

Psychiatry, COVID-19 and Medical Education: A Challenging Triad?

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Psychiatry as a specialty is a core part of the medical school curriculum from its start - the pre-clinical years. Despite this, there is a demonstrably low uptake for it as a specialty. The COVID-19 pandemic has impacted all sectors of healthcare, and psychiatry especially so. It has forced us to change the way we practice medicine and has turned our attention to mental health due to the negative impact on healthcare workers and patients' state of mind. It is at this time that a rapid focus on mental health has been demanded; perhaps it is time for a well-needed change to prepare the future cohort of healthcare workers for the inevitable challenges of the future.

For decades, working in psychiatry has had negative connotations associated with it [1] which include the demonization of psychiatric patients, the mentally draining nature of the job and therapeutic pessimism. This viewpoint is further compounded by students' cultural, religious and spiritual beliefs. The predominant factor of this regrettably negative outlook is associated with the misconceptions and stigma that surrounds mental health, even in the 21st century. Unconscious biases are unfortunately extremely common and must be challenged, including and especially in medical staff.

As current medical students in the UK, we have had first-hand experience of psychiatry placement in both primary and secondary care. We have personally experienced the disappointing lack of enthusiasm of most students towards psychiatry clerkship. This is due to a variety of factors, most importantly the negative attitude of potential role-models regarding mental health care. This can act as a strong deterrent towards impressionable medical students. These students may begin to internalize the idea that the specialty is not to be valued, based on what their tutors and mentors suggest. We believe that adjustments need to be made to the psychiatry training programme of medical schools, to challenge and improve students' perceptions of this field. By taking proactive steps to emphasize the significance of psychiatry, we can ensure that the next cohort of doctors are more competent in recognizing needs in their own mental health and that of those around them. Thus, when faced with mentally and emotionally challenging events in life, such as

the current pandemic, we may be able to deal with its consequences effectively.

Mental health issues present in all specialties and clinical settings, making it a core contributor to patients' overall health. Healthcare practitioners advocate holistic medicine which encompasses both physical and mental health; in fact, the World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [2]. Therefore, it is paramount that medical students appreciate and are sufficiently equipped with the skills and knowledge to care for all patients' mental health, as well as their physical health. In our current curriculum, psychiatry is covered as a discrete placement block: it could be more beneficial if integrated into other specialties and covered with greater depth and nuance. Not only will this provide students with increased exposure to this specialty but it will increase their confidence in assessing a person's mental health, making them more competent practitioners overall.

Research utilizing Attitudes Towards Psychiatry questionnaires have empirically demonstrated that medical students view psychiatry positively despite potential negative misconceptions [3]; however, there still remains an inadequate number of students pursuing it as a long-term career. This phenomenon is evident on a global scale and shows that large changes are required for the current teaching of this specialty. At present, psychiatry training is being incentivized in the UK with a special flexible pay premia for 'hard-to-fill' training programmes like psychiatry[4]. This stimulus is slowly influencing psychiatry recruitment levels in the National Health Service but there is much to be done in the meantime.

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We believe that more effective measures can be taken: promoting psychiatry in medical school, whilst many students are in their early training and deciding their specialty, is likely to be more effective than encouraging it later on in their career. It would allow students a greater insight into psychiatry as a career and would therefore give them the chance to build their portfolio and interest in this subject. Going back even further in a doctor's career journey, medical schools could encourage the enrolment of potential psychiatrists by accepting Psychology as an alternative science A-level in applications, and the equivalent in other countries' medical schools. In the UK, only 6 of 42 medical schools accept Psychology as an appropriate subject to progress to interviews - a statistic which needs to increase.

COVID-19 has resulted in a huge rise in mental health problems which has led to a greater demand for mental health services. At the moment, we are witnessing a recruitment predicament across the psychiatric field, including other medical staff such as mental health nurses. This is likely to persist in the future and the healthcare sector needs to be prepared to meet the needs of the public by training enough staff. Through implementing comprehensive measures at various stages of a doctor's career path, the recruitment level of psychiatry trainees will increase for the overall benefit of patients and other mental health staff.

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