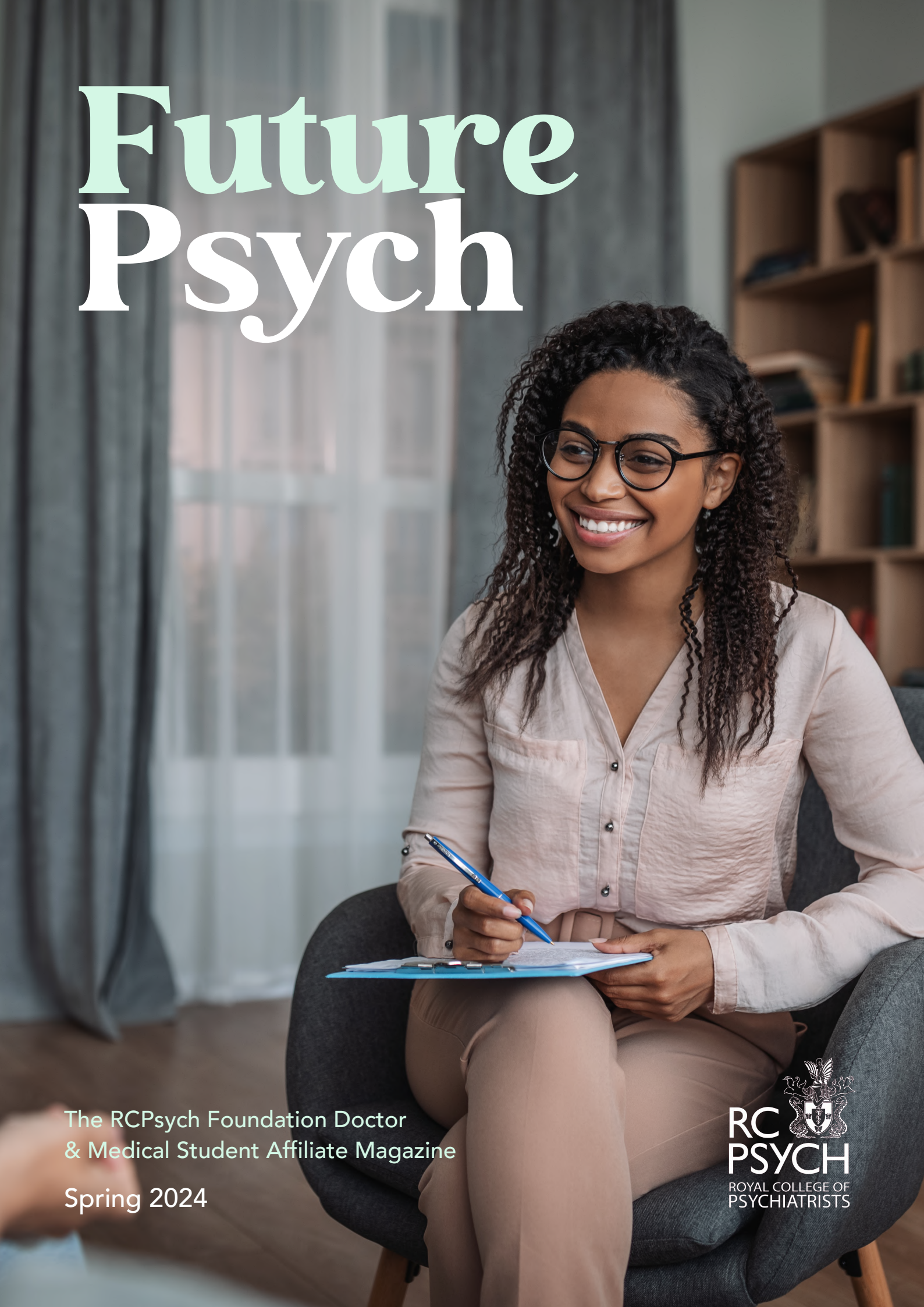
Future Psych



The RCPsych Foundation Doctor & Medical Student Affiliate Magazine

Spring 2024

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Editor's **Choice**

I hope that as spring approaches, the longer and brighter days will bring with them a brighter future for us as students and juniors. Junior doctors and consultants in England have voted in favour of industrial action in their BMA ballot, and the College has produced a special FAQ page about the industrial action.

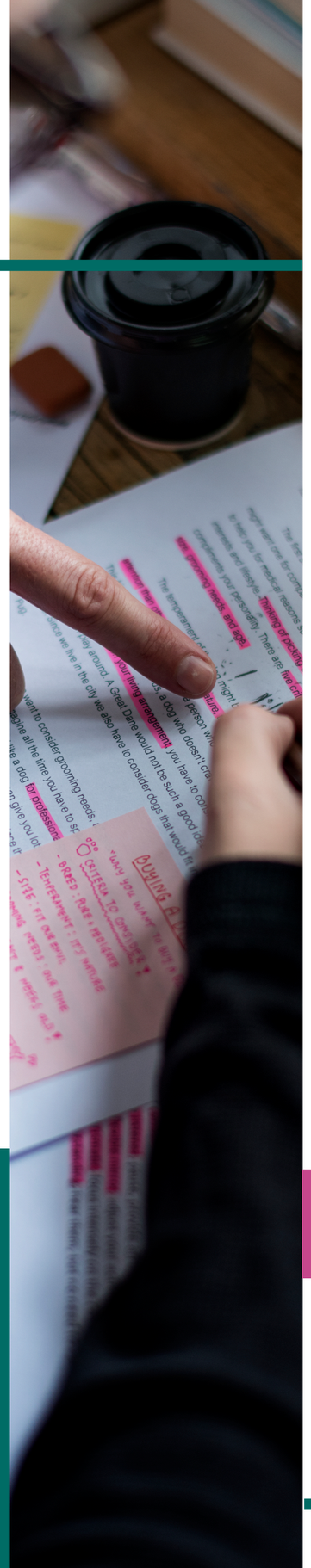
Despite the challenges our workforce is facing, it is important to note the positive changes that can inspire optimism. At The Royal College of Psychiatrists, our new president is Dr Lade Smith CBE, continuing the quality of leadership of our outgoing president Dr Adrian James. Many of you may be familiar with Dr Smith's work with Equality, Diversity and Inclusion at the College, or through her involvement at The International Congress. She is the first black leader of The RCPsych and the fifth female President. The 39.4% voter turnout was the highest since 1993. (You can read more about the impact of race and culture in psychiatry on page 10).

Dr Smith ran alongside Dr Kate Lovett and Prof Russell Razzaque; all three candidates serve as passionate and determined role models for any juniors or medical students who may be considering a career in psychiatry.

If that is you, and you are keen to find more opportunities to be involved with psychiatry, you might be interested in some of the advice and reflections from your peers, our authors, in this issue of *Future Psych*.

There is something for everyone in this issue, whether you are planning your elective (page 6), looking forward to an upcoming psychiatry placement (page 9), or you just want to delve into some book, film, or documentary recommendations (page 14-15).

If you have any reflections of your own, do get in touch with the FuturePsych team and email submissions to careers@rcpsych.ac.uk. Please do refer to our submission guidelines here.



Call For Submissions

Would you like to submit an article to the next edition of FuturePsych magazine?

We welcome artwork, reflections, case studies, opinion pieces, reviews, elective reports and interviews.

Please email submissions to careers@rcpsych.ac.uk

Meet the **Editors**

*At the point of production of this issue in 2023.

Nikki **Nabavi**

Final Year Medical Student*

At the point of this magazine being edited in 2023, Nikki was the PTC Medical Student representative, sitting on RCPsych committees such as the Choose Psychiatry Committee, Academic Faculty, and the Psychiatric Trainees Committee.

Nikki has since graduated from the University of Manchester, having taken a year out between her third and fourth years to take on the role of BMJ Editorial Scholar 2020/21. This involved heading up operations for BMJ Student, looking after content for students and junior doctors, writing articles, editing student content, discussing pitch ideas, leading on social media, and planning and hosting the student podcast, *Sharp Scratch*.

Nikki was awarded The Royal College of Psychiatrists' North West Division Medical Student of the Year 2019, and has been Co-President of UoM PsychSoc, running events such as a National Psychiatry Summer School. Her interests include mental health and wellbeing, public health, medical ethics, and medical journalism.

Stephen **Naulls**

Foundation Doctor*

Dr Stephen Naulls is a junior doctor based in London with a keen interest in the interface between neuroscience and clinical psychiatry.

Originally from Grimsby, Stephen is proud of his northern roots and cares passionately about addressing the social determinants of health.

Stephen was the Foundation representative for RCPsych Committees such as the Choose Psychiatry Committee and the Psychiatric Trainees' Committee at the time he co-edited this issue.

Meet the Current PTC Representatives

Nikki and Stephen moved on from their positions as Medical Student and Foundation representatives on the Psychiatric Trainees' Committee (PTC) for the College as this issue transitioned from editing to publishing. To find out more about the new Medical Student and Foundation representatives, as well as locating your local representatives, please click here.

This issue was graphically edited for publication by Dr Chris Walsh, PTC Chair 2022-2023.

Exploring a career **in prison psychiatry**

Millie Walker, final year medical student, King's College London

When it came to arranging my career development placement (CDP) in my final year, I knew I wanted to spend more time exploring a career in psychiatry. I consider myself very fortunate at King's College London that the prominence of mental health in the new medical curriculum has allowed me to attend placements across a variety of mental health settings.

However, I knew I wanted to use my CDP to really push the boundaries of where I thought a career in psychiatry could take me. Following a suggestion, I contacted the forensic psychiatry service at HMP Belmarsh.

"I wanted to push the boundaries of where I thought a career in psychiatry could take me."

HMP Belmarsh is a 'Category A' prison located in South East London that is known for holding high-profile prisoners, such as those deemed a threat for national security (e.g. terrorism charges) and for containing the High-Security Unit – known colloquially as 'the prison within a prison'. The mental health team are part of Oxleas NHS Trust, and work alongside a wide range of allied health professionals to form a healthcare service within the prison.

Upon meeting the mental health team at Belmarsh, it was quickly emphasised to me that most forensic psychiatrists do not actually work in a prison setting; they are more likely located in community services or secure units. Nevertheless, each psychiatrist and mental health practitioner I met at Belmarsh described the prison environment as an extremely exciting place to work, with unique challenges that are rarely faced in the usual hospital setting.

The placement itself allowed me to see a range of psychiatric presentations including depression, anxiety, personality disorder, trauma, and psychosis. I attended reviews on the house blocks, MDT referral meetings, sat in with court liaison services, and attended the healthcare wing and their weekly ward rounds. It quickly became clear that the manner of conducting a psychiatric interview has to be adapted to such an extreme environment, with consultations often occurring through cell doors. Locating quiet places and ensuring privacy was more difficult.

Walking around the cell blocks, it is clear prison can be a difficult and isolating place to live, often contributing to low mood and poor sleep. Regular advice for sleep hygiene such as minimising noise or going outside becomes redundant within prison; this was just one of the examples of how psychiatric practice can be challenged by the environment.

A major learning point during this placement was the medico-legal role of the forensic psychiatrist, and how this can manifest in non-clinical work such as writing court reports. Liaising with the justice and court services was an integral part of their role, allowing development of extra-clinical skills and any special interest in law to be fostered. I was excited to be able to explore this non-clinical aspect of the career as an example of where psychiatric training can take you.

My three weeks spent at HMP Belmarsh were an eye-opening experience which allowed me to witness the provision of healthcare in an extreme and challenging environment, often highlighting issues of prisoner health inequality that has prompted me to learn further. The placement was a great opportunity to explore how a career in psychiatry can allow you to work in a variety of unique settings and explore non-clinical work. Plus, how many other university students can say they spent part of their education in one of Britain's most famous prisons?

Millie Walker

@millie_walker36

Reflections from an elective placement **at Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED)**

Anjli Chamdal, final year medical student, University of Leicester

MCCAED is run by Dr Mima Simic, a consultant Child and Adolescent psychiatrist, and Professor Ivan Eisler, a psychologist and professor in family therapy and family psychology. I was fortunate enough to have my 6-week elective here.

MCCAED, within the South London and Maudsley NHS Foundation Trust, was created in 1995 in response to a lack of specialist treatment for eating disorders (EDs). It treats many disorders including anorexia nervosa, bulimia nervosa, ARFID (avoidant/restrictive food intake disorder) and pica, which is a disorder centred around the compulsion to consume non-food items. They provide three main services: a national ARFID clinic, local outpatient services and the national Intensive Treatment Day Programme (ITP).

MCCAED functions primarily through its fantastic multi-disciplinary team (MDT). Due to the complex nature of eating disorders, staff members of various disciplines are needed. The MDT is made up of psychiatrists, psychologists, therapists, paediatricians, dieticians, teachers, and administrative staff. All members have a key role to play in aiding the recovering of a young person's battle with an ED.

My time was mostly spent observing ITP. This programme was created in 1995 for young people suffering with anorexia nervosa and other restrictive eating disorders. Current first-line treatment for anorexia nervosa is family therapy (NICE, 2017). However, up to 40% of young people either do not engage with treatment or have poor outcomes, requiring hospital admission (Simic et al., 2016). ITP was created as an alternative to inpatient care, providing the intensive treatment needed whilst maintaining the social and familial context. This is important because the time spent in hospital can be greatly traumatic, with patients being force fed via a naso-gastric tube, due to their critically low weight. Poorer long-term outcomes are also associated with hospital admission, alongside a higher risk for relapse and readmission (Lay et al., 2002).

"ITP has been successful in reducing relapse rates, hospital admission rates and improving outcomes for young people."

ITP currently runs 4 days a week and follows the school year with most young people attending for 14 weeks, with breaks for half-term. It has a structured programme which involves education, meal supervision, therapeutic groups, and family therapy. The basis of recovery massively depends on the young person's engagement as well as adhering to the meal plan to increase weight and family therapy as previously mentioned.

During my time, I was able to learn about the 'anorexia mind'. This label is given to the distortion anorexia nervosa creates in the young person's cognitive and behavioural patterns. Shared patterns include a need for control, anxiety, perfectionism, low self-esteem, and a difficulty in voicing feelings. This was further illustrated in my time with the paediatrician on the team who taught me about starvation syndrome. This is the name given to the effect starvation has – not only are cognitive changes seen, but there are metabolic, endocrine and a vast number of physical changes to the body (Sidiropoulos, 2007).

ITP has been successful in reducing relapse rates, hospital admission rates and improving outcomes for young people. You may be wondering, why would such a niche topic be relevant to medical students/foundation doctors? EDs are increasingly prevalent, with admission rates steadily increasing in the UK. We will come across people with EDs in all circumstances – whether it be social, professional, or personal. By educating ourselves we remain better positioned to support those around us and create a safer space for those who are struggling – and who wouldn't benefit from that?

Anjli Chamdal

RCPsych **Eating Disorder** Faculty Page

CLICK HERE

Resources

1. BEAT - beateatingdisorders.org.uk
2. Mind ED - minded.org.uk
3. NICE Guidance - www.nice.org.uk/guidance/ng69
4. Freed from ED - freedfromed.co.uk/
5. MCCAED - mccaed.slam.nhs.uk/young-person-and-families/resources/

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1. National Institute for Health and Care Excellence, 2017. Eating disorders: recognition and treatment (NICE Guidance No. 69). Retrieved from https://www.nice.org.uk/guidance/ng69
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3. Lay, B., Jennen-Steinmetz, C., Reinhard, I. and Schmidt, M.H., 2002. Characteristics of inpatient weight gain in adolescent anorexia nervosa: Relation to speed of relapse and re-admission. *European Eating Disorders Review: The Professional Journal of the Eating Disorders Association*, *10*(1), pp.22-40.
4. Sidiropoulos, M., 2007. Anorexia Nervosa: The physiological consequences of starvation and the need for primary prevention efforts. McGill Journal of Medicine: MJM, 10(1), p.20.

Why is a psychiatry rotation beneficial?

A placement in psychiatry can give you many important skills that you can use as a healthcare professional in any discipline. A high standard of communication skills are required when interacting with patients or colleagues in psychiatry. This includes spoken and written communication, as well as knowing how to interpret an individual's body language.

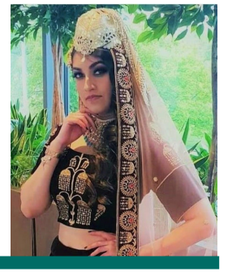
Moreover, a psychiatrist often understands the importance of recognising specific issues that patients may experience when sharing sensitive information about their personal circumstances, such as understanding their emotional needs and reacting with compassion and patience. Other skills to develop during a psychiatry rotation are inductive (analysing a situation and developing a theory about it) and deductive (using theories to test potential solutions) reasoning. Thus, you may be able to observe patterns in a patient's behaviour or examination results and identify potential causes of their symptoms.

The skills learnt and developed in a psychiatry placement block enhance your ability to work as a doctor and can be taken forward and transferred to any medical speciality.

RCPsych **Psychiatric Placements** Page

CLICK HERE

How to make the most of your **psychiatry placement as a medical student**



Aditi Mukherjee, fifth year medical student, St George's University of London

For medical students, seeing patients with mental illness is common in all areas of medicine. Initially, it can be daunting for students to see such patients, as you may worry about not being able to correctly take a focused history, as well as addressing sensitive topics or having the ability to deal with distressed patients. However, throughout your placements at medical school, there will be time and support for students to gain these skills and effectively use them as a practitioner in any specialty. This article will cover some key points of making the most of psychiatry placements at medical school.

Before Placement

It is a good idea to thoroughly go through the mental state examination and the structure of psychiatry history taking. The aim of a psychiatric history is to provide an overarching image of the individual's life and to identify biological and psychosocial factors contributing to the illness.
As well as this, revise common psychiatric conditions (such as mood disorders, anxiety disorders, personality disorders and dementias) as well as key medications and side effects. Doctors love to quiz medical students, so if you have some background knowledge on such content before you go on placement, this can be really impressive and beneficial for you!

During Placement

Make sure to contact your placement team before your start date, so they know who to expect and so they can give you any required essential information. When you arrive at the unit, ensure adequate introductions to the team.

You can mention if you have any areas specifically you want to focus on, and the team may be able to help you and place you accordingly in the department. Particularly be aware of any mandatory sign-offs you may need for the block and inform your supervisor so that they can guide you to complete these tasks appropriately. Try to follow patient journeys from start to finish, although this may be hard in the short term. Ask if there are any interesting patients to speak to, any notes to read, or any teaching sessions to attend.

Safety During Placement

Overall, psychiatric healthcare settings are safe, and the risk of harm to staff is low. However, some patients on wards may have a history of violence or unpredictable behaviour as a result of their mental illness. Good ways to ensure your own safety will be the following:

- You may be offered a personal safety alarm in an inpatient psychiatric ward. Make sure you learn how and when to use this if necessary.
- You can request the healthcare team give you patients who are low risk of violence.
- Take histories with another medical student you are on placement with, so you are not alone when clerking patients.
- Choose interview rooms with windows, so you can be seen by the medical team at all times. Sit near the side of the door in the consultation room, so if you feel uncomfortable, you can leave easily and quickly.

After Placement

Some medical students may find psychiatry placements overwhelming, so it is important to look after your own physical and mental health to ensure you can make the most out of it. Something that you can consider is mindfulness (a form of meditation focussing on actively experiencing thoughts and emotions in a given moment), which is useful to prevent burnout among physicians and students. It may also be beneficial to join Balint groups, which allow you to attend regular meetings to discuss any issues affecting you in relation to or outside of clinical encounters. Journaling can be useful for some individuals, writing down your emotions and experiences and giving yourself a chance to reflect on them. After placement, it can be good to refresh yourself - eat a proper meal, keep hydrated and give some time for yourself away from studying. If, during an interaction with a patient, you need time out, don't hesitate to take this time; you can always speak to the department team or placement lead at university, who will be more than happy to look after you.

If you are interested in psychiatry, it is beneficial to contact healthcare professionals on the team and see if you could partake in a research project, audit, or volunteering programmes. Doctors will encourage your participation and this is a great opportunity to spend more time understanding the field outside of the medical school curriculum.

The impact of race & culture in psychiatry

Dr Cecilia Vinchenzo, junior doctor, Liverpool University Hospitals NHS Foundation Trust

Health inequalities and discrimination exist within our society and profoundly impact our patients from minority communities. Those of African and Caribbean backgrounds are consistently over-represented as patients at all levels of the psychiatric ladder and experience disproportionate cases of detention, coercive treatment, and adverse care incidents.[1-3] Structural racism and economic disadvantages all contribute to the poor experience of psychiatric services reported by some minority populations. Fear of stigmatisation and discrimination can undermine resilience, hope, or motivation and can lead to delayed help-seeking and reduced uptake of medical and psychological services.[4]

Certain minority groups encounter specific issues that are less common in the universal UK population, which can bring considerable mental health difficulties (e.g. female genital mutilation and 'honour'-related abuse). Services may be ill-equipped to deal with these challenges, and without specialist input, can lead to disengagement from services and further emotional difficulties. [5,6] To tackle this, it is clear that social and systemic changes are needed, such as expanding culturally relevant psychological services and care accessibility for minority populations and greater diversity among mental healthcare staff. Some trusts employ specially trained clinical psychologists whose specific cultural knowledge of the local communities cultivates an accessible and inclusive programme.[4] A more representative workforce – although an incredibly important piece of the puzzle – cannot solve this issue alone. The question remains: how is this matter being addressed in our existing workforce?

"The question remains: how is this matter being addressed in our existing workforce?"

As a student, I attended the Transcultural Special Interest Group Annual Conference where Dr Samia Latif highlighted the concept of cultural competence – the ability to understand, communicate and effectively interact with people across cultures. In order to deliver culturally competent care we need a baseline understanding of how race, immigration status, cultural beliefs, values and practices may modify illness perceptions, illness behaviour, and acceptability of certain interventions. Without this, healthcare professionals are exceptionally vulnerable to misdiagnosis, inappropriate management and poor compliance[7]. In psychiatry, culturally normative emotional and behavioural expressions may be interpreted as pathological according to Western nosology, including the misinterpretation of customs, language, speech, and gestures. Cultural competency training can help tackle microaggressions – daily indirect, subtle, or unintentional acts of discrimination against minority groups. We can all unintentionally be perpetrators, since microaggressions are frequently unconscious. Consequently, we are unlikely to examine our own position and impact as a microagressor. We may mistake racial identities, unknowingly minimise cultural issues or subtly communicate stereotypic assumptions. The build-up of these chronic, subtle indignities can impact patient well-being and patient-clinician relationships. Recognising, accommodating and managing biases is perhaps the most difficult, but most important, aspect of developing cultural competency.

Despite a mounting body of health and educational policies that prioritise cultural competency there is remarkably little agreement on its definition or delivery of its training. Training depth and breadth varies between medical schools and between health trusts. I encourage you, as students and healthcare professionals, to approach your diversity and inclusion leads at your university and in the workplace to appeal for mandatory, well-developed, locally relevant cultural competence training initiatives to become embedded in your curricula and policies to ensure everyone receives an accurate and informative education. Confronting racial inequality and our own biases and privileges is demanding but necessary, and a conversation we need to have with colleagues, friends, families and with our educational and health institutions. The importance of developing an awareness and understanding of how racial inequality impacts mental and physical health cannot be understated and will allow us, as healthcare professionals, to remain mindful of others' lived experiences and provide better, more holistic care for the communities whom we serve.

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4. Fitzpatrick R, Kumar S, Nkansa-Dwamena O, Thorne L. Ethnic inequalities in mental health: promoting lasting positive change. Report of findings to Lankelly Chase Foundation, Mind, The Afiya Trust and Centre for Mental Health. 2014.
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7. Dein S. ABC of mental health: Mental health in a multiethnic society. BMJ. 1997 Aug 23;315(7106):473-6.

Cecilia Vinchenzo

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‘People, Places, and Things’: **a service user/medical student co-produced podcast project**

Emelia Pasternak-Albert, second year medical student, King’s College London
Acknowledgements to Amy Herbert

The quote to the right is taken from a podcast on addictions psychiatry that I co-produced with a young service user, Amy Herbert, during my second year of medical school. The podcast explored a service user perspective on inpatient drug and alcohol rehabilitation services through analysing the play *People, Places, and Things* by Duncan Macmillan.

People, Places, and Things was first performed at the National Theatre in 2015. It follows Emma, an actress who seeks care from services – and Foster, her psychiatrist who has lived experience of addiction himself.

The play is split into two acts with act one following Emma’s first admission. The acts are demarcated by Emma’s relapse, and subsequent time away from services. When she returns in act two it unfolds that the psychiatrist, Foster, has died by suicide.

Ultimately, the play is powerful in its courageous resilience and raw in its depiction of the desperation experienced by people suffering with addictions, leading them to coping via deception and masking.

Amy and I devised the podcast as part of my ‘What London Can Teach Us About Psychiatry’ student-selected component. Inpatient rehabilitation is not offered to most drug and alcohol service users in the NHS. Emma’s experience was one of private hospitals like The Priory in Southwest London, which Duncan Macmillan consulted as research for the play, and which has treated many well-known names, such as

“Recovery is ugly and not linear, but it is worth it.”

Johnny Depp, Kate Moss, Amy Winehouse, and Lily Allen.

We discussed how Emma’s journey was similar to Amy’s due to the influence of class. Amy is a writer and philosopher, as well as a service user who has lived experience of inpatient drug and alcohol rehabilitation services. We were in the same theatre group growing up, which meant they could relate closely to Emma’s character as an actor. I mentioned in the podcast that I thought of Amy instantly when first researching the play, and they were involved in the production of the podcast from start to finish as we watched it and brainstormed together. I felt this made the podcast a great success as it was so conversational and both perspectives were held as equally valuable.

In the podcast, we found that the play was deep, complex, and challenging. This was enhanced by its visual medium. Amy cited the contrast between the ‘expressionistic sequences of physical withdrawal with sobering, clinical group therapy scenes’ as representative of their own experiences.

Group therapy in particular was narrative-based, which they described as ‘overwhelmingly sociable and simultaneously somehow isolating’ – the life story assignment, where service users were deliberately given ‘no pointers’ and tasked with writing down and telling the group their story was one they particularly enjoyed as it encouraged honesty amongst the group, standing out as opposition amongst the shame that permeated everywhere else; drug users were stigmatised in a hierarchy by those who solely misused alcohol, and in the play Emma role-played countless family members and friends who others in the group had wronged, in order to practise the conversations they would need to have as part of the 12-step programme to make amends.

The journey Amy described of outpatient detox (which is the case for the majority of NHS service users) and early sobriety prolonged due to lack of monitoring and therefore relapse sounded arduous. They also highlighted that most people do not only go into rehabilitation services once, mirroring Emma’s experiences in the play.

One might see how these socioeconomic barriers, as well as the religious stigma associated with a 12-step programme, something which Amy reflected on as ‘really just something to hold onto’ after much criticism and resistance, may cause shame, exhaustion, and distress that appears like antagonism.

Something which Amy illuminated that struck me was ‘I viewed my doctors as patronising because I felt like a child’. I invite our listeners to re-examine their assumptions and embrace the nuance and complexity that addiction lends itself to.

Emelia Pasternak-Albert

PsychSoc Recommendations

Collated by Dr Patricia Vinchenzo,
Foundation Doctor

Books

- *A New Name* by Emma Scrivener
- *All the Bright Places* by Jennifer Niven
- *An Unquiet Mind* by Kay Redfield Jamison
- *Bring Me to Light* by Eleanor Segall
- *Consciousness Explained* by Daniel C Dennett
- *Cut* by Patricia McCormick
- *Darius the Great is Not Okay* by Adib Khorram
- *Delusions of Gender* by Cordelia Fine
- *Dibs in Search of Self* by Virginia Axline
- *Don Quixote* by Miguel de Cervantes
- *Drugs Without the Hot Air by* David Nutt
- *Eleanor Oliphant is Completely Fine* by Gail Honeyman
- *Eliza and Her Monsters* by Francesca Zappia
- *Every Last Word* by Tamara Ireland Stone
- *The Language Instinct* by Steven Pinker
- *Inventing Ourselves* by Sarah-Jayne Blakemore
- *I Know This Much is True* by Wally Lamb
- *It's All in Your Head* by Suzanne O'Sullivan
- *It's Kind of a Funny Story* by Ned Vizzini
- *Love and Other Gods* by Michael Nangla
- *Mad, Bad and Sad* by Lisa Appignanesi
- *Madness and Civilisation* by Michel Foucault
- *Maybe You Should Talk to Someone* by Lori Gottlieb
- *More Happy Than Not* by Adam Silvera
- *Radio Silence* by Alice Oseman
- *Say Why to Drugs* by Suzi Gage
- *Silver Linings Playbook* by Matthew Quick
- *The Bell Jar* by Sylvia Plath
- *The Body* by Bill Bryson
- *The Body Keeps the Score* by Bessel van der Kolk
- *The Boy, the Mole, the Fox and the Horse* by Charlie Mackesy
- *The Boy Who Was Raised as a Dog* by Bruce D Perry
- *The Colour of Madness by* Samara Linton & Rianna Walcott
- *The Existence of Amy* by Lana Grace Riva
- *The Gendered Brain* by Gina Rippon
- *The Inflamed Mind: A Radical New Approach to Depression* by Edward Bullmore
- *The Medical Model in Mental Health* by Ahmed Samei Huda
- *The Number Sense* by Stanislas Dehaene
- *The Perks of Being a Wallflower* by Stephen Chbosky
- *The Prison Doctor* by Amanda Brown
- *The Private Life of the Brain* by Susan Greenfield
- *Turtles All the Way Down* by John Green
- *We Need to Talk About Kevin* by Lionel Shriver
- *Weight Expectations* by Dave Chawner
- *When We Collided* by Emery Lord

Films

- *A Beautiful Mind*
- *A Fantastic Fear of Everything*
- *A Single Man*
- *Adam*
- *Analyse This*
- *Black Swan*
- *Cake*
- *Donnie Darko*
- *Equus*
- *Fight Club*
- *Frailty*
- *Good Will Hunting*
- *Greenberg*
- *I Am Sam*
- *Identity*
- *Inception*
- *Inside Out*
- *Lars and The Real Girl*
- *Little Miss Sunshine*
- *Matchstick Men*
- *Me, Myself and Irene*
- *Memento*
- *Mental*
- *My Name is Khan*
- *Mysterious Skin*
- *Of Mice and Men*
- *Once Were Warriors*
- *One Flew Over the Cuckoo's Nest*
- *Primal Fear*
- *Prozac Nation*
- *Shutter Island*
- *Sid and Nancy*
- *Side Effects*
- *Silver Linings Playbook*
- *Still Alice*
- *Sylvia*
- *Tarnation*
- *The Aviator*
- *The Butcher Boy*
- *The Cell*
- *The Fighter*
- *The Machinist*
- *The Number 23*
- *The Perks of Being a Wallflower*
- *The Skeleton Twins*
- *The Soloist*
- *The Virgin Suicides*
- *We Need to Talk About Kevin*

Documentaries

- *Afflicted* (Netflix)
- *David Harewood: Psychosis and Me* (BBC)
- *Horizon: OCD – A Monster in my Mind* (BBC)
- *Horizon: The Immortalist* (BBC)
- *Losing it: Our Mental Health Emergency* (Channel 4)
- *Louis Theroux: A Different Brain* (BBC)
- *Louis Theroux: By Reason of Insanity* (BBC)
- *Louis Theroux: Extreme Love – Autism* (BBC)
- *Louis Theroux: Extreme Love – Dementia* (BBC)
- *Louis Theroux: Mothers on the Edge* (BBC)
- *Louis Theroux: Talking to Anorexia* (BBC)
- *Magic Medicine* (Netflix)
- *The Mind, Explained* (Netflix)

With all books, films and documentaries, don't forget to check the content for themes you may find disturbing.