

ELECTIVE (SSC5b) REPORT (1200 words)

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

Mental health liaison is there to assess whether patients need mental health care and treatment (1). Liaison psychiatrists are referred to patients who have a psychiatric illness in the medically ill, psychiatric illness and other psychological factors that interfere with their recovery from medical illness, bodily symptoms that aren't explained adequately by a physical illness, use of psychiatric drug treatments and psychological therapies in the context of physical illness (2).

I chose to do my elective in liaison psychiatry as I have an interest in psychiatry as a future career and wanted to gain more exposure to different areas. Specifically I chose liaison psychiatry as it allowed the opportunity to see different presentations and diagnoses as well as to pick up skills I could use throughout my medical career.

Objective 1: Describe the pattern of psychiatric illness seen in South London and how this differs both across the UK and over time.

During my time in liaison psychiatry at King's I saw a great array of mental health presentations. Southwark and Lambeth, two of the large boroughs covered by South London and the Maudsley (SLaM) have higher deprivation than the England average. SLaM covers an ethnically diverse area, with Lambeth and Southwark having a greater proportion of Black Caribbean residents than other areas of London but fewer South Asian residents than some areas (3). Common mental disorders have been found to be 10% higher in South East London compared to the rest of England according to Hatch et al (2012). These included depression, anxiety, phobias and compulsions as well as fatigue, sleep problems and physical health worries. There were a four-fold greater proportion of depressive episodes also seen in the South East London cohort. They also looked at hazardous alcohol and drug use. Interestingly, there was a higher prevalence of illicit drug use in South East London but hazardous alcohol use was higher in the national sample (3).

Objective 2: Describe the organisation and delivery of mental health services in South London and how this differs from the rest of the UK as well as its change over time.

Kings college hospital is based in South East London. Mental health here is partnered with South London and the Maudsley (SLaM). This is a provider of mental health and substance misuse services throughout a large area of South London. It is also linked to a major international research institute, giving this the provider of one of the most extensive mental health services in the UK. It is also the largest institution for mental health training in the country (4).

Services available at King's college hospital (KCH) included four liaison teams; adults, paediatric, neuropsychiatry and perinatal. According to a King's grand-round I attended, KCH had the biggest liaison service in England. I was also able to see an old age psychiatry ward, a general adult ward, go round with the alcohol and drug dependency nurse as well as attend clinics including perinatal, breast cancer and dermatology. As King's has a large trauma centre there were a number of self-harm and suicide attempts I got to see that had required surgery.

Objective 3: To discuss the change in presentation, diagnosis and management of psychiatric emergencies

King's has one of the busiest mental health liaison teams and length of hospital admissions is higher for patients who are also seen by mental health services during their stay according to a grand round talk I attended. This talk was really interesting, it was by an ED consultant who discussed patients with acute behavioural disturbance. It was discussed how these cases as well as medical care often require mental health input, they also often require security officers or police liaison. In the pipeline at King's college hospital A+E is the idea of having a 'code 10' call much like a cardiac arrest call in these situations which would call a 'team' of pre-hospital handover of events to A+E medical staff, mental health liaison and security officers or police liaison. Together they could discuss a brief history of events, the need and if so route of rapid tranquilisation, medical and mental health care needs. Although this is often being informally done across London and the UK, this idea of a code call for these patients is new and going to be trialled at King's A+E with the hope that if it is successful it may also be adopted by other A+Es such as St Thomas' hospital. This was a really good example of how at King's it seems that they are moving away from patients being seen by mental health services when they have been 'medically cleared' but rather physical medical health and mental health being treated in combination.

Objective 4: To develop skills and knowledge in psychiatry, to gain a better understanding of a career in psychiatry and to develop skills applicable to being a junior doctor.

During my elective I was able to see the day to day working life of various grades of doctors working in psychiatry, this gave me a much better insight into what a career in psychiatry would be like. I was able to discuss psychiatry as a career with many of the staff and gained a great deal of knowledge on the application process as well as why people enjoy working in psychiatry and why they chose it. This was invaluable and really helped me in deciding whether this would be a career I would want to peruse.

Within liaison psychiatry I got to see so many interesting cases and many different diagnoses including psychosis, depression, bipolar disorder, personality disorders, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD) and psychosomatic disorders. I also got to see patients with learning disabilities and alcohol and drug dependence including heroin and GHB dependence. I got to see a range of causes of psychosis including organic causes with neuropsychiatry, drug-induced and schizophrenia. I got to see psychiatry in A+E and on the wards.

I was also able to see a great variety of psychiatry and learn about what opportunities there are within psychiatry. I saw perinatal psychiatry on the ward, which was really interesting to see a post-

natal depression assessment. This was an area of psychiatry I had not seen before and one I really enjoyed. I got to attend neuropsychiatry ward rounds as well as shadow the neuropsychiatry SHO as he assessed and reviewed patients and go to a neuropsychiatry meeting. I also spent a day on an old age psychiatry ward where I attended their ward round and was able to take a history from a patient and then present this later to the SHO. I spent a day on a general male adult ward and attended their ward-round, which involved patients and relatives as well as a multi-disciplinary team attended. It was good to spend some time on the psychiatric wards and get some exposure to this as well as to see the journey some patients make from liaison services. I got to see a breast clinic for patients who need psychiatric assessment and support. I really liked how much time psychiatrists had in these clinics compared to other clinics I had seen as a medical student, you left learning so much about someone and their life.

Having done this elective, I think I have learnt many skills that will be useful as a junior doctor. I have learnt how to perform and write up a mental state exam, which I was able to do as well as write up the history for some of the patients. I have seen many risk assessments carried out which will be a skill useful for when I work. I learnt how to manage a distressed or agitated patient and in particular patients with delirium. I learnt about what psychiatric services are available which will be useful when I am on general medical wards as a junior doctor as well as when I am in A+E. I have also had the chance to spend more time with FY1 and FY2s and get advice and tips for when I start working.

References

1. SLAM mental health liaison service (Kings College hospital) [Taken on 19/05/2017] Cited from www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0106
2. Liaison psychiatry faculty report [Taken on 19/05/2017] Cited from <http://www.rcpsych.ac.uk/pdf/Liaison-psychiatry-faculty-report.pdf>
3. Hatch SL, Woodhead C, Frissa S, Fear NT, Verdecchia M, et al. (2012) Importance of Thinking Locally for Mental Health: Data from Cross-Sectional Surveys Representing South East London and England. PLOS ONE 7(12): e48012.
4. SLAM who we are [Taken on 21/05/2017] Cited from <https://web.archive.org/web/20090204063918/http://slam.nhs.uk/about/who.aspx>