and develop my interest from there.

Chrissie Thorburn and Catherine Ollerhead – President and Vice President of Bristol University PsychSoc 2019/2020

@BrisUniPsychSoc
My Psychiatry Elective

Jordan Bamford, Final Year Medical Student, Queen’s University Belfast

In the Summer of 2019 I was very fortunate to have the opportunity to complete a six week psychiatry elective, based in three locations. I completed a one week placement with a rehabilitation psychiatry team in London, two weeks in a child and adolescent mental health inpatient hospital in Belfast, Northern Ireland, and finally three weeks in Arequipa, Peru.

My elective began at Highgate Mental Health Centre in London where I worked with the rehabilitation community team. During the week, I had a fantastic insight into different rehabilitation centres for patients with complex needs. During visits I got to observe case reviews of patients, and ask aspects of the psychiatric history and formulate a mental state examination. I also spent time on the rehabilitation in-patient ward. During this week I also got to shadow Professor Helen Killaspy who was keen to show me how rewarding a career in academia can be. I had the opportunity to attend seminars and meetings relating to new studies examining the efficiency of mental health rehabilitation centres throughout Europe.

Following Highgate, I joined the team at Beechcroft Hospital, a regional child and adolescent mental health facility in Belfast, for two weeks. This was a very eye-opening experience and I had many opportunities to talk with patients. Attending case reviews offered an opportunity to learn more about the impact of serious mental illness among adolescents, such as anorexia nervosa as well as the importance of managing risk among adolescents who experience suicidal thoughts and who frequently self-harm. I appreciated learning about the role of different members of the multidisciplinary team- such as psychology, speech and language and occupational therapy. Beyond this, I also worked with the gender identity service. This was another opportunity to improve my knowledge on a topic I admittedly knew little about including the role of hormone blockers among adolescents.

Finally, I completed three weeks in Goyeneche hospital in Arequipa, Peru. During my three weeks I was based on the internal medical wards and with the adult mental health team. This was an eye opening experience into the provision of care in a low resource system and where there is still significant paternalism. During my time with the psychiatry team, I was shocked by the harrowing experience of patients with chronic mental health problems such as bipolar disorder and schizophrenia, and their experience of serious stigma from their family and society at large. I gained an appreciation for addressing and decreasing stigma in relation to mental illness.

To any medical student considering a career in psychiatry – I would enthusiastically encourage you to engage with a psychiatry elective. This experience clarified my passion for mental health, provided me with contacts in academic psychiatry, and committed me to apply for an academic foundation post related to psychiatry.
Prizes

**Perinatal Faculty Medical Student Essay Prize**

Title: The psychological sequelae of Covid-19 during the perinatal period

**Perinatal Faculty Medical Student Project Prize**

You are invited to email a piece of original research, service evaluation or audit of up to 3,000 words. (Essays are not eligible, but may be submitted to our essay prize)

Both are open to medical students in their 4th or 5th year and FY1 doctors.

Deadline: 6 September 2020

**Bursaries to improve access to the University College London (UCL) Division of Psychiatry MSc programme**

UCL have announced two new bursaries to support MSc study in the Division of Psychiatry, for a student from an under-represented Black and Minority Ethnic Group and for a student with lived experience of using mental health services.

Events

**Free weekly webinars from RCPsych**

Over the summer RCPsych are hosting a number of free webinars, celebrating International Congress 2020 and the College’s first South Asian History Month.

Registration is free and open to all.

**Integrating Care: Depression, Anxiety and Physical Illness**

This free, 3 week online course by Kings’ College London and FutureLearn helps you to understand the connection between physical and mental health, and improve your ability to identify symptoms and sources of help.

**RCPsych Events**

Check out the college event pages, many of the Faculty events and conferences have moved online and have discounted rates for Student Associate Members.

**Choose Psychiatry**

**Become a Student Associate of RCPsych**

If you’re a medical student or foundation doctor interested in a career in psychiatry, your first step should be to become a Student Associate at the College. It’s free and there are lots of benefits.

**Network:** You’ll be invited to free events designed for medical students and foundation doctors, and get discounted rates to the College’s International Congress, the biggest psychiatry event in the UK attended by psychiatrists worldwide.

**Learn:** You get free electronic subscription to some fantastic magazines (BJPsych, BJPsych Bulletin, and BJPsych Advances) and a 10% discount on all other RCPsych Publications.

**Stay up to date:** You’ll receive regular e-newsletters from the College, aimed at student Associates. You’ll also receive copies of the biannual Associate magazine, Future Psych.

**Practice:** Get free access to Trainees Online (TrOn), our online training module.

**Good value:** It’s free to all UK medical students and foundation doctors!
Psychiatry in Medicine

Dr Tom Ronan, Foundation Doctor, Derby Royal Hospital

I’m nearing the end of my oncology placement and about to embark on four months as a psychiatry FY2. It’s been some time since I’ve stepped foot on a psychiatric ward, and my medical student placement already seems quite distant. That slight trepidation is starting to creep in, the kind that comes when you try and dredge up facts from your training that are lurking in some obscure corner of your cortex, Clozapine – was it a 5-HT2Aagonist, or antagonist? Cotard and Capgras syndromes; which one was which? And what if my patient has neuroleptic malignant syndrome?

After a bit more thought, I have come up with some words of reassurance for both myself and anyone about to start a psychiatry job.

Firstly, it won’t just be you on the ward. Senior help is there for a reason; it won’t be you initiating clozapine, and if you suspected neuroleptic malignant syndrome (which is thankfully rare), you’d be picking up the phone straight away. When it comes to finer points of pharmacokinetics and definitions of rare eponymous disorders, these things may have seemed important in medical school, but in clinical practice they rarely trouble the junior doctor. There are more burning questions pragmatic questions to answer, such as those surrounding admission. While slowly developing this judgement, you will rely on the experience of your seniors and the wider multidisciplinary team. The nurses have seen a hundred juniors come and go, they will know when you need extra help.

Like obstetrics or paediatrics, psychiatry can seem like its own little world. Yet the reality is that we see patients with mental health problems all the time. Thinking back over my oncology placement there are some fairly striking examples of this; the woman who ended up admitted under section when the pills she bought online plunged her into a manic episode, or the man who planned to end his life before his cancer did. In every patient interaction there is a psychological and emotional component. Serious physical health conditions such as cancer will affect the mental health of any individual, regardless of whether we have decided to affix a diagnostic label when their emotional response crosses some arbitrary line.

Not only are we all, as doctors, engaging with psychiatric illness in every branch of medicine, a lot of the time we already have the tools to approach distressed patients in a safe and systematic way. Even during informal conversations on the ward round are the bones of that 3x3 grid we learnt in medical school; the biopsychosocial formulation where we look at predisposing, precipitating, and perpetuating factors and also the beginnings of a risk assessment.

I’m sure there is much for me to learn on my psychiatry placement, and there will be many times when I feel out of my depth. It is reassuring, however, to know that psychiatry is not a walled-off world to which I will have to become accustomed, but a central part of medicine that all doctors are, sometimes unwittingly, engaging with on a daily basis.
The Inside story: An update on PEEPS Sheffield from two Perspectives

Bethany Platford, 4th Year Medical Student, University of Sheffield

Dr Edward Fearnley, CT3 Psychiatry Trainee, South Yorkshire

Beth- In my first week as a medical student I was introduced to the new Psychiatry Early Experience Program (PEEPS) at Sheffield. Being one of only two medical schools in the UK that offered this scheme I felt privileged and excited to have this opportunity. The scheme gave us exposure to sub-specialties through shadowing days with a core trainee, talks, networking events and support.

At a speed-dating event to introduce the many sub-specialties of psychiatry, I found forensics. I spoke with a trainee about his experience and it really appealed to me, so I arranged for my student-selected placement in third year to be at Rampton (a high-secure hospital). This placement affirmed my passion as I enjoyed it so much I was even electing to stay for Friday evening on-call seclusion reviews! Since this placement I have gone on to continue exploring this career path at the National Forensic Trainee conference last year with the Royal College of Psychiatrists and spent my intercalation year exploring the need for psychiatric support in prisons in the Philippines.

Without PEEPs forensic psychiatry is an area that would have remained a mystery to me until much further on in my career. It has been a positive influence for me throughout medical school in not only helping me find a specialty I am passionate about, but also providing easy access to the tools to pursue it.

Edward- It has been a privilege to co-lead the PEEPS scheme in Sheffield alongside Dr John Barker (higher trainee) and Dr Helen Crimlisk (consultant psychiatrist). We have been proactive in 'signing up' students at various 'freshers' events in September 2019 and were pleased to receive interest from over fifty students. These students were then invited to a ‘follow up’ social mixer event weeks later. This provided students and staff with an opportunity to network and organise ‘shadowing’ opportunities. Students also now have contact information for their ‘mentor’. This is something which I found to be invaluable during medical school and wanted to replicate this in PEEPS.

We are also taking a ‘smorgasbord’ approach to PEEPs events throughout this academic year. We have invited expert psychiatric trainees ‘into PEEPS’ to help co-develop an exciting programme of events, including psychotherapy trainees running a ‘Balint Fishbowl’ event. Colleagues with a particular interest in neuroscience also plan to run a ‘Brain Camp’ event specially tailored to students. This is inspired by the Royal College of Psychiatrists ‘neuroscience project’ and we are delighted to welcome Gareth Cuttle and President Wendy Burn as guests. It has also been a pleasure to welcome students such as Beth onto the ‘PEEPS’ committee as their perspectives are invaluable when trying to develop relevant and high quality events. In due course, we wish to receive feedback from students (via focus groups) and present our findings more formally. If you would like any further information on PEEPS then please do not hesitate to get in touch.
edwardfearnley@doctors.org.uk
Improving Inpatient Physical Activity levels: A Quality Improvement Project

Dr Loui Kyriacou, Foundation Doctor, Southend General Hospital

There is a clear physical health gap between people with severe mental illness and the general population [1]. The causes for this increased physical health burden are complex but relatively low levels of physical activity are a contributing factor. The Department of Health and Social Care (DHSC) advises people aged 65 and above to complete at least 2.5 hours of moderate intensity exercise a week [2]. At the start of this QI project, the proportion of patients on the 24-bed Older People Assessment Service (OPAS) ward at Rochford Hospital that met this recommendation was 15%. Despite a wide range of physical activity sessions offered by physiotherapists, patient engagement was low. The aim of this QI Project was to increase the proportion of patients meeting 2.5 hours of weekly exercise from 15% to 35% within 3 months. It was hypothesised that this aim would be met by increasing patient knowledge, skills and confidence (patient activation) [3] around exercise and providing further opportunities to be active.

A tally chart was created for the physiotherapists to log patient attendance at physical activity sessions. Baseline measurements of attendance were taken over a two-week period. Over the next two-month period patient attendance was recorded at each physical activity session. Quality improvement methods were utilised, including PDSA cycle methodology. Interventions included weekly teaching sessions on the topic of exercise, weekend walking groups and exercise reviews during ward rounds. Within two months, the proportion of patients meeting 2.5 hours of physical activity a week increased from 15% to 40%.

It was assumed that the exercise done by patients attending the physiotherapist-led sessions met the DHSC's definition for moderate-intensity exercise – they got warmer, breathed harder and their hearts beat faster. If a session lasted for 1 hour this qualified as 1 hour of moderate-intensity exercise. Measuring exercise done by patients outside of physiotherapy sessions was outside the remit of this study.

In conclusion, this quality improvement project was successful in producing a clear and sustained increase in patient physical activity levels. The changes made were simple and can be replicated easily at other sites. The multidisciplinary team consisted of doctors, nurses, physiotherapists and healthcare assistants. We found that regular team meetings as the project progressed were essential in ensuring a sustained improvement was made.

Peer-led Mental Health Training at Bristol Medical School: The key to a more Mentally Healthy Population of Doctors?

George Cole, 3rd Year Medical Student, Bristol Medical School

It is not news that compassionate conversation is powerful when it comes to supporting good mental health. Yet, I would be surprised to find a medical student or foundation doctor who finds such conversations easy. Whether with family, friends, patients or colleagues, it is no-doubt a tough conversation to have.

At Bristol Medical School, I have coordinated the design and implementation of Tools to Talk Mental Health training into the curriculum - a sustainable, peer-led project aiming to give students solid foundations, empowering them with better understanding and more confidence when having conversations about mental health. This will lead to them feeling better equipped to support each other, their colleagues and the mental health of their patients.

A common concern is that “We must be mindful not to place too much pressure and responsibility on medical students...”. Mental health is universal to us all, so it is highly likely that students will be faced with stress, anxiety, overwhelm, distress and acute need, regardless of choice. With this in mind, surely it is better students are prepared to work confidently within these areas rather than face them blind.

By equipping a community, such as a university, with the tools and confidence to support those within from early on, it becomes powerfully resilient. Students will then take this and disseminate it through other communities as they progress.

Work on the course began following coffee with a friend. We stumbled across something seemingly nonsensical - we are qualified in Basic Life Support (BLS) within months of starting Medical School, but there is no mental health equivalent.

The course (fig.1) is designed to be peer-led. This emphasises togetherness and adds relatability.

Training starts in the first few months of medical school. Sessions contain both generalised training and career specific content. They are designed using input from a wide range of mental health professionals, those with lived experience and local organisations. Perhaps most importantly, they take into account the views and experiences of students.

Students can apply to attend a training weekend and teach in subsequent years, paving the way for financial sustainability and a greater reach.

Course structure

- **Tier 1**: An introduction to mental health, including some key tips and tools such as our ‘8 steps to support a mate’. Mandatory 90-minute session taught in 1st Year
- **Tier 2**: Four session designed, in collaboration with OTR Bristol, to boost students’ knowledge of specific mental health conditions. Recommended 4 x 2-hour sessions taught in 1st Year
- **Tier 3**: Mental Health in clinical medicine and beyond. Designed to help students better support themselves, their colleagues and their patients’ mental health. 90-minute session taught in 3rd Year

Instructor Training Module
- The course is designed to be sustainable and cost effective. We do this by training enthusiastic students to become ‘welfare reps’ and train their peers.

Fig. 1
280 medical students attended Tier 1 in November 2019. Of these, 142 completed baseline and follow up measures of self-reported confidence in supporting a peer, supporting in an acute situation and general understanding of mental health.

Results suggest this training is an effective way of improving all three factors. T-tests compared confidence of students' baseline and follow up as measured on a Likert scale. Results suggest that this training is an effective way of improving all three factors investigated – there was an 18% (P<0.05) increase in confidence when supporting a peer, 21% (P<0.05) if faced with an acute situation and a 24% (P<0.05) self-reported increase in understanding. Qualitative feedback was very positive and included comments such as 'I like that it was student led as it emphasised the importance of mental health in our society'. Work is still ongoing - we aim to introduce the programme in full next academic year.

An Evaluation of Patient Experiences of being Detained under the Mental Health Act: does Paternalistic law help or harm People?

Emily Jones, 2nd Year Medical Student, University of Exeter

Detention and involuntary admission of individuals for mental health treatment is a controversial practice that is still subject to much debate. This article reviews literature on patient experiences of being detained under the Mental Health Act (MHA), allowing for legal, medical and ethical debate.

The MHA is a paternalistic law, designed to protect the best interests of individuals in instances of 'risk of self-harm, risk of self-neglect, and risk of deterioration [1]. When people were detained and lost this autonomy, they reported feeling dehumanised and powerless [2]. However, reflecting on their experiences under detention, a small number of patients appreciated this removal of autonomy. In hindsight, patients with anorexia nervosa felt saved by the delegation of their control and responsibilities to practitioners as it allowed them space to recover [3]. This presents debate as to whether it is right to remove autonomy to promote beneficence. Paternalism is often seen as appropriate in instances of mental disorder, although there have been reports that this power to remove someone's liberty isn't always used correctly. Some individuals that were voluntarily detained described the use of the MHA as a threat in order to increase compliance [3].

The MHA also justifies detention in the instances of 'risk of harm to other people, risk of harm to property and risk of harm to the vulnerable’, demonstrating the law's duty of care to others [1]. Police are sometimes asked to assist with the process
of detaining an individual or can be the party that requests the detention. Being detained by the police was often likened to being arrested, which had negative impacts on the individual’s self-esteem as it made them feel ‘blamed’ for being unwell [4]. It was also reported that patients were sometimes detained at their workplace or in public, as well as in their own home. This made patients feel that they were ‘viewed through the lens of mental illness’, and they subsequently withdrew from family and social activities for fear of judgement [5]. Unnecessary use of force by the police was also reported, making the admissions process extremely traumatic. Admission-induced trauma was described by several patients as they experienced anxiety, panic attacks, flashbacks and nightmares. This evidence suggests that it is the way in which the law is implemented is causing harm; indeed, studies suggest that the pre-admission phase is critical and requires improvement [5].

The need for effective communication was apparent throughout the detention process. On admission, patients have to be told the reason for admission and the expected duration of detention, however this is not always adequately explained [5]. Patients must also be informed of their right to be considered for discharge, including application through a tribunal. However, patients are not always offered the support of an advocate [6] and often face unsuccessful appeals against detention [7]. Lack of informational support confounded patient anxiety and disengagement.

On balance, using the MHA helped patients in most circumstances, though the way it was implemented sometimes caused more harm than good. The majority of the evidence supported the paternalistic nature of the MHA and believed that, when used appropriately, it would be beneficial to patients and society. Effective and extensive communication needs to be the norm so patients feel fully informed and empowered to make decisions where appropriate.