

Psychiatry: A Medical Students Insight

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“Psychiatry is an unattractive profession” - A bold statement to be made by medical students who have committed four years to this vocation, with an additional lifetime to follow. However, if facts and figures are to be believed medical students are turning their backs on this once valued and highly sought after profession and are chasing the glamour of emergency room medicine, serialised by popular television programmes. Within the UK approximately 4% of newly-qualified doctors specify Psychiatry as their first preference¹, a remarkable low number, considering vast numbers qualify every August.

Maybe approaches like The Student Psychotherapy Scheme (SPS), implemented some 43 years ago at University College London is needed whereby, medical students were given the opportunity to experience the doctor-patient relationship in a psychiatric setting. This led to a higher proportion of students choosing Psychiatry as a speciality, compared to a control group that were not given the opportunity.

The influence of a student psychotherapy scheme – a 10-year retrospective study (2004)²:

163 medical students undertook the SPS scheme, of which 77 replied to the questionnaire. Of these, 11, (14.3%), had become Psychiatrists, who had not thought about doing Psychiatry before entering the scheme. In the control group of 152, of which 128 responded, only two, (1.6%), had become Psychiatrists, who had not thought about this speciality at the same stage.

So why did the SPS have such an impact improving recruitment rates amongst medical students? From my point of view, it seems to be simply due to exposure. Exposure to the unknown and familiarisation of a speciality that is not regularly given the time and efforts during our medical training at University.

Our time in Psychiatry was punctuated by apprehension and a sense of intrigue. The hesitancy was rooted in preconceived notions that we were being sent to a sanatorium, whereby we would be battling to shake off patients that had latched on to my trouser legs in a bittersweet attempt to escape everyday - thankfully that never came into fruition. However, what did occur was far more surprising. We could see ourself pursuing a career in this speciality in the not so distant future. With acute medical emergencies, there seems to be an emphasis placed on ‘patching’ patients up and sending them home in an attempt to

meet targets and tick all the boxes. With Psychiatry you play the ‘waiting game’, it requires patience, the efficacy of treatments rely on regular and lasting compliance, and the majority of benefits are seen in the long-term rather than in an acute setting. Maybe the high rate of morbidity in psychiatric illnesses we see in our ageing population is dissuading potential Psychiatrists. Whatever the reason, there is a risk that this speciality will be understaffed in the future, creating a vacuum of care for those that really need it, especially when they do not have the mental faculties to be aware of their own needs.

The problem with Medicine as opposed to other careers is the wide range of specialities and sub-specialities that are available to students once they have finished the formal University training. There are the baseline individual specialities, such as Surgery, Medicine or General Practice – all of which have sub-specialities, intensifying their focus on particular area of clinical care available to patients. Perhaps that is why, in most cases, students allow their path to be dictated by their interests rather than the greater good of Medicine as a whole. As stated, there is a current crisis in Psychiatry, with only a 4% recruitment of newly qualified doctors. The 5-year undergraduate medical degree only allows a small window of exposure to Psychiatry and this is not enough to be able to explore the speciality and come to a conclusion, which would affect the students for the rest of their lives. Perhaps the short period of exposure continues to exacerbate the problem that most medical students view Psychiatry as a separate entity to Medicine, completely devoid of concrete management, unable to implement true and tested methods that would guarantee a cure.

There are 12 different sub-specialities in psychiatry³, of which we were exposed to General Adult and Old Age Psychiatry, from our time there we were able to experience the full spectrum of presentation, from the difficulties of dealing with mentally unstable patients, to the satisfaction of seeing slowed and gradual progress in someone’s mental wellbeing. What Psychiatry offers, that some fields tend to lack is *rappport*, created by extended patient contact and treating them as a *whole* rather than a specified issue. It dawned on me that even general practitioners do not have the luxury of getting to know their patients as well as Psychiatrists and that appealed to me a great deal, as I believe in the holistic approach to management. However, Psychiatry is still viewed as being disconnected from the rest of Medicine, perhaps due to the different history taking

techniques, the lack of focus on the practical skills of medicine, the 'trial and error' method of therapy, whereby if one drug does not work another is given. Instead the focus lies on communication skills and other psychosocial aspects and this I find dissuades many of my colleagues, as there is nothing tangible for them to get to grips with and apply their knowledge to. In hindsight, Psychiatrists are not wholly responsible for just the mental health of a patient, but it does fall within their remit to identify, and manage co-morbidities they may have as well. A sound knowledge of all aspects of Medicine is required, and maybe the fact that 'mind and body' needs treating discourages future Psychiatrists.

Overall, there have been many times when we have been surprised at our own interest in Psychiatry. It is comforting to know that it is a welcoming speciality, unlike many other competitive specialities where there is intense pressure and any sense of enjoyment or achievement may be diminished. There are also immense opportunities open for research, even at this level as a medical student. Undoubtedly compared to other fields, Psychiatry offers a balance between work and personal life. Our only regret is that we did not have the opportunity to experience everything that Psychiatry has to offer, and make a more informative and well balanced decision on where my future lies within Medicine. Perhaps we will take the initiative to explore this field in my own time. One thing is for certain, Psychiatry is a dynamic field with many opportunities, and should not be disregarded for the flashing blue lights of emergency medicine.

COMPETEING INTERESTS

None Declared

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