

The Student Associate Newsletter

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ISSUE: SUMMER 2016

Art

& mental  
health

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Front cover artwork © Emma Rengasamy (see page 7).

This is what Emma says about her artwork: ‘This drawing depicts the growing importance of heart disease and highlights the fact that it is currently the leading cause of death. The picture represents how this is a growing research area in 21st-century medicine and our efforts both as patients through lifestyle changes for example and as physicians through pharmacological or surgical interventions to manipulate or even play the “puppeteer” to our heart. However, it can also be seen as how “in control” we really are whether this is our emotion, health or decisions.’

# EDITORIAL

Creating and experiencing art has long been considered to be beneficial for mental well-being. Owing to its well-recognised healing properties, art has been used as a therapeutic intervention for the treatment of mental illness in the UK since the past century. These therapies apply creative processes such as visual art, music and dance to expressing emotions in a non-verbal format.

Today various forms of art therapy are used across the UK for a wide variety of mental health conditions. They are seen as an adjunct to pharmacological intervention and are believed to help both psychological and physical well-being.

This issue of *FuturePsych* turns the spotlight on the role of art in our lives as practitioners and showcases the work of medical students from around the UK.

We will also be reflecting on the story so far of the [#banthebash](#) campaign, talking taster modules and mental health in the foundation years, and we will share your Medfest reviews. Happy reading!

*“Art washes from the soul the dust of everyday life.”*

Pablo Picasso

# MEET THE TEAM



## **Amy Darwin** **Co-Editor**

Amy is a medical student from Leeds University, currently intercalating in MSc international health. She is a Student Associate Representative on the RCPsych's Psychiatric Trainees' Committee (PTC).



## **Laura Middleton** **Co-Editor**

Laura is a Manchester graduate currently working as an FY2 doctor in Bristol. She is also a Student Associate Representative on the PTC.



## **Chris Boyce** **Features Editor**

Chris is an FY2 doctor working in Bristol. He graduated from UCL Medical School in 2014 with an intercalated BSc in psychology.

# EXPERIENCE

## OF A 'TASTER MODULE' IN PSYCHIATRY

Recruitment to psychiatry is in crisis. The Royal College of Psychiatrists launched their recruitment strategy in 2012, aiming for a 95% fill rate to the specialty.<sup>1</sup> Actual experience of a specialty boosts recruitment into it.<sup>2</sup> Increasing opportunities for 'taster modules' in psychiatry was one initiative which hoped to allow greater numbers of foundation doctors to have postgraduate experience of psychiatry.

Dr Sara Maguire and Dr Eleanor Higgins talk with a junior doctor about their experience of a taster week in psychiatry.

### **Tell me about your training to date. Were you always interested in psychiatry?**

I am a Foundation Year 2 doctor, currently working in medicine in Belfast City Hospital. I studied at Brighton and Sussex Medical School. During my undergraduate training, I found that I was interested in the subject of

psychiatry. I was more drawn to student selected components related to psychiatry and human behaviour. I was 4th-year representative for the Psychiatry Society and thoroughly enjoyed this role.

### **What was your experience of psychiatry prior to your taster week?**

As a medical student, my psychiatry placement provided me with exposure to patients in both in-patient and out-patient settings. I experienced good teaching and met enthusiastic and motivated psychiatrists who inspired me to consider psychiatry as a career option. However, I had one negative experience on a visit to a forensic unit when a patient became threatening, which did cause me to have some reservations about psychiatry.

### **Why did you do a taster week?**

I attended a careers event on a variety of medical specialties run by my local deanery and felt particularly inspired when psychiatry as a career and the benefits of undertaking a taster week were discussed. I had previously considered doing a taster

week and this reaffirmed my wish to undertake one. My aim was to gain practical experience of working in psychiatry and to discover if this would differ from my undergraduate experience. I also wanted to have the opportunity to experience a variety of subspecialties in psychiatry.

### **How did you organise the taster week?**

I was surprised at how uncomplicated it was to organise! I spoke to a colleague working in psychiatry and he kindly supplied me with the contact details of a consultant psychiatrist. She then liaised with her registrar, who organised the week. I agreed a week of leave with my current registrar and the team were very supportive of me doing a taster week.

### **What was the structure of the week?**

The timetable for the week included half days in liaison psychiatry, outreach psychiatry, child and adolescent mental health in-patient unit, adult in-patient unit, community out-patient clinic, psychiatry of old age liaison and psychiatric intensive care

1. Royal College of Psychiatrists. Recruitment Strategy 2011–2016. RCPsych.

2. Murkherjee K, Maier M, Wessley S. UK crisis in recruitment into psychiatric training. *Psychiatrist* 2013; 37; 210–214.

unit. I also attended the weekly teaching for psychiatry trainees and the weekly teaching meeting for psychiatrists in the Belfast Trust.

**What were the psychiatrists that you met like?**

I enjoyed the opportunity to work with psychiatrists of different grades, from CT1 to consultant level. The psychiatrists I met were very enthusiastic about their profession. They took time to discuss positives of the job, including a good work/life balance, the challenges of managing complex cases, the high standard of teaching and support for trainees as well as the wide range of career opportunities. They also mentioned negative aspects such as difficult risk assessments, potential for work-related stress and challenging the negative perceptions associated with psychiatry, often due to stigma surrounding mental illness.

**Tell me about one positive experience of the taster week.**

There are many but I particularly enjoyed the visit to the child and adolescent mental health in-patient unit. I saw many

patients on the ward round, with various conditions ranging from depression to eating disorders, many of whom had a history of self-harm. I found it fascinating that such young patients had very complex issues to deal with alongside the normal challenges of growing up. I was interested in the ethos of the unit and detailed treatment planning with the multidisciplinary team. This approach enabled several patients to make excellent progress.

**Did you have any negative experiences?**

My negative experience with a threatening patient as an undergraduate meant I had some reservations about attending the psychiatric intensive care unit. I spoke with the consultant at the start of the visit. She spent time explaining safety measures for the visit and discussed background information on the patients we would meet. This helped me feel more at ease as I knew what I could expect. Following a tour of the unit, I met several patients and observed the consultant interview a patient preparing for discharge. Although this was quite

an intimidating environment, I felt that I gained a lot from the experience.

**Anything you would do differently in relation to the taster week?**

No – it actually exceeded my expectations. It was enjoyable and I got exposure to many subspecialties.

**What advice would you give to someone interested in psychiatry?**

Do a taster week! Speak to colleagues working in the specialty and join the Royal College of Psychiatrists as a Student Associate Member to keep informed of developments and events in psychiatry.

Dr Sara Maguire, ST6 psychiatry and psychotherapy, Belfast Health and Social Care Trust  
Dr Eleanor Higgins, CT1 psychiatry

# ARTWORK

## BY EMMA RENGASAMY

My name is Emma and I am a 3rd-year medical student at Cardiff University. Prior to medicine I studied medical genetics in London. My interests include psychiatry, child health and neuroscience as well as the role of art in medicine.

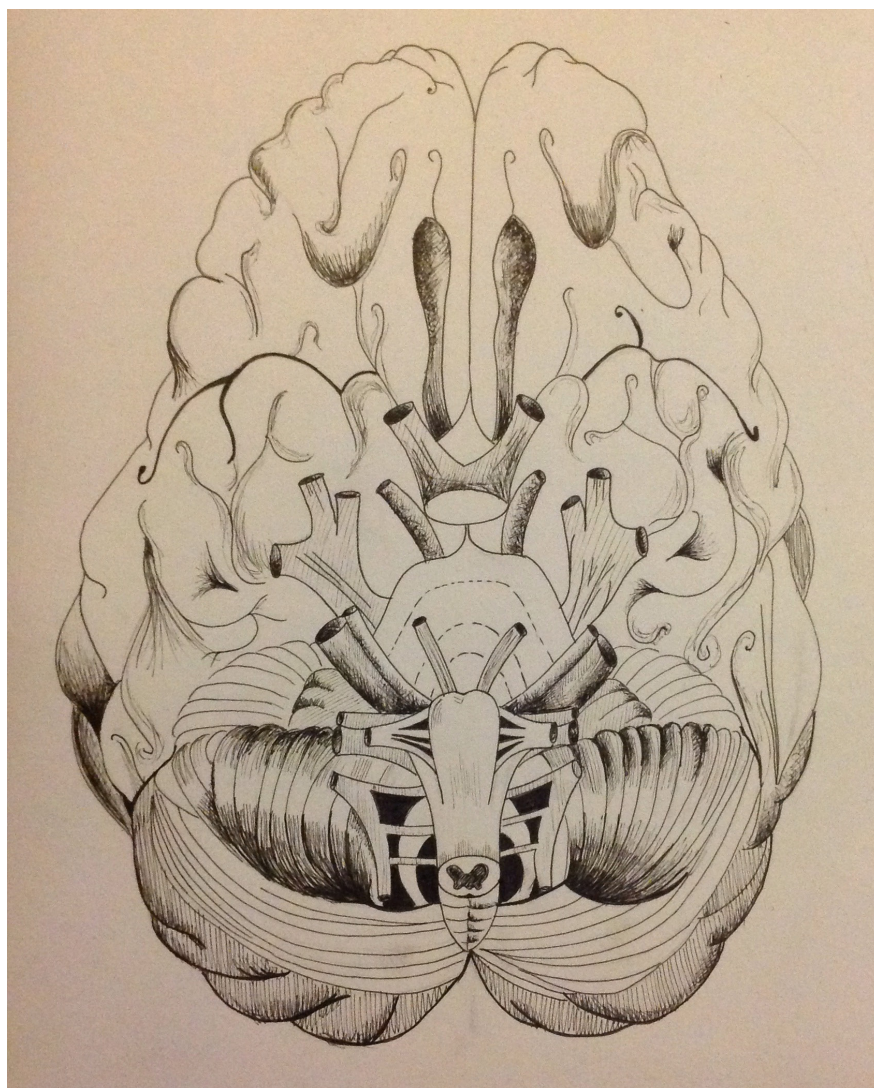
I have always been interested in art and find the ways that art and medicine interlink fascinating. Art allows us to see things from different perspectives and I have always found it so interesting how one thing can be interpreted in so many ways, whether it is the interpretation of the manifestation of an illness or the

abstract depiction of an anatomical structure.

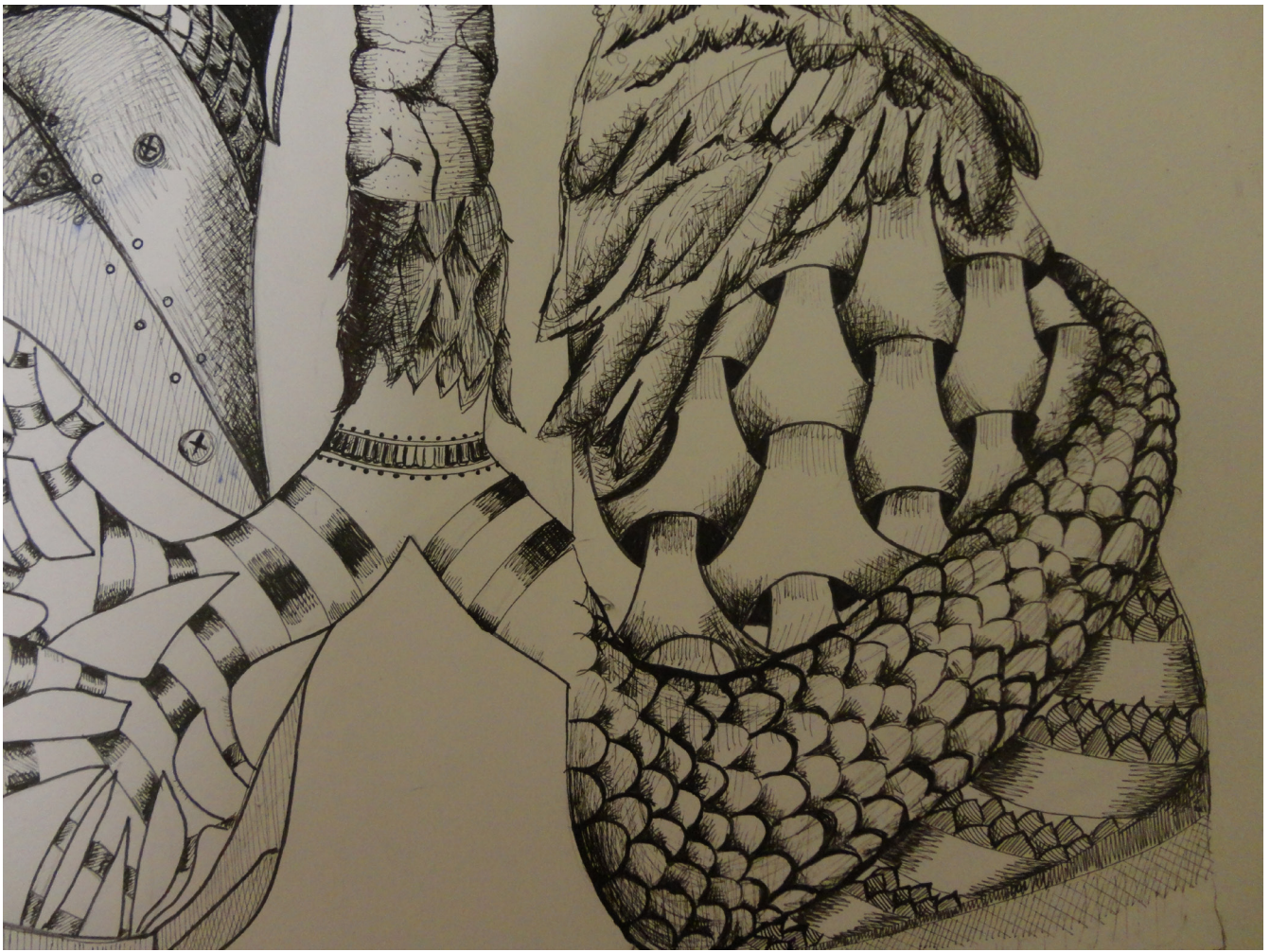
I think art is having a growing impact within medicine; from patients being able to use art as therapy to art being used as a method of patient education for children to understand more about their condition.

I have enjoyed art since school

and it has always been a hobby, but I have been lucky to be able to have the chance to carry on this hobby through medical school, through different projects, and to participate in our annual medical school art competition. For me, it is a source of relaxation, a way to express myself while being creative.



*The cranial nerves*



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### *Complexity within simplicity*

This drawing depicts the complex and remarkable nature of our respiratory system, chiefly the lungs, in an abstract manner. It also represents how the healthy lung can become diseased and demonstrates the sheer intricacy of the lungs and the myriad interconnections it represents.



# ARTWORK

BY LUISE WAGNER

## Some very personal Christmas presents

My story is a bit unusual. I am a medical student from Germany, but after 3 years of studying medicine I realised it might not be the right subject for me. I decided to take a year off, broaden my horizons and fulfil a long-cherished dream to go and study in the UK. Now I am studying psychology and history of art in Durham.

Here I have joined many societies, including Durham Art Society. I have always liked art, but have never considered myself to be an artist. The first session I attended was on abstract expressionism. I grabbed a small canvas, a broad brush and some acrylic paint, and I started working. I didn't think very much about what I was going to create. I just let my spontaneous associations loose.

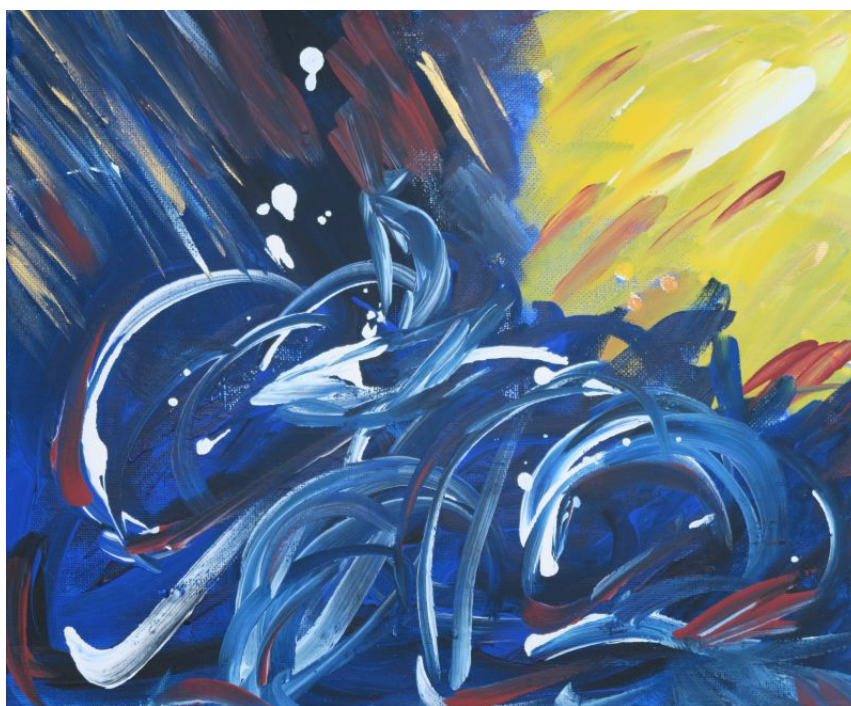
After I had grounded the canvas in blue, I washed the brush but accidentally let some water drop on the picture. At first I was upset, but when I took some cellulose to absorb the water a white spot emerged from the blue

ground, and it actually looked good. Instead of being angry about my mistake, I added more water drops to the picture and repeated the absorbing process.

Since there were not enough brushes for everyone, I became inventive about how to embellish my painting. I used the pointy end of the brush's handle to scratch some patterns into the grounding, and applied fine lines with a pencil dipped in paint. I genuinely enjoyed the art session: it was both fun and relaxing for me. I was also surprised by the

final outcome. I liked it and I felt that it represented me in some way, making a part of my inner self visible.

All this encouraged me to carry on painting and gave me a fantastic idea for Christmas presents for my friends at home. My stay abroad had made me realise how important they were to me and how happy and grateful I was to know them. I wanted to show them my appreciation of them and our friendship, even from far away. Painting personalised pictures, in which I expressed



*The sailing boat*



*Glimpse into her wardrobe*

my associations about them with colours, patterns, compositions and abstract shapes, seemed the perfect gift.

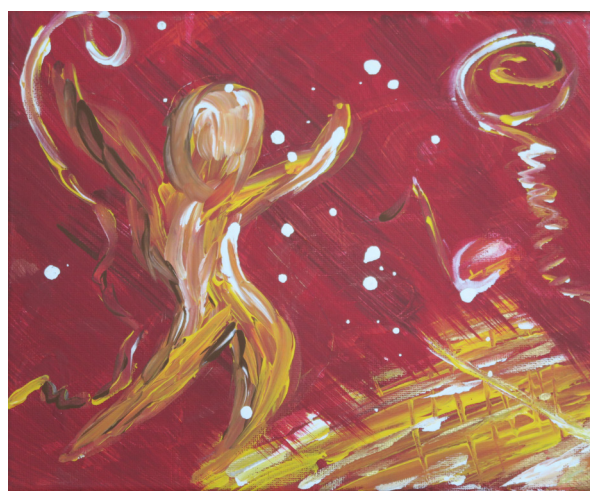
The first picture I painted was for my friend and name twin, Luise. It is a virtual glimpse into her wardrobe. The green area with the golden ornaments signifies a green sari that she got during her gap year in India, which had a lasting influence on her life. The South American patterns incorporated in the sari fabric refer to Peru – another important place for her, since she got engaged to her boyfriend there last year. Finally, the small

black area with the red flowers is inspired by the fabric of one of her favourite skirts. She has worn it at many occasions special to both of us.

I also made a picture for Luise's flatmate Lizzy. I associate her with warm colours, possibly because there is a lot of wood, red and orange in her room. Lizzy is really into music, plays several instruments and loves singing and dancing, symbolised by the dancing figure and the musical note. She is an amiable person, always fidgeting and a bit jittery, with partly confusing chains of thoughts. I tried to

visualise this with the random whirls and the imperfect character of the painting with its rugged strokes and some drops of white colour spilled over it.

The painting I made for my friend Sara I called 'Focus'. I started it right after I had learnt that her long-term boyfriend had broken up with her. I filled the painting with circles of friendly, fresh colours that she would like. It looked nice and colourful, but also overwhelming and messy – as life is after an event like an unexpected breakup. I painted a golden frame in the right upper corner of the image. This stands



*Music*



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*Focus*

for the ability to focus and keep life in perspective and is what I wished for Sara.

Another life-changing event had recently happened to my friends Frieda and Klaus. A baby had come into their lives and turned everything upside down. The upper yellow half of the painting stands for Frieda, who is always on top of things. The lower blue half could be the sea, representing Klaus, who plays water polo and loves swimming. From the side, a dominant triangle

pushes into the pictures, incorporating both colours but still having its own character. This is baby Niklas, who has changed their everyday world, symbolised by the white curl starting from the triangle.

When I came home for Christmas, I invited all my friends over for a hearty meal and handed out my presents. We had fun interpreting them in the group and discovered new details that I had not even thought about when painting. Those were

the most personal Christmas presents I have ever given. Moreover, they were probably the first ones I did not just spend money on, but gained something for myself in the process: fun and relaxation, satisfaction, and a virtual get-together with my friends.



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*Things never turn out the way you expect*

# MEDFEST 2016

## ‘FRAMING TRAUMA – CONFLICT AND MEDICINE’

Medfest is a medically themed film festival run by UK psychiatry trainees. It aims to increase interest in psychiatry and to inspire others through the use of film. Each spring, the Medfest central committee selects and screens medically themed short films to audiences at medical schools across the UK, and Medfest is now established as an internationally recognised event.

Medfest audiences comprise primarily medical students, however the events are relevant to all mental health professions. Film fans and members of the public are also very welcome. The Royal College of Psychiatrists has supported Medfest since it was founded in 2011, enabling Medfest events to be held as free events, with additional funding

from a number of national and local sources.

Having been involved for the past 2 years in organising local events in Belfast, I embraced the role of international event lead with the responsibility to curate and shape this year’s Medfest campaign from the design, web, film and script perspectives, and then bring this into fruition. With the aid of an enthusiastic central committee, comprising Prof. Ciaran Mulholland, Dr Des O’Rawe, Niall Corrigan (ST4 psychiatry), Ruth Grant (ST4 psychiatry), Zarah Fleming (4th-year student, Queen’s University Belfast), we utilised our local knowledge and interest in the relationship between conflict and mental health to put together a programme of films which

consider the depiction of trauma in film and its relationship with healthcare and medicine.

Audience members were encouraged to reflect on the impact of conflict on both physical and mental well-being in a variety of contexts, and consider positive coping mechanisms and resilience in face of difficulties.

Together with the College, the Psychiatric Trainees’ Committee (PTC), European Federation of Psychiatry Trainees, RANZCP and the College of Psychiatrists of Ireland, we identified leads for 26 UK events, with a further 4 Irish events, 3 Australian events and additional events planned at the time of writing in Malaysia, Latvia and Canada.

In the UK, all events were developed in conjunction with local





*Sir Simon Wessely and Medfest central committee members at Belfast event*

PsychSocs affiliated to universities and in the majority of cases led by a student member. The general feedback received has been exceedingly positive and the formal feedback collected is currently being collated for presentation at this year's International Congress.

The film clips this year included excerpts from a Northern Ireland Theatre of Witness production 'We Carried Your Secrets' by Declan Keeney, Oscar nominated documentary 'The Act of Killing' and Cannes Festival Official Selection film 'Of Men and War'. Together they were aptly described by Galway lead Cian Tuohy as 'heartwarming, inspiring and unsettling'.

We were honoured to have Sir Simon Wessely join us in Belfast to share his extensive experience in the field of military psychiatry. Other highlights included a first-ever event in Hull, a Skype panel member serving the Irish Defence Forces in Lebanon joining the Royal College of Surgeons event in Ireland, and wonderful live illustrations at King's College London by 2nd-year student Mao Fong Lim. The award for largest event attendance goes to Keele University lead Esme O'Loughlin, who managed to secure a wonderfully diverse and experienced panel, and a special mention also goes to David Tran for organising a successful first event in

Townsville, Australia.

The engagement with social media (@medfest, #medfest2016) has been excellent this year and has served to further raise awareness of this year's campaign. A selection of event photos will be posted on the Medfest website ([medfest.co.uk](http://medfest.co.uk)).

Dr David Bell, ST4 GAP/Medical Psychotherapy (Belfast, Northern Ireland) Medfest 2016 Lead

# Word from the Medfest team

Delighted to be in Belfast for a nearly packed house for [@medfest2016](https://twitter.com/medfest2016). If this doesn't get people excited with psychiatry, nothing will.

The enthusiasm of the PsychSocs, associated students and student audience members has been overwhelming. The organisation of local events requires considerable dedication, energy and passion and on behalf of the Medfest Central Committee I would like to thank all those involved in making this year another fantastic success. Together, we have once again

promoted the creativity and vibrancy of UK psychiatry and contributed to the de-stigmatisation of mental health.

With Medfest now established as a primary event in PsychSoc calendars across the country, I would strongly encourage interested students to give consideration towards involvement in running, promoting and attending local events. Planning for the 2017 campaign will begin in autumn this year and early expression of interest is encouraged to maintain this lively and invigorating collaboration of film, arts

and mental health. For more information, see [medfest.co.uk](https://www.medfest.co.uk) or contact [medfest2016@gmail.com](mailto:medfest2016@gmail.com)

David Bell, Medfest 2016 Lead

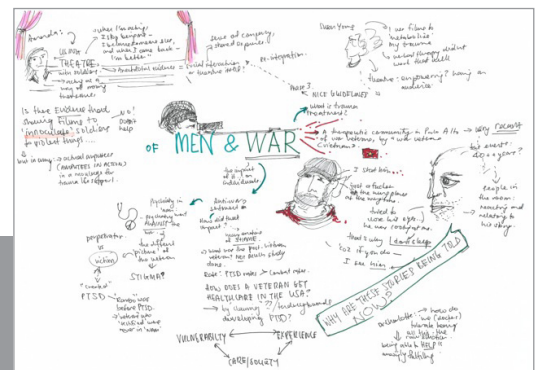
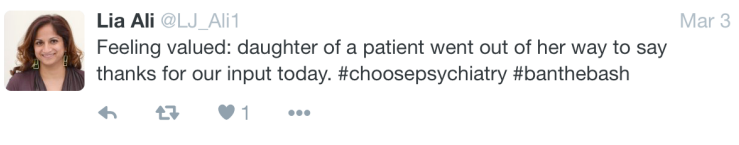


Illustration by King's College London  
2nd-year student Mao Fong Lim

# ANTI-BASH

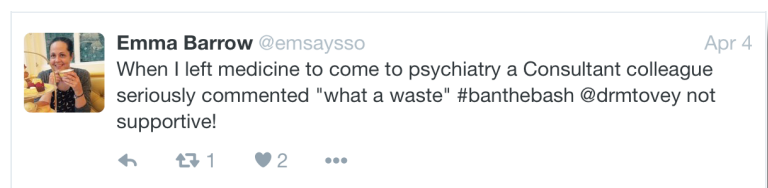
## CHANGING ATTITUDES TO MENTAL ILLNESS

How often when you tell people that you are thinking of a career in psychiatry do you get a positive response? How often are you told on placement that psychiatry is a wonderful job full of opportunity and the chance to make a tangible difference in peoples' lives? How often not?



The **#banthebash** campaign aims to increase awareness that it might be OK to joke about psychiatrists but making a mockery of psychiatry may have a knock-on effect on patients and those who **#choosepsychiatry**.

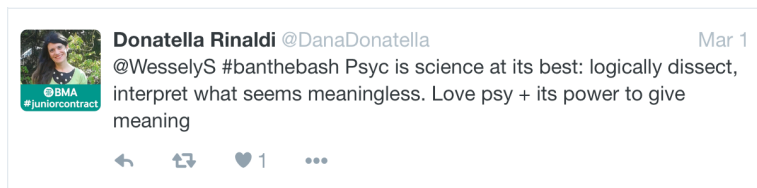
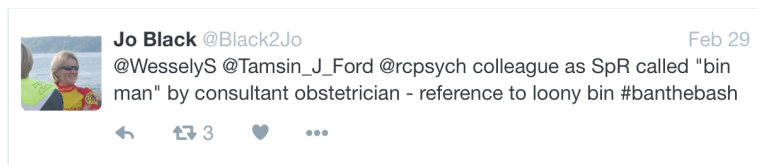
Apparently, we are fickle creatures and banter or throwaway comments on placement affect what we choose to do with our lives. As many as 27% of medical students would change their career after hearing disparaging comments about a specialty and although the vast majority of us see this sort of thing as unprofessional, over 70% accept it as part and parcel of the job.<sup>1</sup>



When the College launched **#banthebash**, twittersphere responded with examples of bashing experienced in people's early careers, brilliant things about being a psychiatrist and support for the campaign from all those working in mental health.

1. Ajaz A, David R, Brown D, Smuk M, Korszun A. BASH: badmouthing, attitudes and stigmatisation in healthcare as experienced by medical students. BJPsych Bulletin 2016; 15 Feb. Doi: 10.1192/pb.bp.115.053140.

In his address at the National Student Psychiatry Conference, Professor Sir Simon Wessely stressed that this is not a case of **#diddums**; mental health patients and services face enough stigma already and deserve the best calibre of doctors, not ones that had been put off psychiatry so early on in their careers.



## So what can medical students do?

Get involved, wear the T-shirt,<sup>2</sup> bake a cake, run a marathon, ask the College for money to support your events and take a stand against lecturers, teachers and peers who badmouth and bash psychiatrists or their patients.

2. We have free anti-BASH T-shirts for Student Associates! Request yours here: [www.rcpsych.ac.uk/discoverpsychiatry/antibash.aspx](http://www.rcpsych.ac.uk/discoverpsychiatry/antibash.aspx)



# REFLECTIONS

## ON HOW FOUNDATION TRAINING IN MENTAL HEALTH MAY JUST CHANGE YOUR MIND

### Preconceptions

Two months before starting FY2, I received an email apologising for an administrative error. I was informed that the surgical job I had applied for had been incorrectly advertised and I would be starting in psychiatry instead. I was horrified. In medical school there had been a general feeling that psychiatry wasn't worthwhile. The history taking seemed obvious and there were so few diagnoses that it felt better spending your time on other subjects. The stigma of psychiatry being a 'pseudo-science' persisted into FY1; senior colleagues would take a heavy sigh when referring to psychiatry. Psychiatrists were criticised for avoiding work or not being able to manage physical health

problems. When I told other doctors about my situation they commiserated with me. Interestingly, none of these doctors had ever done a job in psychiatry. I think the prevailing fear was that I

*'I didn't choose psychiatry, but I might do now that I've done it'.*

would be missing out on experiences that could actually help me in the future. I already knew that I didn't want to be a psychiatrist so why would I want to do a placement in it?

There were several factors that saved me from being so

close-minded. I spoke to three close friends who had done foundation placements in psychiatry. To my surprise, all three waxed lyrical about their placements and one even wanted to be a psychiatrist. Shortly after getting the email, my consultant contacted me to welcome me to the post. This, in itself, was a first. It turned out that I'd be working in child and adolescent mental health (CAMHs), with on-call work in adult psychiatry. The variety in the workload intrigued me and I was surprised to have a consultant who seemed genuinely interested in my training.

# The reality of foundation psychiatry and the potential benefits to your training

The first thing that strikes me is how wrong I'd been. Psychiatry wasn't easy. In fact, carrying out a psychiatric assessment often posed a greater challenge than any medical examination I'd performed. Imagine sitting in front of a depressed teenager at 2am following an attempted

*'The first thing that strikes me is how wrong I'd been. Psychiatry wasn't easy.'*

suicide. She has been cleared as 'medically fit' and you have to decide whether it is safe to send her home. In addition, she has decided that she doesn't want you to tell her parents what happened. Or imagine how you might manage a discussion with a parents of a child with anorexia nervosa who have recently gone

through a messy divorce. The child has relatively few pleasures left except dancing, and you have to tell them that because of her weight she can neither dance nor go to school.

The skill of history-taking is often undervalued; coaxing out a history of delusional thoughts or an auditory hallucination without colluding or distressing a patient requires mastery in communication. Regardless what career you

choose, good communication will be a prized skill, and in psychiatry, unlike other specialties, you have the time to hone your practice.

The training opportunities in psychiatry are substantial. In my post, I had 4 hours of group teaching, 2 hours of one-to-one clinical supervision and a

weekly Balint group (to discuss difficult cases). It was refreshing to work in teams that supported learning and development. I found it frustrating that in other foundation posts I was always being asked to 'chase' things and my lists of jobs seemed endless. Psychiatry isn't task oriented, each patient contact can take 1–2 hours and you have time to think things through and discuss ideas. I found that my input was genuinely valued at CAMHs and the experience gave me a good insight into the function of a multidisciplinary team (MDT). I worked with psychologists, nurses and occupational therapists, and sought their advice and experience when managing my cases. Likewise, they would often seek my opinion on patients they'd seen.

My training was incredibly varied. During normal working days I would attend clinics for new CAMHs referrals, perform medication reviews and observe different therapy sessions, including cognitive-behavioural and systemic therapy. I also assisted assessments at the paediatric unit and in local schools. During my on-calls, I covered adult mental health, performed assessments in A&E, admitted new patients and provided liaison advice to the wards for working age, forensic and old age patients. The diversity in the job was challenging but gave me an independence that I hadn't experienced before. I appreciated being able to experience the full spectrum of mental health services.

Despite the significant need for psychiatrists, psychiatry remains an unpopular specialty. One attempt to improve

recruitment rates is by increasing the number of foundation trainees. *BMJ Careers* found that 15% of FY2s who had rotated in psychiatry applied for core trainee positions, compared with 1.8% who applied after having had no foundation placement.<sup>1</sup> Although these figures aren't astounding, they do represent a correlation between exposure to psychiatry during the foundation years and choosing it as a career. I can personally attest to this; psychiatry was never a career I had remotely considered, but it now sits up high in my top choices.

The fact that psychiatry is relatively unpopular is actually one of its more appealing features.

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1. Jacques H. Psychiatry experience in foundation years is linked to higher rate of application to specialty training in the discipline. *BMJ Careers* 2013; 16 Jan.

The specialty values its trainees and offers many opportunities for research, travel and flexible training. Ultimately, I've opened up to the idea of psychiatry because I found the job interesting and thoroughly enjoyable. In retrospect, I suppose I'm quite grateful for that administrative error.

Dr Imogen Ptacek, FY2, Chichester Child and Adolescent Mental Health Services, Sussex Partnership NHS Foundation Trust



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*FuturePsych* is a newsletter for the Student Associates of the Royal College of Psychiatrists. It is produced by the students in association with the College. If you'd like to get involved, please email the editorial team at [FuturePsych@RCPsych.ac.uk](mailto:FuturePsych@RCPsych.ac.uk)