The Royal College of Psychiatrists is keen to attract high-calibre doctors to the specialty of psychiatry and to foster good attitudes towards psychiatry and the College as a whole. The Psychiatric Trainees Committee and the Board of International Affairs therefore offer bursaries for medical students looking for financial support with their electives in psychiatry or to undertake research in the UK or overseas. Three recipients of these bursaries have contributed correspondence on their experiences.

Psychedelics and psychiatry

Sir: In 2008 I received a bursary from the Royal College of Psychiatrists to contribute towards expenses incurred during my medical elective in the USA, ‘Psychedelics and psychiatry’. This letter gives an overview of my experience to date and plans for the remainder of my project.

Psychedelic drugs, medicine and popular culture have a turbulent past. Intense research into hallucinogenic substances followed Albert Hofmann’s legendary ingestion of LSD-25 in 1943 (Hofmann, 1980). The potential of psychedelics as psychiatric drugs led to several undergoing diverse trials, ranging from adjuncts to psychotherapy to the treatment of addictions (Abramson, 1967; Passie, 1997). Over 2000 papers documenting the safe use of psychedelics in more than 40000 patients had been published by the mid-1960s (Sessa, 2005). Although the scientific vigour of some work is questionable by today’s standards (Grob, 1994), enough potential was shown to warrant follow-up. This never happened; LSD was adopted by the counter-culture and subsequently blamed for the social unrest of the time (Grob, 1994; Dyck, 2005). By the early 1970s, increasingly strict legislation and lack of government support halted research into psychedelic substances.

Psychedelic medicine is now experiencing a renaissance, however, with several active groups worldwide (Sessa, 2005). I chose to join Dr John Halpern’s Laboratory for Integrative Psychiatry, Addictions Division, at McLean Hospital, Harvard, as a research assistant for 2 months. Dr Halpern has over 10 years’ experience in the field, McLean is world renowned for psychiatric research, and Harvard has historical links with past psychedelic studies.

The first part of my elective has focused on non-clinical work. I have been actively involved in the construction of a new trial, learning about study design, proposals, applications, protocols, informed consent, legal requirements, institutional review board (IRB) approval and funding issues. The trial is a randomised, placebo-controlled study of psilocybin for the treatment of episodic cluster headache. Psilocybin is the hallucinogenic active ingredient of ‘magic mushrooms’. It is an indole of the tryptamine family of compounds.

I will have the chance to discuss the prospect of psychedelic therapy with potential patients, and meet leading European psychedelic researchers as part of this project. This new trial is currently under IRB consideration and their feedback will provide a valuable learning opportunity.

The second part of my elective focuses more on clinical experience. Recruitment is ongoing for another trial, in which patients with refractory anxiety related to a diagnosis of cancer undergo a number of psychotherapy sessions while under the influence of MDMA (or active placebo). MDMA (3,4-methylenedioxyamphetamine) is a member of the amphetamine class of drugs, and is more commonly known by its street name ‘ecstasy’. I will be able to observe psychotherapy under these unique circumstances and learn some of the practicalities of running experimental sessions.

My last task will be designing an online survey for MDMA users with autism-spectrum disorder to help gather data for a series of case reports as groundwork to support future clinical trials.

Finally, I have just learned that work on an unexpected offshoot of my elective project has led to my first academic publication (Halpern et al, 2008).

My brief experience of psychedelic research has exposed me to a diverse array of subjects beyond the core medical curriculum, as it touches upon medical, ethical, philosophical, spiritual, social and legal issues. Over 60 years since ‘Bicycle Day’ (Hofmann, 1980), these fascinating substances still prove controversial. Technology has now made it possible to visualise the brain in action; psychiatric research is on the brink of a revolution. Nevertheless, with a history of shamanistic use dating back millennia (Schultes et al, 2001), perhaps current psychedelic research is rediscovering what could arguably be described as the oldest branch of medicine.

Sean Doherty
Year 5 medical student, School of Medicine, Cardiff University, Wales, UK, email dohertys1@cardiff.ac.uk

The doctor–patient relationship in Australia’s Northern Territory

Sir: In the summer of 2007 I spent 6 weeks in the northern Australian city of Darwin. During this period I had the privilege to work in the Royal Darwin Hospital alongside the renal medicine team. While undertaking this placement, I was exposed to the fascinating lives, and plights, of the Aboriginal people who heavily populate this region.

During my stay I became intrigued by the differences that I observed in the doctor–patient relationship between Western Australians and this sub-population, in particular, the nuances that were adopted by the medical professionals in their struggle to accommodate Aboriginal traditions, beliefs and culture while they were attempting to employ mainstream (biomedical) Western medical concepts. My work focused on observed differences in both verbal and non-verbal methods
The mental health initiative of the Association for Health and Welfare in Nilgiris

Sir: I spent my medical school elective placement in the foothills of the Nilgiris valley in the southern Indian state of Tamil Nadu. The mental health initiative of ASHWINI (Association for Health and Welfare in Nilgiris) works among the Adivasis ‘original inhabitants’ of the Gudural and Pandural Taluks. I was particularly interested in understanding the influence of the delivery of mental healthcare. The opportunity to conduct qualitative interviews with community mental health workers and practitioners gave me an insight into native experiences of mental health within a specific environment.

Although there was strong representation of biomedical ideas among the community mental health workers, a biomedical model inadequately resonated with the complexity of individual concepts of illness. Care was delivered in a combination of mystic models (more akin to community ways of thinking) and biomedical models (representative of allopathic medicine). This combination forms a holistic medium in which patients are cared for with spiritual, physical and social welfare considered. I found ASHWINI’s healthcare delivery impressive, arguably affording patients a better prognosis when managed within a community rehabilitation system, than did the frequently fragmented care and social isolation I have witnessed in the UK.

Adivasi culture is very inclusive, with exclusion from society a rarity. I was introduced to the idea of mental disorders appearing in Western criteria may represent behaviours in Adivasi societies accepted within the spectrum of normality. There is a danger in introducing Western classifications into mental health practice in diverse communities in which the distinction between disease and psychiatric disorder has been confused, and the mapping of criteria for pathology onto culturally diverse experiences may be false and clinically useless. Research has highlighted the need to understand the common symptoms of mental illness and social pressures acting on society in the creation of effective services. The overwhelming need is not to develop a universal gold-standard model of care, but one that is culturally meaningful. The most valuable lessons from this research are the cultural insights offered about Adivasi communities, for example the need for prevention and assessment of suicide risk (the most common outcome of those with mental illness) and acknowledgement of the central role of the family unit within the community when diagnosing and managing psychiatric illness.

Ultimately, the greatest priority in mental health is appropriate and accessible services. In order to create effective, community-oriented interventions there is a need for exploration and understanding of family dynamics. I hope that the research I conducted with the aid of the bursary will both provide further perspective on the delivery of effective mental healthcare and contribute to the development of culturally sensitive interventions.

Lauren Hill
Year 5 medical student,
Brighton and Sussex Medical School