

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent my first half of my elective at the Coborn Centre for Adolescent Mental Health from the 17/04/15-05/05/17 under the supervision of Dr Sophia Ulhaq, a consultant child and adolescent psychiatrist. I had been to the Coborn Centre previously for my SSC5a and really enjoyed my time there and so definitely wanted to come back for my elective!

Because I had been to the Coborn previously, I think I was able to settle in much quicker than the last time I was there, having more confidence to get involved in the activities and getting stuck in. I think this allowed me to get a really good overview of adolescent psychiatry, and the different therapies that are offered, as well as the pharmacological treatment.

One of my most memorable days on the unit was when I spent the entire day doing activities with the young people. I wanted to get to know them a bit better by actually interacting with them rather than just observing. I started off the day in education. It amazed me that the teacher manages to provide a lesson for young people with such a wide age difference (13-18), and with such a range of abilities and pathologies as well. In the lesson I was involved in, we were doing poetry. One of the older young people was really engaged and asking very complicated questions about specific poetry terms, while there was another person with severe learning difficulties that struggled to read. Creating a lesson for this range must be next to impossible, and I guess the one-on-one sessions are where a lot of the student-specific teaching takes place. After spending lunch with the young people, I joined an occupational therapy parkour trip which was great! Not only was it good to spend some more time with those I hadn't spoken much to yet, it was genuinely really good fun too. I was a bit sad that because of the bank holiday, I couldn't join in the week after too. Overall, spending a day socialising with those on the unit was an invaluable experience as it allowed me to see them in a non 'ward-round environment'. On top of this, it meant they got to know me better, which helped when I wanted to speak to them later about their conditions and treatment plans as they were more comfortable with me.

Obviously on the unit there is a wide range of psychiatric pathology from depression to psychosis and autism spectrum disorder. I found it fascinating to speak to some of the young people and find out about what they have been experiencing. I remember speaking to one specific patient who was very thought disordered. I found it fascinating to try and work out which thought disorders and delusional thinking I thought they were demonstrating.

It did surprise me how many of the patients don't have concrete diagnoses. I guess on reflection its unsurprising as for many this is a first presentation and the presentation doesn't always fit into boxes. I found it particularly interesting taking part in discussions as to whether psychotic features were part of a 'true' psychosis or not. There were a couple of patients who had psychotic symptoms, but they could be distracted from these experiences by engaging activities. Similarly, the symptoms were worse at night when there were no distractions. Speaking to the doctors, they said that generally 'true' psychosis was intrusive, and couldn't be distracted. I guess this showed me just how complex some of the presentations and pathologies can be, all needing a personalised treatment plan.

I was a little bit surprised that there were three patients on clozapine on the unit while I was there. I think my year 4 psychiatry placement had emphasised that clozapine was the pharmacological treatment specifically reserved for treatment resistant psychosis, and I guess I was surprised that there were so many young patients on this drug. I spoke to the doctors about it, and they said that although you have to try 2 antipsychotics prior to starting clozapine, clozapine is a very effective drug. And early successful use of clozapine means that in future relapses, it will be known that this drug is effective leading to shorter inpatient stays.

One of the benefits of having being at the Coborn before was that I felt like a part of the team. I remember in some mini-team meetings and formulations being asked for my opinion on particular patients, and occasionally I chipped in with some of my thoughts from my meetings with the patients. I think this was indicative of the team atmosphere at the Coborn – everyone works together to give the best possible care to these patients, and everyone's opinion is valid and appreciated. It's a really good example of multi-disciplinary care.

After an interesting discussion with the doctors about it, I arranged to go to the Royal London Hospital to see electroconvulsive therapy (ECT) one morning during the placement. I had previously done my SSC4 dissertation on new therapeutic applications of deep brain stimulation, and so had a prior interest in how electrical stimulation can affect the brain, especially in psychiatric conditions. While watching the ECT, I spoke to some of the nurses about the effectiveness of this treatment. They were all so positive about the outcomes, mentioning that one of the patients we saw was not eating and drinking and had severe psychotic symptoms prior to her course of ECT. Seeing this patient on her 12th treatment, you would hardly know she had previously had severe mental health difficulties! The nurses were so positive about the treatment outcomes, and looking into the side effects, the common ones are generally rather transient and of course pharmacological therapies also have side effects. Because of this it surprised me that the amount of ECT treatment given has significantly reduced over the last 20 years or so. While of course pharmacological therapy has improved, it still surprises me that ECT is not more commonplace, given its success rates.

Overall, I thoroughly enjoyed my 3 weeks at the Coborn Centre. I think it gave me a broader understanding of therapy in a adolescent mental health unit, and the varied roles that members of the multidisciplinary team have. It has further confirmed my desire to look into child and adolescent psychiatry as a career choice, but of course much of CAMHS work is in the community and very much unlike the Coborn. I love the team environment, and getting to know the young people. I think this is so important in a place where patients are often there for an extended period of time. I'm now really looking forward to doing my liaison psychiatry placement in FY1!