

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

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

**During my time at Homerton, I was fortunate enough to have been able to engage with Liaison services, the Assertive Outreach Service, Home Treatment Team, Children and Adolescents Mental Health, Old Age Psychiatry, and Perinatal services. While with each of these teams, I was able to be involved in aspects of patient care, as well as discuss an array of issues with team members. As such, this experience gave me an opportunity to see a diverse cross-section of the work done by local mental health teams.**

**Due to the relatively brief period of time spent with each individual team and the limitations regarding my own ability to practice independently, I am of course not able to use my personal experiences to make any deductions regarding incidence of psychopathologies within the population of Hackney. However, in discussing the matter with clinicians, a number of important factors were identified which may influence the development of mental health problems within the borough. One of the discussions which I found most interesting and helpful in guiding my own understanding was about the role of a sense of displacement or cultural dissonance as a risk factor. When this is considered within the context of the number of disparate and discrete cultural groups, and then in conjunction with the statistics regarding inequality and poverty, it stands to reason that the relative risk of developing a mental illness may well be higher for those living in Hackney than in many other regions of the country where populations may be more homogeneous or experience less inequality. Having said this, however, the patients who came across during this short period came from a wide range of backgrounds, and with an equally wide range of presenting complaints. As such, these experiences reinforced the importance of recognising the limitations of statistics regarding risk and prevalence, and of developing skills to mitigate the effect that such preconceptions can have on how patients are viewed and treated.**

**In addition to seeing a variety of patients, I was also fortunate enough to be exposed to a number of different healthcare professionals, and to be able to witness how different services interact in the treatment of psychiatric conditions. This elective placement afforded me a far more detailed understanding of how services are structured and managed, and what a patient's journey through the mental health system might look depending on what their individual needs are. My time with the Liaison team was particularly useful for this, in that the nature of the service means that patients ranged from people who had had no previous contact with mental health services to those who were incredibly well known. With this being the case, I was able to witness how processes differed for those who perhaps had little to no need for psychiatric intervention, through those who could be safely managed within the community by an appropriate team, and to those who required admission. Moreover, this team in particular was unique in the closeness of its relationships with teams responsible not just for mental health, but also with medical and surgical teams and community support structures, thus emphasising the importance of good communication and working relationships so as to facilitate holistic care from the full range of requisite healthcare professionals. However, it was also very interesting to have spent time with the Assertive Outreach team during a period where they are being disbanded, thus allowing me to witness service restructuring in action, and also providing insight into the views of staff regarding this restructuring.**

Unfortunately, due to the nature of this elective, the topic of public health initiatives and interventions was not a major theme. In spite of this, I was able to engage in a few conversations regarding the increasing emphasis on early intervention services and the role of talking therapies in reducing recurrence of psychosis, as well as discussing the difficulties in addressing psychopathogenic factors, especially within educational contexts. I also engaged in some very interesting discussions regarding the role of CCGs in regulating service provision, as well as sharing in despair at the harm which can be done by poorly funded or poorly managed social support structures.

With regards to my own professional development and exploration of Psychiatry as a field of interest, I feel that this placement provided a unique and valuable insight into the numerous facets of the profession. I was given opportunities and encouragement to develop skills in assessing and managing patients, as well as communicating with other healthcare professionals and gaining a deeper understanding into the principles underpinning psychiatric diseases and treatments. I felt supported to take on increasing clinical responsibilities over the course of my time, and found my discussions with team members to be hugely beneficial in understanding how they understood and subsequently made decisions regarding patient care. These discussions also allowed me to more clearly identify gaps in aspects of my knowledge or skills, so as to guide future professional development, as well as offering interesting new perspectives on mental illness and directions in which to take my own self-directed learning.

In summary, I believe that this elective has been an enormously positive experience, allowing me to develop skills and understanding in a safe and supportive environment. The variety of experiences provided opportunities to explore Psychiatry from a number of perspectives, and in doing so encouraged me to develop more confidence in my ability to function as a clinician. Moreover, the exploration of concepts relating to service provision and patient populations served to reinforce the importance of taking a holistic view with respect to both patient health and also the interplay between institutions.