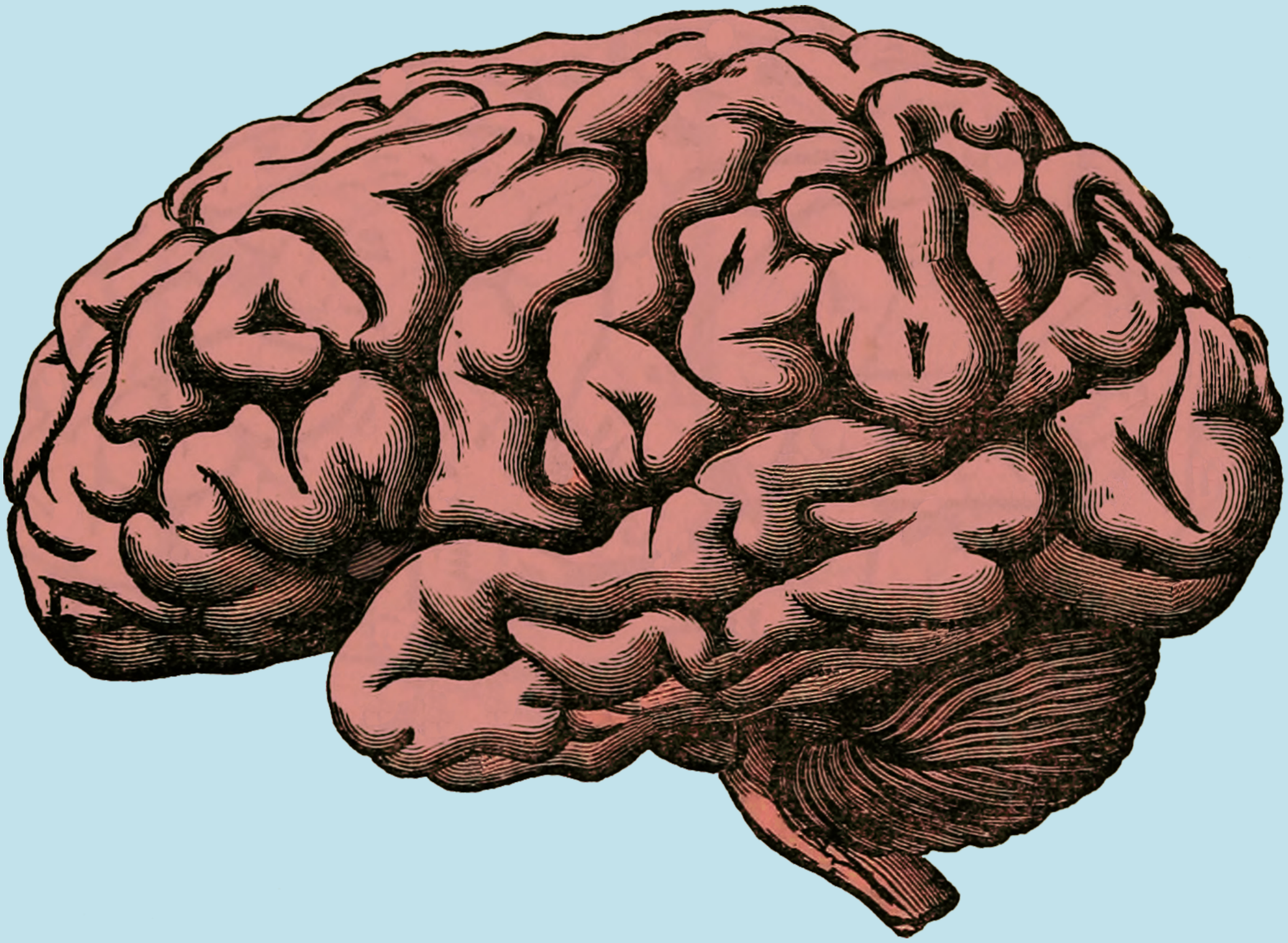
The Student and Foundation Doctor Associate Magazine Autumn 2021

FUTUREPSYCH



FuturePsych

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

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Meet the editors

Nikki Nabavi

Nikki is the new PTC Medical student representative, sitting on RCPsych committees such as the Choose Psychiatry Committee and the Psychiatric Trainees Committee. Her role includes liaising with medical students and PsychSocs across the UK, and helping edit issues of FuturePsych.

Nikki is a medical student at The University of Manchester, who has recently taken a year out between her third and fourth years to take on her role as BMJ Editorial Scholar 2020/21, which included heading up operations for BMJ Student, looking after after all the content for students and junior doctors; such as writing articles, editing student content, discussing pitch ideas, leading on social media, and planning and hosting the student podcast, Sharp Scratch.

Nikki was awarded The Royal College of Psychiatrists' North West Division Medical Student of the Year 2019, and has been Co-President of UoM PsychSoc, running events such as a National Psychiatry Summer School in July. Her interests include mental health and wellbeing, public health, medical ethics, and medical journalism.

You can get in touch with Nikki via twitter (@nikkixnabavi) or by email (nabavinikki@gmail.com).

Stephen Naulls

Dr Stephen Naulls is is the new foundation doctor representative for RCPsych Committees such as the Choose Psychiatry Committee and the Psychiatric Trainees Committee. His role includes liaising with other foundation doctors across the UK with an interest in psychiatry and mental health, and helping edit issues of FuturePsych. Stephen will be editing the upcoming issue of FuturePsych, so please send any submissions to him at careers@rcpsych.ac.uk

Stephen is an F2 based in East London, originally from Grimsby. Before joining the PTC, he spent two years as the deputy chair of the BMA medical student committee, where he led on initiatives relating to mental health and EIC. He hopes to use his time on the PTC to build a better network of communication with foundation trainees and continue to build on the momentum brought about by campaigns such as Choose Psychiatry.

Would you like to submit an article to the next edition of FuturePsych magazine?

We welcome artwork, reflections, case studies, opinion pieces, reviews, elective reports, and interviews.

Please email submissions to careers@rcpsych.ac.uk

Save the date: upcoming events

-“Blood is thicker, when the mentally ill kill family” with Dr Soham Das

Date: 21 October, 7pm

The event will take place online

By Sheffield and HYMS PsychSocs

-Faculty of Academic Psychiatry Annual Conference 2021

Date: 21 October

The event will take place online.

-Quality Improvement Annual Conference

Date: 9 November 2021

The event will take place online.

-Annual ECT and Neuromodulation Conference 2021

Date: 18–19 November 2021

-Child and Adolescent Trainees Annual Conference

Date: 26th November 2021

-Faculty of Liaison Psychiatry Trainees, New Consultants, Nurses & Allied Health Professionals Annual Conference

Date: 3rd November 2021

The event will take place online.

-Women and Mental Health Special Interest Group Conference 2021

Date: 26th November 2021

-Faculty of Old Age Psychiatry Trainees Annual Conference

Date: 10th December 2021

Working as an Interim FY1 - One Year On

Kailey Harnek,
Foundation Year 1 Doctor

One year on from the national lockdown and working as an interim doctor, no one could have predicted the last 18 months, nor the long term implications on our society, health and economy. As the pandemic became an international crisis, the uncertainty around starting our careers as junior doctors was predominant. Final year was cut short by 4 months, we missed out on our electives and were fast-tracked through our remaining competencies; all to gear us ready for a premature and makeshift graduation in March 2020. It was an extremely challenging time. No one was mentally prepared to start working in a matter of months, let alone a couple of weeks. Deadlines for deaneries and job rankings were brought forward; allowing interim doctors to start working on the front-line. After passing finals and planning my well-deserved eight week elective in South America; I scrapped all travel plans and was set to start as an interim doctor within a couple of weeks. No one saw it coming.

Despite the dramatic change to the year, the interim placement was extremely rewarding, and probably the most useful experience to have gained out of medical school. Initially, I was eased into the hospital environment with shadowing experience and an induction week.

After three months on the wards, I decided to take a break for a few weeks, and prepare for my official start as an F1. This allowed me to reflect on my experience and relax prior to the official start of my career.

I felt very privileged to have started my foundation training with an interim post. Being familiar with the environment and hospital systems eased the transition. Orientation, new systems, carrying out ward based tasks, on calls and clinical skills are some of the most common themes that trigger anxiety/stress in prospective F1 trainees. The GMC recently published research on the ‘Work and Wellbeing of interim foundation year one doctors’ during Covid-19’ showing that FiY1 was largely a valuable experience with limited impact on participants’ wellbeing (Kaminskaite, 2021) . Furthermore, the interim role allowed for participants to have ‘supported autonomy’ in a positive working environment.

Based on the research and experiences' of trainees completing interim, students would benefit from an extended shadowing period with the aim to integrate new doctors into the medical team smoothly and efficiently. An extended shadowing period prior to F1 will enable new doctors to build their confidence whilst sharing the workload in a supportive environment. Furthermore, it will help eradicate some of the common worries/issues experienced by new trainees including navigating systems, hospital orientation and integrating into the ward-based team.

Psych Star Reflections

Emily Jones, 4th Yr Medical Student, University of Exeter

My interest in mental health grew considerably when I started medical school. I remember being spellbound by a lecture in the first term of my first year on the interface between public health and child mental health, and wondering whether this might be something I'd like to do as a career. Quickly realising that psychiatry comprised such a small part of our curriculum, I began dedicating my evenings to attending extracurricular talks run by my medical school's Psychiatry Society. Hearing from clinicians who were so passionate about making a difference to people with mental illness really made me contemplate a career in psychiatry.

I am now a fourth year medical student, and during the first lockdown last year, I was looking into ways to use my additional free time productively to further my knowledge and experience in psychiatry. I received an email inviting applications to the Psych Star scheme, so I decided to take the plunge and apply.

The Psych Star scheme is a year-long scheme run by the Royal College of Psychiatrists, designed to support medical students with an interest in psychiatry to increase their knowledge and awareness of what the career entails. Students are awarded a bursary and given a mentor to assist them in their career development, as well as being expected to act as an ambassador for psychiatry in return.

I had the privilege of being appointed as one of only 12 Psych Stars in the UK last year, following a competitive application process and interview. As my time in post is now sadly drawing to a close, I wanted to reflect on what a phenomenal experience it has been, and highlight some of my favourite parts of the year.

A big highlight of the Psych Star scheme has been the amazing people I have met and worked with. Due to the pandemic, my fellow Psych Stars and I were unfortunately unable to meet at the Royal College in person for the traditional welcome and induction evening. We thankfully managed to keep in touch through regular online meetings, which was really motivating as we got to learn more about the different activities that each Psych Star was accessing through the scheme, and reflect on our experiences. It was fantastic to be part of such a diverse group of like-minded students from all over the UK. I was also very lucky to be assigned an amazing mentor, Dr Richard Laugharne, who has been an incredible help and supported me to achieve my aims.

I think the most important part of my role as a Psych Star has been acting as an ambassador for psychiatry. The 'Choose Psychiatry' campaign has been very successful in promoting a career in psychiatry to students and doctors at varying stages in their training, so I was thrilled to be part of this campaign locally. The Exeter, Plymouth, and Bristol Psychiatry Societies worked with the Choose Psychiatry Peninsula Network to

organise an event for medical students and foundation doctors in the South West. ‘The History of Psychiatry: Told Through the Arts’ aimed to explore the evolution of psychiatry through various art forms such as films and paintings, as well as demonstrate the benefits of art-based therapies for patients with mental illness.

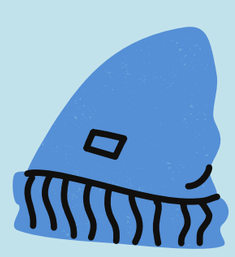
As a student from a widening participation background, the financial aid afforded to me by the Psych Star scheme was invaluable. Being able to attend whichever conferences I liked was instrumental in allowing me to learn more about areas of psychiatry that were new to me, like adolescent forensic psychiatry. We were also given free subscriptions to the CPD Online and Trainees Online e-learning platforms, and the British Journal of Psychiatry and its sister journals. I was spoiled for choice with such a diverse assortment of resources on all aspects of psychiatry.

Free registration for the International Congress was an enormous benefit of the scheme, and attending the virtual 4-day event was definitely a highlight of my year. There was a massive variety of lectures, workshops, and interactive sessions on every specialty and underpinning science in psychiatry. It would be impossible to pick my favourite part of the Congress, but some serious contenders would be the sessions on the social determinants of health; the genetics of eating disorders; the neurobiology of OCD; the relationship between adverse childhood experiences and neurodevelopmental disorders; and suicide, mental capacity, and the law.

Overall, I have had the most exceptional experience throughout my past year as a Psych Star, and would wholeheartedly recommend any interested student to apply for the scheme.

Feeling inspired? Visit the Royal College of Psychiatrists Psych Star page to find out more about the scheme, and sign up for a free Student Associate membership .

adDRESSing the issue of clothing in mental health



Dr Louisa Ward, SAS

Herefordshire and Worcestershire Health and Care NHS Trust

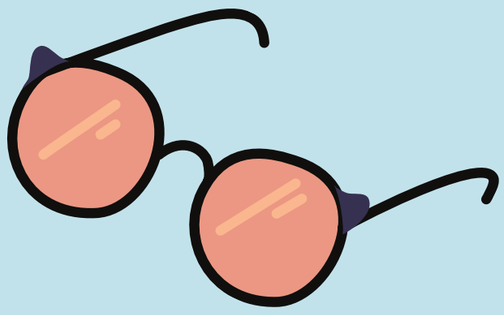
For some time I have noted that a lot of our patients do not have sufficient or appropriate clothing during their admissions. This may be due to personal circumstances at home (such as financial difficulties or homelessness), admission circumstances (such as those who come from the police stations, streets, and A&E), or detention circumstances (such as lack of leave and lack of local connections to bring them clothing). As such, they may remain in one set of unclean clothing for some time during their admission, and may have clothes which are not decent or weather appropriate. This can have a huge impact on their mental health and limit their engagement with ward activities and leave. Nurses often have to try and find spare clothes in lost property, or even buy clothes for patients out of their own pockets.

My approach has been multistage to tackle the issue. Firstly, I have sent a letter designed for patients out to all of the community teams and Approved Mental Health Act Practitioners, which includes advice around preparing for admissions, including the sort of belongings and clothes they might want to bring. We've then made it part of our admission process to identify patients without enough clothes, and trigger a call to family/friends/community teams to bring some in if possible. We also made consideration of clothes part of our weekly health check to identify those we have missed.

For those who cannot get clothes, we have established 'The Wardrobe'. This is a large storeroom in our main hospital which serves all of the teams in our county. It is kitted out with shelves, rails, storage boxes and a steamer donated by a charity. It is full of clothes donated by a number of charities and companies, and includes tops, bottoms, jumpers, socks, pants, bras, shoes and coats. Additionally, we have a workwear section and work closely with our employment support team to identify those who need clothes for interviews/ work. We also have a sportswear section and trainers for those who want to engage in our physical exercise initiatives. If possible, we try to loan items until patients can get their own, but we are also happy for patients to keep any items. We have had a lot of interest from patients, families, staff, and the public to donate clothes directly - which will be easier with less covid restrictions. We sign out items to keep an audit of use, and to help guide ongoing stock requests to the companies who have agreed ongoing support for us.

The project was launched by myself, with support of keen members of staff, but we now have a service user who has been formally registered as a volunteer for the trust to help with the ongoing running of the project. She came up with our name and logo and has since decided to apply to be a peer support worker for the trust. My aim is that eventually the project will be very much led and run by service users. I am hoping that this project can be replicated in as many trusts as possible, as I have not yet seen any other similar projects, despite it being a common problem. We are hoping to have a website up and running soon

to help communications as there has been interest in a JustGiving page which would enable us to collect funds for specific items such as less common sizes or underwear which has to be new.



If anyone would be interested in launching the project or a similar project in their local area, please do not hesitate to contact me:
louisa.ward2@nhs.net

Wessex Psychiatry Summer School

Felicity Allman, 3rd Year Medical Student, Newcastle University

The first I heard about summer schools was during a careers session at the National Student Psychiatry Conference in Bristol in 2020, just before the world stopped. Dr Ross Runciman rattled off a list of the best ones to aim for, including Leeds, Wessex and the King's/IoPPN Summer Schools.
Understandably, none of these took place that year, although King's went virtual, meaning many more could attend. They were virtual again in 2021, as was the Wessex Psychiatry Summer School, and I was delighted to be accepted following
my online application (some of the smaller summer schools, particularly those with restricted numbers, hold interviews).

Summer schools are a great opportunity to network and learn about other perspectives. The audiences largely comprise medical students and foundation doctors who figure on every point of the spectrum from 'definitely applying for psychiatry' to 'deeply undecided'. Speakers include junior doctors and consultants, experts by experience and activists, other health professionals and more. Thankfully, unlike medical school, most sessions aren't straightforward lectures – they are mostly highly interactive, with all opinions heard and respected. Summer schools are a great way to stay in the loop between

academic years, are incredibly stimulating, and look good on the CV!

In June 2021, I attended the Wessex Psychiatry Summer School which had gone virtual for the first time. I would highly recommend it to any medical students or foundation doctors considering applying for core training in psychiatry, regardless of location.

Optional hour-long evening sessions were held on Wednesdays throughout June:

- **Week 1: A quiz (that I sadly missed because I was celebrating the end of exams).**
- **Week 2: A book club-style discussion of The Dark Side of the Mind by Kerry Daynes, which was sent out in advance.**
- **Week 3: An origami challenge – could you teach four people to fashion a 'balloon bunny' over Zoom? It was a great challenge for communication skills, and origami paper and instructions were provided.**
- **Week 4: We were sent lots of crafty items to creatively represent ourselves, including modelling clay, glitter, pencils and paper. The walking boots I made would have made my high school art teacher weep.**

On day one of the summer school, around 20 psychiatrists shared their stories about entering psychiatry, followed by questions from attendees. I've not had a direct journey myself, so it was refreshing to hear such diverse and unique experiences. It was also interesting to hear everyone's ideas on future directions in psychiatry.

Next, there was a chance to hear from an expert by experience on using mental health services. The most valuable feedback is always from those we support, and he presented his perspectives on psychiatry with such eloquence and insight. It was a real privilege.

Over lunch, there was the option to eat alone, in a 'social' breakout room, or in any number of networking rooms based around part-time training, research, leadership, and more.

After lunch, we received a talk on communication theory as applied in systemic therapy. The rest of the afternoon was spent rotating through 11 different sub-specialities for psychiatry speed dating, with the smoothest use of breakout rooms I have ever experienced! It was one of the most useful elements of the event, with lots of myth-busting and networking opportunities. I definitely feel more certain about which subspecialties I'm going to apply for.

Day two had another panel that introduced more psychiatrists and their stories, and continued the previous days' questions, exploring some challenges of psychiatry, mental health services and the NHS in general.

This was followed by a career planning talk which covered what exams need to be sat and when, as well as strengths to highlight on your application and what you can be doing now to build a strong application.
When we returned from lunch, we were split into breakout rooms for experiential Balint groups. Some local psychiatrists presented cases and facilitators then guided us through the reflective process. The case was fascinating and emotional, and it was a real highlight of the event.

Next, there was a debate on whether psychiatrists should offer diagnostic opinions on public figures, and we were even sent out voting paddles in advance! Some brilliant arguments were made for both sides, and we were all invited to participate and question the speakers.

Finally, the event closed with a prizegiving, including awards for most reflective comment, most useful feedback, best use of social media, and some other surprises – not many educational events give awards for hamsters!

I recommend applying to attend the Wessex Psychiatry Summer School in 2022 if you would like to know more about psychiatry and the application process. You can find more on https://wessexpsychsummerschool.wordpress.com, on Twitter @PsychWessex, or contact Dr Roxanne Magdalena (roxanne.magdalena@nhs.net).

The Most Important Thing I Learnt From My Psychiatry Placement

Khui Chiang Wee,
Foundation Year 1 Doctor

One of my foundation rotations was a psychiatry placement. Being based at an acute ward, I often encountered presentations such as psychosis, mania, depression, suicidal ideation, and substance misuse. Of all the many things I learnt from this placement, one had the greatest impact on me:

To always be non-judgemental.

During my placement in psychiatry, I encountered patients who had repeated admissions with similar clinical presentation in a short interval of time. Common reasons for this included relapses in substance misuse, and non-compliance with medication in the community.

At first, I felt a little frustrated to see this type of repeated admission.

What have we not done right? What are we missing?

I learnt that, with mental health disorders (and many other chronic health problems), there is only so much we can do for our patients. During their stay in hospital, we optimise their medical management and offer psychological support. We help patients develop insight into their condition, and educate them on the importance of abstaining from substance misuse. However, in order to effectively address their mental health issues, it requires a lot of time and effort, both from the healthcare professionals and the patients themselves.

Unfortunately, patient turnover rate is high in hospitals, making it unable to fulfil this purpose.

Patients are discharged as soon as they are deemed mentally fit and are at low risk to the public. These empty beds are quickly filled by other patients who are in crisis. Such “quick” admissions do little to sufficiently help patients to develop insight into their condition and to build effective coping strategies. While community support is available, high workload pressure means they are not able to provide support in a timely manner to the patients either.

Discharging patients back to the community without adequate support exposes them to the same triggering factors that lead to symptom relapse. Without a good awareness on the danger of substance misuse, they revert back to this coping strategy as a mean to escape from life stressors. This leads to a change in their mood and re-development of psychosis, warranting a re-admission.

With each relapse, the disorders become harder to treat.

How would that make you feel?

I feel frustrated. Frustrated at how as healthcare professionals, we have been somewhat unsuccessful in our attempt to bring significant improvement to our patients' mental health. Frustrated at how patients revolt back to their habits, even after countless advice. This happens due to their lack of insight. Admittedly, this type of feeling leads to countertransference to our patients (unconscious attitudes that are developed towards a patient in response to their behaviour). It causes us to have biases about our patient and this makes us start judging them subconsciously. We may start to judge them for their readmission. We may begin to judge them for reverting back to their old habits. It projects in the way we treat our patients – be it written, verbal or body language.

A consequence of transference and countertransference leads to a breakdown in our professional relationship with our patients. For some, we are the very few people that they build trust with. Issues of substance misuse and non-compliance are multifactorial. Unsurprisingly, doctor-patient relationships play a significant role in dealing with these issues. This means poor therapeutic relationships make issues more difficult to treat. It becomes more challenging for healthcare professionals to educate patients on their diagnosis and to help them develop coping mechanisms.

So, how can we eliminate pre-judgement?

1. *The power of sympathy and empathy*

Sympathy is the feeling of pity or sorrow for someone else. Empathy is the ability to understand and share the feelings of another. Both sympathy and empathy are such powerful communication tools. I often try to put myself in my patient's shoes and understand the reason behind their behaviour.

2. Reflection

In order to build our sympathy and empathy, reflect on our interaction with patients. Be mindful and reflect on what we say to them. Observe how they respond to us with each phrase of question. Observe how they respond to our replies. Be comfortable with uncomfortable conversations – you can reflect on these encounters to improve your communication skills.

3. *Clinical supervisor*

As a trainee, I was assigned to a clinical supervisor. I admired her resilience in treating challenging patients and how patient and non-judgemental she was in treating patients who relapsed due to non-compliance with medication. Discussing interesting patient encounters with her helped me to analyse patient's behaviour in different angles.
By constantly reflecting on my interaction with patients, I became more mindful of my countertransference. If I start to react negatively towards their behaviour, I am contributing to the cycle of re-admission. It was such a joy when patients told me they were really happy to see me on the ward. I believe one of the reasons for this was due to the doctor-patient relationship we had, and this was possible because of one thing:

To always be non-judgemental.