

ELECTIVE (SSC5b) REPORT (1200 words)

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

1. Discuss the Psychiatric conditions prevalent in New York and compare these to those witnessed in the United Kingdom.

Harlem is an area in New York with a large African American and Hispanic populations. It is an area with many social issues including high rates of poverty, crime, homelessness, drug abuse and unemployment. All these issues are relevant to the high prevalence of mental health disorders within this community and I had the opportunity to observe a number of patients present with a variety of mental illness including psychotic, affective, neurotic and personality disorders. As most of my time was spent on the acute inpatient unit most of the patients I observed had psychotic and affective disorders in the form of schizophrenia, schizoaffective and bipolar. Comparing this to my experience in the UK and especially East London where there are a lot of similarities in terms of social issues I believe that the psychiatric conditions present in both populations are not dissimilar. I found that a large number of patients in Harlem admitted using the synthetic cannabinoid K2, known as spice in the UK, and I found that its use is far more widespread in Harlem compared to East London.

2. Discuss the healthcare system in America with regards to the treatments offered to mental health patients. Compare this system to the NHS in the UK.

3. Discuss the benefits and flaws in a health care system largely operated by the private sector. Discuss Obamacare.

America and the UK have very different healthcare systems. The UK has a system where it is entirely funded by the taxpayer and offers care free at the point of delivery. This gives it the advantage that it serves everybody within the community for free and treats everybody equally regardless of socioeconomic status. The drawback however is that being free it has the potential to be exploited and because of the limited funding, resources are allocated in a way that results in long waiting times for certain referrals and procedures. The USA health care system is very different to that of the UK. Even the current president finds it difficult to understand with him being quoted saying, "Who knew healthcare could be so complicated?".

In short, USA healthcare is largely privately provided with patients obtaining insurance to pay for their healthcare needs. This insurance can be publicly funded, Medicare and Medicaid, or privately funded either through the patient self funding or through their work. The insurance is tiered with the most expensive coverage allowing access to more prestigious private hospitals and a higher standard of care and the least expensive and publicly funded allowing more limited access to certain types of healthcare and is accepted at fewer hospitals. Before the introduction of the affordable care act there were a significant amount of people with no healthcare insurance.

With this healthcare system the pros are that if you can afford it you have fast access to great care. But there are a lot of down sides, healthcare inequality is a massive problem and because of the cost of healthcare there are a large number of people not being able to access sufficient healthcare to meet their

needs due to their financial situation. This leads to problems associated with healthcare inequality such as later diagnosis of chronic diseases and an increase in the time spent in ill health resulting in more sick days. It is estimated that the lack of adequate insurance coverage in the USA costs the economy around \$200 billion a year. Cost of healthcare is also the leading reason for bankruptcy in the USA.

The affordable care act, Obamacare, ensured that everybody was required by law to have healthcare insurance with the most government resources aimed at giving greater coverage to people with low income and giving them greater coverage. This helps to reduce healthcare inequality and reduce the number of bankruptcies as a result from lack of insurance.

Harlem hospital is a public hospital and as such is a provider of healthcare to patients of largely lower income on the government funded insurance Medicare or Medicaid. These types of insurance pay the hospital low amounts of money for care and therefore are not accepted at a lot of privately run hospitals. I found that the inpatient psychiatric ward at Harlem hospital was extremely busy with big bed pressures and a high patient to staff ratio which I assumed was due to the low level of funding associated with treating a poorer community. I believe that this resulted in staff not being able to give the level of care that they wanted to for their patients due to the lack of resources.

Whilst I have been in America the Republican party have announced that they will be reforming the affordable healthcare act and as such will be, in my opinion taking a step back and worsening the healthcare inequality in a country already renowned for poor healthcare equality.

4. Develop knowledge related to the neurosciences and gain more experience in psychiatric assessment of a patient.

During my time in Harlem hospital I had multiple opportunities to practice clinical psychiatric assessment . For the first 2 weeks I joined the program current Columbia students were on which consisted of 3 days on the inpatient unit, twice weekly didactic teaching sessions, half day of outpatients and alternating half day of liaison psychiatry and child and adolescent psychiatry. This gave me a general introduction to the department as a whole and I felt that the students gave me a great insight into healthcare in America and how it differed to that in the UK. For the other 2 weeks I was allocated patients to follow in the inpatient unit which involved conducting a full psychiatric assessment and monitoring their progress informing the residents and also the attending during team meetings. I found this especially enjoyable as I got to see patients improve and by spending regular time with them I found that I really got to know the patients well. By spending regular time on the unit I also got to see the challenges faced when patients become aggressive and had the opportunity to observe numerous patients being medicated and restrained for their safety and the safety of those around them. During this time the most useful thing I learnt was to have a less passive stance with patients and be more confident in challenging their ideas without being excessively confrontational. This revelation was following an interview with a patient that I discussed with a resident who believed that the patient was being manipulative and I needed to challenge them more. By learning and practicing this skill I believe it will improve my skillset as a doctor.

I thoroughly enjoyed my placement in the USA and found that I developed my knowledge in psychiatry a great deal. It has, however, made me realise that psychiatry is not a career that I wish to pursue in the future but I appreciate a great deal being able to study this fascinating subject in a foreign country.