

Correspondence

More support from mental health trusts needed to enable exposure to psychiatry for secondary school pupils

The article by Kennedy & Belgamwar¹ nicely illustrates the importance of work experience in psychiatry for secondary school pupils. Unfortunately, this can be difficult to arrange in mental health trusts, despite recent guidance by the Royal College of Psychiatrists.²

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) Medical Education Department recently joined forces with Bristol University to provide a week-long summer school event for local sixth-formers. This programme included 2 days of work experience with consultant psychiatrists and their teams as well as half a day with local general practitioners. This followed extensive work by AWP to change their work experience policy to allow 17-year-olds to participate.

Our event consisted of taught sessions, similar to the programme detailed by Kennedy & Belgamwar, to help the sixth-formers explore what it might be like to be a medical student and doctor, as well as a session entitled 'What is mental health?'. Our aim was to additionally support sixth-formers in their application to medical school and so we also provided sessions for personal statement advice and interview practice. We held an evening social event with an opportunity for parents and guardians to attend a question and answer session while the pupils watched and discussed a film related to psychiatry. A summer school competition was held encouraging pupils to write a reflective piece on their experiences of the week, for which they produced some excellent and thoughtful pieces of work. All pupils were allocated a mentor, either a medical student or trainee in psychiatry, to provide support before, during and following the event.

Feedback from participants, parents and teachers has been very positive following our event, with pupils particularly valuing work experience, personal statement advice, interview practice sessions and being allocated a mentor. It was fantastic to hear them talking about their positive experiences of psychiatry during mock interview practice sessions. Encouragingly, 67% of our participants said that they would consider a career in psychiatry ('strongly agree' or 'agree') following the event.

Kennedy & Belgamwar's piece gives some excellent ideas for work experience programmes for secondary school pupils. I hope that more work experience and summer school programmes such as ours can be developed across the country, with the success and positive outcomes shown encouraging mental health trusts to lower their age limits for work experience to enable this.

1 Kennedy V, Belgamwar R. Impact of work experience placements on school students' attitude towards mental illness. *Psychiatr Bull* 2014; **38**: 159–63.

2 Mynors-Wallis L. College Position Statement: Work Experience in Psychiatry. Royal College of Psychiatrists, 2012. (<https://www.rcpsych.ac.uk/pdf/Position%20Statement%20on%20Work%20Experience%20in%20Psychiatry.pdf>).

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Availability of work experience placements in psychiatry: the real picture

We congratulate Kennedy & Belgamwar¹ for adding to the evidence base for the beneficial effects of work experience placements (WEPs) for secondary school pupils on stigma and recruitment, the two major problems facing psychiatry.

We searched the websites of all 54 mental health trusts (MHTs) in England and Wales for information regarding WEPs in clinical settings for 16- to 18-year-olds; only 11 mentioned WEPs. Of those, two confirmed that WEP was not available and one offered WEPs only in non-clinical areas. We then contacted all the 54 MHTs under the Freedom of Information Act and inquired whether they offered WEPs in clinical settings to 16- to 18-year-olds. (The National Research Ethics Service confirmed that this study did not need ethical approval.) Twenty-five MHTs either did not respond to our inquiry or did not offer WEPs. Among the 29 MHTs that offer WEPs, 9 offer placements only in non-clinical areas. Responses of 12 MHTs were ambiguous, for example they would offer WEPs on an *ad hoc* basis, on a limited basis, possibly not frontline, in low-risk areas, etc. Only 8 MHTs offer WEPs in clinical areas for sixth-form pupils aged 16-18 years.

Our findings suggest that the WEPs in psychiatry, the key initiative to solve the twin problems of stigma and recruitment, are not working. Sixth-formers often struggle to get WEPs in psychiatry. Most MHTs websites often offer little or no information on WEPs. On the other hand, many mental health professionals state that they are keen to offer WEPs, but have no guidance. The few students who do manage to get WEPs in psychiatry do so because 'they know someone who knows someone'. Many consultants offer informal WEPs on their own initiative and at their own risk because their employer MHTs does not have the relevant policies.

We urge the College to develop a policy template for MHTs for WEPs for pupils, and to support MHTs to improve access to clinical WEPs, ensuring that information is readily available online.

1 Kennedy V, Belgamwar, RB. Impact of work experience placements on school students' attitude towards mental illness. *Psychiatr Bull* 2014; **38**: 159–63.

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Mainstream media today: the contemporary challenge in rebranding modern psychiatry

While the issue of stigmatisation of psychiatry and psychiatrists is one that requires attention today, the demonisation of psychiatrists in fiction is an unashamedly historical piece.¹ Novels and comics discussed by Hopson were published in 1868, 1923, 1946, 1951, 1952, 1954, 1962, 1964, 1965, 1971, 1976, 1988, 1995, 1996, 2001 and 2008. Many describe a bygone era for society and for psychiatry. In

addition, while they may make powerful reading, many have gained comparatively few readers; while the name Hannibal Lecter has reached the mainstream, only an elite group of literature aficionados might be influenced by Jacqueline Roy's *The Fat Lady Sings*. I would like to point the reader towards mainstream Hollywood thriller *Side Effects*, released in 2013. There the hero is a psychiatrist played by Jude Law, who struggles against unjust persecution and eventually triumphs; one could scarcely wish for a more handsome, famous or successful actor to represent their profession. Total box office gross takings topped 63 million USD – so we can assume that millions of cinema-goers paid to enjoy (and be influenced by) this film – and the movie was equally popular with critics. What about the Channel 4 *Goes Mad* season in 2012 – supported by Mind and the Time to Change campaign? Or the recent blanket coverage, virtually all sympathetic, of the mental illness suffered by Robin Williams before his suicide? While media-driven stigmatisation of psychiatry continues to challenge patients and psychiatrists, engagement with the populist, mainstream, contemporary media is essential. It may not be the same media enjoyed by highly educated, erudite psychiatrists, but mainstream media is a powerful force which influences vast numbers of people from all walks of life. To harness its power, we first need to tune in. Then we need to participate because if we do not, the cultural conversation will continue without our voices being heard.

Declaration of interest: Before studying medicine, I worked for over a decade in the media, as an executive producer of radio documentaries for the BBC and then a producer/director of populist documentaries such as *Supernanny*, broadcast in the UK and all over the world.

1 Hopson J. The demonisation of psychiatrists in fiction (and why real psychiatrists might want to do something about it). *Psychiatr Bull* 2014; **38**: 175–9.

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More case reports in child psychiatry needed

For some people, case reports and case series are at the cornerstone of medical progress as they permit the discovery of new diseases, unexpected effects of treatments, recognition of rare manifestations of disease, and have a key role in medical education. Although regarded at the bottom of the evidence-based hierarchy, case reports hold advantages over the gold standard of randomised clinical trials. These, although having the power to provide a statistical answer for well-defined clinical questions, are expensive, can take years to conduct and may encounter ethical problems. Moreover, it may be impossible to collect adequate numbers in some rare medical conditions. Case reports can be published quickly by busy clinicians with an invaluable experience working in a naturalistic environment and can offer detailed information on the variables of a particular patient that do not always have space in a clinical trial.¹

Authors like Jenicek² highlight how the concept of evidence-based medicine is intrinsically linked with case reporting as they are often the 'first line of evidence' and an active example of deductive reasoning. Let us not forget that the history of modern psychiatry is full of examples – Emil Kraepelin, or Leo Kanner as a representative of child psychiatry

– where the detailed study of individual or multiple cases led to the identification and grouping of patterns of symptoms from which the diagnostic categories widely used nowadays were derived.

In my career I have published several cases reports. Each of them has been a reminder of the fact that in our practice, clinicians encounter challenging cases with unusual presentations where there may be limited evidence-based knowledge with which to make management decisions. And it is in these situations where careful consideration, assessment of the clinical picture, history of the symptoms, and discussion and consultation with colleagues and relevant professionals have proved a helpful pragmatic approach in making decisions on how to manage a complex presentation.³

Child psychiatry is a specialty that represents extremely well the complexity of cases with multiple biological and social interactions. My current job at the National Deaf CAMHS is even more representative. One of the challenges when working with deaf children with mental health problems is to produce research applicable to this population, mostly because there is not a consistent profile of a 'deaf child': varied causality, including genetic conditions, different levels of deafness, additional special needs, etc. This context makes the need for sharing clinicians' experience through case reports even more relevant.

The guidance on supporting information for appraisal and revalidation issued by the Royal College of Psychiatrists in September 2014 includes a 'case review or discussion . . . to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work.'⁴ But other forums, such as peer reviewed journals, devote less and less space to case reports, including case reports in child psychiatry, which are almost non-existent in high impact factor journals despite the development in recent years of clear guidelines to ensure rigorous reporting.⁵

Now more than ever, we need case reports to reinvigorate child psychiatry and keep our clinical skills sharp.

- 1 Yitschaky O, Yitschaky M, Zadik Y. Case report on trial: Do you, Doctor, sweat to tell the truth, the whole truth and nothing but the truth? *J Med Case Rep* 2011; **5**: 179.
- 2 Jenicek M. *Clinical Case Reporting in Evidence Based Medicine* (2nd edn). Oxford University Press, 2001.
- 3 Fernandez V, Davies S. Treatment dilemmas in a young man presenting with narcolepsy and psychotic symptoms. *Case Rep Psychiatry* 2011; doi: 10.1155/2011/804357.
- 4 Royal College of Psychiatrists. *Supporting Information for Appraisal and Revalidation: Guidance for Psychiatrists* (College Report CR194). Royal College of Psychiatrists, 2014.
- 5 Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D, et al. The CARE guidelines: consensus-based clinical case reporting guideline development. *J Med Case Rep* 2013; **7**: 223.

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A proactive and acceptable clinic solution for patients with medically unexplained symptoms

In their service development for medically unexplained symptoms (MUS), Röhrich & Elanjithara¹ bring much-needed