ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1)Describe the pattern and diversity of mental health in Newham

Mental health has been shown to be a huge issue in the UK with approximately 1 in 4 people thought to experience a mental health problem each year (Mind 2013). Whilst 1 in 6 report common mental health problems ranging from anxiety to depression in England (Mind 2013). Newham is considered a deprived borough, consequently it has high crime and drug usage rates. Additionally, there is a higher level of mental illness being seen in those in more deprived communities. Although Newham is a multicultural borough, it is clear that the majority of the patients were of ethnic minorities, with the south Asian population being the most prominent approximately 43.5% (GLA Intelligence 2013). The age profile for mental health services has been shown to be a very young population; particularly in the 25-45-year-old age bracket in the North East of London than the England average (Towerhamlets.gov.uk 2011). This increase in the young population is potentially due to an increase in diagnoses of conditions such as schizophrenia and bipolar disorder, which present in early adulthood. However, with this increase in mental health services in the younger population; some question that the smaller older population effected by mental health conditions may get overlooked (Towerhamlets.gov.uk 2011). Although I was not in the old age psychiatry department, Newham has facilities specialising in old age psychiatry, so one would hope this is not the case. Having said this, the proportion of patients requiring mental health services in the older population is lower than the national average, but nationally a quarter of older people are thought to have symptoms of depression that may require some form of intervention (Towerhamlets.gov.uk 2011). There is a similar age distribution amongst females and males, with conditions like schizophrenia tending to affect both genders equally (Royal College of Psychiatrists 2014).

Although Newham has the lowest levels of antidepressant prescribing in England, those reporting depression seems to be near the national average (Aston Mansfield 2017). Newham also has a lower suicide rate than the England average comparing 5.2 per 100,000 to 8.5 per 100,000 respectively (Aston Mansfield 2017). Although, Newham's rate of schizophrenia, bipolar affective disorder and other psychoses of 1.07% is in line with the London average. This still remains higher than the England average of 0.88% (Aston Mansfield 2017). It is also important to note that two thirds of the patients with mental illness are unemployed (Newham London 2018). The audit of mental health act (MHA) detainees demonstrated an under- representation of Asian groups and an over-representation of Black/Black British groups (Newham London 2018). However, whilst in Newham centre for mental health; majority of the patients were of the Asian background, so I was quite surprised by this under-representation.

2) Describe common mental health conditions seen in Newham

I saw a variety of mental health conditions in Newham ranging from bipolar affective disorder to schizoaffective disorder and in many cases no definitive diagnosis was given. However, the most common condition that I saw was schizophrenia. This could be due to many reasons, possibly due to fact I spent majority of my time in inpatients or the fact that psychotic disorders also arise more commonly in black and ethnic minority communities which is the majority of the population in Newham. On average, schizophrenia is five times more common in black communities (Newham clinical commissioning group 2018). During my time at Newham, drug usage was a prominent feature, hence

drug induced psychosis was a common differential. There is a lot that I will take away from my time at Newham, most importantly would be the issue of compliance amongst those suffering from mental illness, with this being a common issue amongst patients. A common reason for admission as an inpatient was the fact that a lot of the patients had decided to wean themselves off their medication, or were not taken them as they should. Having been a part of this team last year, I was quite surprised to see how much continuity of care there was in psychiatry, with majority if not all the patients that I had seen last year being at the centre of current care, even though they were no longer inpatients. This was evident in the sub team meeting that I attended where a multidisciplinary team discuss the progression of patients, particularly after discharge and acts as a way to raise awareness of problems and potential relapses. I found this an effective tool in following up patients in an efficient manner and meant should any problems arise, they could be tackled as soon as possible preventing delay in treatment.

Alcohol misuse is also a problem in Newham; with Newham having the third highest level of alcohol abuse in the UK. However, I observed this to be particularly in the eastern European population. I feel alcohol misuse is a potential public health issue which could do with an increase in health promotion. This is particularly because mental health issues in conjunction with alcohol misuse have been shown to shower poorer outcomes.

3)Discuss the current public health issues in relation to mental health

Mental health creates a huge burden worldwide, affecting approximately 450 million people globally (CDC 2005). Currently the Centres for Disease Control and Prevention (CDC) have labelled depression as a critical public health issue due to it being a cause of injury and disease (Keck school of medicine USC 2018). At the current rate of increase, the CDC estimates depression to be the second most common cause of disability in the world by 2020; second to heart disease. Due to its huge negative impact on a person's productivity and earning power; it was estimated that depression caused an economic burden of over $200 billion in 2010. The world health organisation (WHO) recognised mental illness as such a crucial issue; that it was the focus of WHO's world health day in 2017 (Keck school of medicine USC 2018). The aim of this was to promote awareness, as well as prompt action around mental illness. Mental illness has been demonstrated to be associated with a greater risk of physical illness; particularly with people with schizophrenia and bipolar disorder dying on average 20 years earlier than the general population (Keck school of medicine USC 2018). Public health issues aim at raising awareness of mental illness as opposed to prevention. This is partly due to the huge stigma that has always surrounded mental illness. This was addressed by the Royal College of Psychiatry with the "no health without public mental health" campaign whose primary aim was to improve the physical health of people with mental health problems (Royal College of Psychiatrists 2010). They have estimated that mental health can accumulate costs of up to 105 billion pounds a year (Royal College of Psychiatrists 2010). The main strategy of improvement relies on investment in promotion, prevention and early intervention. However, this has proven to be difficult due to financial constraints. The primary outcome of early intervention is to increase life expectancy, economic productivity, social functioning, with the ultimate goal of improving quality of life.

When speaking to patients; I had found that employment issues and a loss of independence was a common theme. These are potential areas that have for health promotion and I feel could potentially go a long way in helping patients being more compliant with medication. Although very difficult to achieve, showing patients that they can still work and be independent would go a very long way in

helping them manage their condition as a lot of the patients felt that they had nothing to look forward to with regards to their futures. These are issues in combination with early intervention which are at the heart of the policies of the "no health without public mental health" campaign, which I hope will receive more funding in the future to really benefit these patients.

4) Personal/professional development objective * To observe the diagnosis and management of mental health patients as well as becoming proficient in clerking patients and coming up with management plans of my own so that I am more confident. Whilst, also observing outpatient clinics.

This was a similar experience to year 4 with regards to ward rounds. However, as my first job as a FY1 is going to be in psychiatry, I was very proactive in helping the junior members of the team, be that in writing the notes or preparing discharge summaries. However, compared to year 4, I was fortunate to have more responsibility and thus saw more patients. I was able to take in a lot more with regards to the management of patients, particularly with leave and potential discharges. I was not able to see a lot of diagnoses being made, as majority of the inpatients that I saw were those who suffered from relapses and thus were readmissions. I feel a bit more appreciative of diagnostic uncertainty as in some cases patients were not given a clear primary diagnosis. As mentioned, compliance was a major issue amongst most of the patients. I feel that this was a useful experience for me to take away for when I start my job as an FY1. I feel that I can take away much improved communication skills from this experience, particularly phrasing of questions for potentially unstable patients.

I was also more proactive, becoming more familiar with mental state examination (MSE) and implementing it on patients. The MSE is a clinical assessment tool used in psychiatry; often considered the equivalent of a cardiology examination for cardiology or respiratory examination for respiratory. An important contrast between a physical examination and the MSE that I noticed is the time taken to complete it. I found MSE's taking me a particularly long time to complete on the patients that I encountered. I felt this was partly due to the patients being acutely unwell and not familiar with me being a part of the team. However, over time, I found that the patients warmed up to me after seeing me a few times. It is also important to note that a good MSE plays a vital role in diagnosis, management and the progression of treatment. Hence MSE's are done regularly and are vitally important. For that reason, I had attempted to do as many as I could to improve both my quality and efficiency in it.

I was also able to observe clinics in the community which were to monitor patients and see how they were managing. Unfortunately, there were many social issues causing huge difficulty for most of these patients. Be that funding, or waiting lists for social groups to allow them to reintegrate in to society. I have observed those with family support tending to be coping better than those who were alone. This again reiterates how the lack of funding in psychiatry is affecting healthcare of patients, as waiting lists for social help is huge, this is also detrimental to psychosocial treatments such as cognitive behavioural therapy.

In conclusion, I was very happy to add to my psychiatry experience by doing this elective. I am also grateful to have done it in Newham, where there is such a diverse population. There are many skills that I have gained and improved upon in this short time which I hope to take away with me in to future practice.

References

Aston Mansfield (2017) Newham Key statistics: A detailed profile of key statistics about Newham by Aston - Mansfield's Community Involvement Unit [online] Available at: https://www.aston-mansfield.org.uk/wp-content/themes/aston_mansfield/uploads/Newham_Statistics_2017.pdf

CDC (2005) The Role of Public Health in Mental Health Promotion [Online] available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm

GLA Intelligence (2013) 2011 Census Snapshot: Ethnic diversity indices for wards [Online] available at: https://londondatastore-upload.s3.amazonaws.com/5JI%3D2011-census-snapshot-ethnic-diversity-indices-wards.pdf

Keck school of medicine USC (2018) Mental Illness and Public Health [online] available at: https://mphdegree.usc.edu/resources/mental-illness-and-public-health/

Mind (2013) Mental health facts and statistics [Online] available at: https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.WvxsiZch3IX

Newham London (2018) Mental Health Needs assessment [online] available at: https://www.newham.gov.uk/Documents/Health%20and%20social%20care/MentalHealthNeedsAssessment.pdf

Newham clinical commissioning group (2018) Mental Health Needs Assessment (2016-18) [online] available at: https://www.newham.gov.uk/Documents/Health%20and%20social%20care/MentalHealthNeedsAssessment.pdf

Royal College of Psychiatrists (2010) No health without public mental health: the case for action Parliamentary briefing. Available at: https://www.rcpsych.ac.uk/PDF/Final%20PS4%20briefing_for%20website%20A4.pdf

Royal College of Psychiatrists (2014) Schizophrenia. [online]. Available at: http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/Schizophrenia.aspx

Towerhamlets.gov.uk (2011) Mental Health in East London and the City: A Sector-Level Health Needs Assessment [Online] available at: https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Mental-Health-in-East-London-and-the-City-JSNA-2011.pdf