

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

### Reflection

I carried out my elective with Frankie Connell, consultant psychiatrist at The Royal London Hospital for a duration of 6 weeks. During this period I was exposed to a range of different clinical environments and an diverse array of patients. This included seeing patients in clinic at the Graham Hayton Unit, patients coming into A & E at the Royal London hospital, liaison psychiatry and ward rounds at the Mildmay Hospital in Hackney. I enjoyed every aspect of my elective and feel very lucky that my experience was so varied.

I gained a broader knowledge of general adult psychiatry and I also felt that I more fully understood the role of liaison psychiatry as a specialty (which I had never experienced before). This is particularly helpful for me as one of my FY1 jobs is in liaison psychiatry at St. George's Hospital. Two areas which really caught my attention were the role of HIV in psychiatric illness as well as ECT.

On Mondays I attended a psychiatry clinic at the Graham Hayton Unit which was specifically for those who had received a diagnosis of HIV. Attending this clinic for the past couple of weeks opened my eyes to the public's perception of HIV. Throughout medical school we are taught extensively about HIV and associated illnesses. There was a lot of emphasis on the effectiveness of current treatment compared to what was available in the 80s and 90s. Our lecturers focused on minimising the stigma associated with HIV. We were taught that HIV is no longer the devastating disease that it used to be as recent drug developments mean that life expectancy is no longer reduced. This gave the impression that people with HIV led a completely normal life. Throughout my years at medical school I began to think of HIV as any other chronic illness and almost forgot about the stigma associated with it. As a doctor it is important to work to help minimise the stigma associated with an illness as well as educate people on the disease. In order to effectively do this we must realise that HIV is viewed very differently by the non medical community.

Due to my own perception of HIV, I was initially shocked to discover that some patients at the Graham Hayton Unit felt so ashamed of their diagnosis that they did not feel that they could speak openly to friends and family about it. It quickly became evident that cultural beliefs and lack of understanding about HIV played a role in these patient's perceptions - something which is difficult to overcome if not spoken about. Many patients would try and hide their HIV diagnosis from their families. In one unfortunate case the hospital had accidentally divulged a patient's diagnosis to a member of their family. This led to the patient feeling extremely isolated as their family took 'precautions' against contracting the virus, such as cling film on toilet seats etc. Another patient did not feel able to participate in activities they had previously enjoyed for fear of infecting other people. When further questioned about this it became evident that the patient did not understand that HIV is predominantly transmitted through intravenous drug use and sex and is virtually impossible to contract via open wounds. This patient felt that she could no longer go hiking due to the fear that she may cut herself and require assistance from another person. She said that her diagnosis was always on her mind, and every day when it was time to take her ARVs and her alarm went off it made her very upset.

Every Tuesday and Friday we spent the morning doing ECT. When I began my elective I had seen ECT once before on my psychiatry placement during the previous year. During this placement in my fourth year I saw a drastic change in a patient with catatonia go from not eating or speaking to eating drinking and even smiling. However, I had heard mixed things about ECT so was keen to see the effect on patients over my six week placement.

ECT has quite a stigma attached to it probably through a number of negative depictions shown in older films and a lack of understanding of psychiatry generally. There tends to be a belief that ECT is given to those against their will, that it is painful and that there are very severe cognitive side effects. While the latter may be partially true it is often under appreciated (by the public and also a lot of medical professionals) that serious depression in itself can lead to cognitive impairment. ECT can, therefore, be protective in this way.

When telling friends and family that a large portion of my elective was spent doing ECT I could see the look of horror flash across their face (however, short lived as I went on and on about how fantastic it was). Additionally, it was evident that a number of medical personnel, including a few members of theatre staff were extremely sceptical about ECT due to their own preconceived notions about it.

After the second week it became apparent to me that ECT was drastically improving the mental state of the patients undergoing courses. It was exciting seeing the almost immediate effects. One patient particularly stands out in my mind - a lady who had undergone treatment two years previously had experienced another episode of severe depression and was keen to undergo another series of ECT as the first course had been so effective. She was prescribed a lengthy course and was nearing the final sessions when she said that a lot of her physical symptoms of depression (sleep, appetite etc) had improved but she still didn't have the 'sense of wellbeing' she had experienced from the previous course. Last Friday when we walked into the resuscitation area where she was waiting for us, it was immediately evident that she had turned a corner. When speaking to her she expressed such gratitude to Frankie and said that she felt like herself again. This was one of the most powerful moments I've experienced in medicine and, in my opinion, demonstrates compelling evidence for the use of ECT. I feel very lucky that I was able to witness this transformation during my six week placement.

All in all I have thoroughly enjoyed my elective. I have found it to be an educational and insightful experience. I have learned to appreciate the importance of a detailed understanding of both diagnosis and treatment of stigmatised areas of medicine, and the pivotal role of public education in overcoming the negative connotations for improved patient outcomes.