ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective Report – Simon Johnson

I spent my elective shadowing a variety of psychiatric services in East London, but was based primarily with the Old Age Liaison Psychiatry team.

Most of all, I will remember the patients. I was often curiously baffled, such as by one's reasoning that "It's sunny outside, therefore it's Thursday," and by one lady who would transition from speaking English to her native German mid-sentence without realisation.

I felt that one of the most important skills I learnt was how to do a thorough Mental State Examination (MSE) and to be able to perform a comprehensive suicide risk assessment. With one patient, I pondered the ethics of not mentioning a potential diagnosis of cancer at a time when she was at considerable risk of suicide.

One day, my consultant was the doctor responsible for detaining people under the mental health act. I learnt how much this assessment focussed on a patient's insight and I wondered how this would feel for them should there be a language barrier and interpreter required, with the potential for miscommunication, in a decision that can deprive them of their liberties.

Old age psychiatry brought up a number of vulnerable adult safeguarding issues. One patient suggested her alcohol intake was half a bottle of vodka per night, yet had been bedbound for months and was sure that she must have been the one going to the off-license. I value my memory very highly, given the large amount of factual recall and pattern recognition required in medicine, and I worried what would happen if were to prematurely lose my own.

I learnt about the components of a dementia screen, including the Addenbrooke's Cognitive Examination or ACE-iii which breaks cognition down into elements like orientation and memory that allows for a better diagnostic process. As one's dementia progresses, remembering whether something was a dream, hallucination or truth, must surely become even more difficult. I also marvelled at the brain's ability to confabulate stories after significant alcohol abuse. These experiences reminded me of the importance of a good collateral history from the family and other people involved with the patient.

I was able to contrast my father's depression following his stroke to patients who were still able to say that "life is beautiful" even when faced with the prospect of learning how to walk again following theirs, which really highlighted the importance of protective factors such as religion and extended family support. I learnt that depression mixed with anxiety was the most common mental illness in the UK, and that living in large cities, such as London, significantly raises the risk of this and other disorders.

Many of my experiences had me thinking about the complex issues regarding free will. Are we pre-determined to become doctors or become addicted to crack cocaine? I enjoyed how much philosophical background there was to be found in psychiatry and in conversations with my tutors, who always posed engaging questions and encouraged me to broaden my literary horizons beyond standard textbooks.

One Wednesday, a psychiatrist-cum-therapist chaired a discussion between the registrars, where they were encouraged to share their views on interesting or challenging cases they had faced recently, which seemed a unique opportunity for those working in psychiatry that I would enjoy making the most of in future.

As part of my time with the Forensic team I attended both a Coroner's Court and a murder trial at the Old Bailey out of curiosity and a desire to better understand the legal process. Similar to medicine, there was plenty of jargon, as well as MDT like collaborations with policemen, paramedics, firemen and social workers. The Forensic ward round had me introduce myself, all handshakes and smiles, with people who were later revealed to me to be murderers, rapists and paedophiles; which then took a fair amount of mental processing to overcome a strange sense of nausea.

I found legal mental health defences a fascinating topic of conversation, as well as discovering why patients may not be fit to enter a plea or be interviewed by police. Fresh in the news was the Germanwings airline pilot's murder-suicide, and one of the big challenges in forensic psychiatry is being able to predict if a person is at high risk of harming themselves or others. As my consultant gave evidence relating to a man who had not been admitted and subsequently murdered his mother, I wondered just how easy it might be for new laws to be passed in reaction to a state of high emotion, rather than the more reassuring statistics, similar perhaps to the criminalisation of certain drugs. Portugal however, has taken the novel approach of decriminalising drugs to reduce harm such as the incidence of blood borne virus transmission with great success, as well as treating addicts as victims, rather than felons.

My focus with the substance misuse team was on patients with serious mental health issues also using heroin and/or its substitutes. After all, heroin is a potent anti-psychotic. Given the low purity of heroin available on the street, it is not surprising that many choose to inject. What fascinates me is how people's attitudes towards risk of serious disease drift towards the ignorant when faced with the prospect of such pleasure.

Living in London, it can sometimes feel instinctive to ignore any requests for money from charity fundraisers and the homeless. Interesting then it was, to come across a man who had been selling The Big Issue outside my local shop, coming in for his methadone. I felt like I now had a topic of conversation that ran much deeper than "No, thank you," next time I went to get my groceries.

I shadowed Newham's HIV team, one of the most prevalent boroughs in the UK for the disease. It became apparent that HIV positive patients have a multitude of concurrent problems; such as facing deportation to countries with inadequate HIV healthcare and being forced into arranged marriages while suffering rape and domestic violence; which require a full biopsychosocial approach to their management.

Child and Adolescent mental health services allowed me to talk to patients over games of table tennis and team building exercises, about how their symptoms affected their life. I appreciated just how uniquely each patient presented, from their varying OCD rituals to their position on the autism spectrum. One visiting consultant from Italy remarked at how back home, even with the harsh cuts to mental health services in this country, there were virtually no specific centres for child psychiatry and that their management were left to general adult psychiatrists. While in developing African countries however, psychiatric services themselves are almost non-existent, with relatives often forced to chain the mentally ill to radiators.

Closer to the end of my elective, I assisted in an Audit looking at the outcomes of patients with delirium. It improved my skills with the 'RIO' patient database and gave me the opportunity to read the stories of many fascinating characters.

Overall, I found my elective to be highly thought-provoking and useful in meeting really helpful mentors and taking histories from patients. It has certainly grown my curiosity for a psychiatric career and helped me gain an understanding of what each sub-speciality could do for me.