

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

**For the second half of my elective, I attended the Starship Children's Hospital in Auckland, New Zealand and joined the liaison psychiatry team. I wanted to do an elective out in New Zealand, firstly as a comparison to what I had seen in the UK in terms of illnesses and treatments, but also as I had read that New Zealand had one of the highest youth suicide rates out of 41 OECD and EU countries (1).**

**The consult liaison team is made up of psychiatrists, psychologists, psychotherapists, nurse specialists and a paediatric and a psychiatric registrar. They have regular MDT meetings as well as smaller MDT meetings focussing on patients with eating disorders or patients on NICU (neonatal intensive care unit). During the day, the staff would see patient referrals, such as children with procedural anxiety, helping parents and children come to terms with palliative medical conditions, behavioural problems and eating disorders.**

**On my first day, I had a quick tour around the offices and went to a very interesting talk on virtual reality and its uses in medicine. Virtual reality had recently been trialed in a hospital in Toronto, by using a VR headset to show children what will happen in the time prior to surgery, such as being surrounded by medical equipment as well as seeing lots of new faces (the surgical and anaesthetic team). Therefore on the day of surgery, the paediatric patient is more likely to be calmer and less frightened. Furthermore, virtual reality can be used to create a virtual therapist, that can demonstrate listening (such as nodding their head) and patients are more likely to open up to them, as they feel less likely to be judged.**

**One of the things that I enjoyed during my time was spending time with the eating disorder patients. On one occasion I got to spend lunch with them and got to talk to them and general life. I also joined in a few consultant reviews and family meetings on the ward. Similarly to the UK, the majority of the patients were female and all of them were adolescents. In New Zealand, Family Based Therapy (FBT) was a big part in the treatment of anorexia, this stems from the Maudsley Method and known as FT-AN in the UK (Family Therapy for Anorexia Nervosa). In the first half of my elective, I had witnessed some family therapy sessions, especially in assisting parents in how to help their child with eating disorders, in particular, sticking to meal plans. This was similar to the session I sat in with in Auckland, with the slight difference that the patient was about to be discharged and the meeting was more informal than the session in the UK.**

**Furthermore, there was a very friendly atmosphere. During my time in Auckland, I have definitely felt more laid back compared to my time in London. There is less smog, less litter and people are friendlier. The consult liaison team definitely reflect this, there was a lot of friendly banter and people got on very well. My experience of teams in London contrast slightly, in that, as the teams keep changing regularly**

due to shifts, there's not so much time spent together to form these relationships. Moreover, medical staff in the UK work longer hours, and so there isn't as much time for bonding after work.

Due to the nature of psychiatry, there are a lot of social aspects to consider. One of the things discussed at an MDT was how nobody wants to adopt or foster teenagers, especially ones with mental illnesses and behavioural problems. This is again similar to the issues we have in the UK, where people want to just adopt or foster babies as they don't want to have to deal with teenagers. Furthermore, Auckland is the largest city in New Zealand, it is very multicultural and its population keeps increasing each year. This has led to a housing shortage and furthermore, the average house price in Auckland is just shy of a million New Zealand dollars (2). This makes it difficult for the young people of Auckland to ever be able to buy property. Moreover, in order to have the money to buy a house, they need a job. Although, more recently, unemployment has been decreasing, it is still at 4.5% (3). This can be quite demoralising for the young population of New Zealand and could also be a contributing factor in the high suicide rate. Similar situations are currently being seen in London, and globally. Similarly to the UK, New Zealand is also in need of more psychiatrists and currently in on the skill shortage list. However, this is an issue that is currently being faced worldwide as mental illnesses become more prevalent.

During my time here, I spoke to people about living in New Zealand. I thought it was interesting that schooling is a bit different as there's primary school, then intermediate, before high school. This differs to the UK that only has primary school and then secondary school. After hearing this, I thought about the high suicide rate and how it was potentially linked to high bullying rates, and that maybe having the pressure of starting two new schools during adolescence could be increasing bullying rates.

Something that I had to get used to during my time in New Zealand, was getting used to people not being as expressive when they talk, this was one of the cultural differences I experienced. Whilst British are not known as the friendliest of people, I found them easier to read in regards to facial expression and tone. Furthermore, New Zealanders have a dry sense of humour and there were a few times when I was caught out by this. I wonder if not being able to express feelings could also be leading to the high suicide rate. Within the Maori population, which have some of the higher suicide rates in New Zealand, local communities have been running campaigns, such as "Out in the Open" and encouraging people to talk about their feelings with those that they trust (4).

Moreover, in response to the high suicide rate, as I was walking around the city centre, I spotted some deterrents. For example, when I was walking over the Grafton Bridge close to the hospital, there was a barrier to stop people from jumping over.

Before I came to New Zealand, I knew that quite a few people from the UK had emigrated there, however I was surprised by how many English people I met during my time at the hospital. On one morning, I realised that I had only heard British accents! I spoke to some of the people who had

emigrated about the reasons why they had come over, mainly for a better quality of life, as it is something that I have been thinking about doing.

Overall, I really enjoyed my time in Auckland, and in New Zealand in general. It is a beautiful country and I enjoyed meeting and talking to new people. I also liked finding more culturally about the country and the issues the population face. I would like to thank the people at Consult Liaison at the Starship Hospital for making me feel welcome and I hope to return to New Zealand in the future.

## References

1. Illmer, A. What's behind New Zealand's shocking youth suicide rate?. <http://www.bbc.com/news/world-asia-40284130> (accessed 5th May 2018).
2. Fonseka, D. Property Industries Money Farming Opinion & Analysis Small Business World Average Auckland home value soars above \$1 million for first time. <https://www.stuff.co.nz/business/property/98902155/Average-Auckland-home-value-soars-above-1-million-for-first-time> (accessed 5th May 2018).
3. Walls, J. At 4.5%, New Zealand's unemployment rate is at its lowest since December 2008 and there are some promising signs wage inflation is beginning to pick up some steam. <https://www.interest.co.nz/news/91981/45-new-zealand%E2%80%99s-unemployment-rate-its-lowest-december-2008-and-there-are-some-promising> (accessed 5th May 2018).
4. Te Rau Matatini. #OutintheOpen. <http://wakahourua.co.nz/news/outintheopen> (accessed 5th May 2018).