

ELECTIVE (SSC5c) REPORT (1200 words)

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

As a medical student i was given lots of exposure to psychiatry in the community, and to inpatient psychiatry. What i hadnt seen though, was Liaison psychiatry - a service which visits patients in the inpatient (and sometimes outpatient) settings, to assess their need for psychiatric input, and provide it if possible. When i arranged my elective, i knew i didn't want to do the 'typical' tropical elective, and instead i wanted to do psychiatry somewhere where the patients spoke english. I was very lucky to stumble across an article about alternative electives, where i read about the Liaison psychiatry programme at north shore hospital, Auckland.

A typical day for me at the placement would begin with a handover at 8:30am, a chance to hear about any new patients and to allocate 'jobs' for the morning - in some ways like a ward round. Throughout the day i often had the opportunity to assess new patients, review current patients, co-ordinate management, liaise with medical teams, and take collateral histories. I am very grateful to have had more practice with these skills before i start my junior doctor job.

I found myself on placement with a Trainee Intern from Auckland Medical School - at the same level in her training as i was. It was wonderful to not be the only student, but to also be able to find out about training in New Zealand from someone who was in the process. In NZ, students are at medical school for 6 years, after which they apply for house officer jobs using a system called ACE (similar to FPAS). After two years as a house officer, they are eligible to apply for specialty training. If a doctor trains to become a GP, this will take a further three years of postgraduate training, and for psychiatry, a further five years. Salaries are much higher in New Zealand than in the UK, even accounting for currency conversion. However, this is somewhat offset by the high cost of living in Auckland, and the astronomical house prices which mimic the housing crisis currently occuring in London.

Access to mental health services in New Zealand is similar to in the UK, patients can see their GP who can make a referral. The main difference is that in New Zealand, GP appointments are not free. Patients must pay for these appointments, and my colleagues all reported prices which varied from \$11 to \$120 for an appointment. Although this reduces the waiting times for appointments, inevitably this will mean that some people cannot afford to see their doctor, or do not see their doctor regularly for follow up. Another key difference is that although the government may fund a certain number of psychological therapy sessions, and there is a waiting list for this, for the most part, patients must pay for these services. Some providers of counselling charge \$60 per session, and once again, some patients i spoke to simply could not afford this cost. Im not sure i could work in a system which sees patients unable to access care due to financial constraints.

During my placement i only saw a handful of patients whose ethnicity was not New Zealand European (eg Pacific/Maori/Asian). I am told this is because there is a larger european population on the north shore. As such, to fulfil my objective of assessing the pattern of mental illness in New Zealand i have had to draw on research, as opposed to my own experiences and patient contact. Some studies have shown that Maori and Pacific people may be less likely to see their doctor due to a perceived lack of confidentiality and increased stigmatisation of illness, and that those with mental illness are even less likely to present to their doctor. These studies did show that patients were more likely to disclose to

their doctor if they were able to have a personal relationship with their doctor - something which is probably aided by the ability to always see their own doctor.

One large study consisting of over 7000 patients demonstrated that over 12 months, Maori patients had an 11.5% likelihood of having depression, whereas non-maori had a 10.1% likelihood. Studies examining the proportion of mental illnesses found that Maori patients were more likely to have symptoms such as hallucination and aggression, less likely to display depression or self harm, and that Maori people were overly represented in Schizophrenia - these findings remained even after socioeconomic adjustment.

Interestingly, the new zealand health care system has specific services developed for those with different ethnicities and spiritual beliefs. For example, there is an asian mental health team, who will visit patients such as those from Korea, and also teams specific for Maori and Pacific ethnicity patients. This is helpful because patients can receive support which is sensitive and specific to their cultural and spiritual beliefs, and these teams can also liaise with regular medical teams to help to ensure these needs are met. Im not sure whether such teams exist within the NHS, but they appear to be very helpful when dealing with patients whose culture plays a role in their presentation, belief systems and thus recovery. Perhaps the NHS could benefit from these services.

I had hoped to explore the impact of the Kiwi lifestyle on mental illness, however i have found this a difficult task. Certainly, life seems more relaxed and slower paced in Auckland, but i have not seen evidence of this affecting mental health. As in London, i have seen patients with work stress, relationship stress, difficult family dynamics. Perhaps if i was working in a more rural area the situation would be different, but it seems the culture and lifestyles are quite similar for the patients i saw, as those in the UK.

To summarise, doctors working in New Zealand undergo a similar training pathway to those in the UK, and are more highly paid than those in the UK. Health care is largely free, but unfortunately GP appointments must be paid for, and some services must also be funded by the patient. There is a different ethnic demographic in New Zealand compared to the UK, and New Zealand appears to be steps ahead of the UK in the ways in which it provides specific services to these groups of people.