# Stigmatising Attitudes to Mental Health

Unless you have been in wi-fi and mobile free zones, such as Antarctica or the outskirts of Hastings as I was last week, you will not have to failed to notice that Mental Health has been getting a lot of attention over the last month. In the space of four weeks, we have had our Commission report on [Acute Adult Psychiatric Care in England](http://www.rcpsych.ac.uk/discoverpsychiatry/thepresidentsblog/adultacutepsychiatriccare.aspx), the [Mental Health Taskforce report](http://www.rcpsych.ac.uk/discoverpsychiatry/thepresidentsblog/atlast%2Cthetaskforcespeaks.aspx), the second attempt by Number 10 to talk on mental health  (the first being totally eclipsed by the death of David Bowie), the guest editing of the Huffington Post by the Duchess of Cambridge, and the in-depth focus on mental health by the BBC for its ‘In the Mind’ series.

Much of the attention, although still not enough as far as we are concerned, was around physical and mental health care. This concerned not only the general concept of “parity” – namely what’s good enough for the acute sector should be good enough for us, but also improving the physical health of those with mental disorders, and the psychological health of those with physical disorders.  And before you say these are artificial constructs, and that you can’t have one without the other, yes I agree.  But that’s how people think.

And then there is stigma. As the Task Force report made clear, stigma and discrimination is still being experienced by people when using mental health services.  The Royal College of Psychiatrists was one of the first organisations to run a six-year anti-stigma campaign, Changing Minds, which started in 1997.  Anti-stigma work is something that the College is actively involved in – for example we are currently developing an online training module in stigma and prejudice.  Time to Change, the mental health anti-stigma campaign, in partnership with NHS England, also last week published new training materials for mental health professionals, which will be available to all Trusts in England.

The stigma surrounding psychiatry doesn’t begin and end with the experiences of patients; doctors too experience stigmatisation – for deciding to become psychiatrists, as detailed in the recent paper in BJPsych Bulletin: [BASH: badmouthing, attitudes and stigmatisation in healthcare as experienced by medical students](http://pb.rcpsych.org/content/early/2016/02/09/pb.bp.115.053140). Choosing a career specialty is one of the most important decisions that any medical student will make and one that will shape the rest of their working lives. Some students decide early on, or even enter medical school with a good idea of what career they would like to pursue. For most however, the specialty choice is made during medical school, with some remaining unsure into their final year and even as foundation year doctors.

Ania Korszun of Queen Mary’s and her colleagues used an online questionnaire to investigate medical students' perceptions of the apparent hierarchy between specialties, whether they have witnessed disparaging comments - ‘badmouthing’ or ‘bashing’ - against other specialists and whether this has had an effect on their career choice. Psychiatry and general practice attracted the greatest number of negative comments, which were made by academic staff, doctors and students. Twenty-seven per cent of students had changed their career choice as a direct result of bashing and a further 25.5% stated they were more likely to change their specialty choice. Although 80.5% of students condemned badmouthing as unprofessional, 71.5% believed that it is a routine part of practicing medicine.

I hazard a bet that there isn’t one of you who doesn’t know what we are talking about.  I remember early in my career working as a trainee psychiatrist at the justly famous “Queen Square”, or National Hospital for Neurology as it decided to call itself around the same time, as its previous name, the “National Hospital for Nervous Diseases” sounded a bit too, well, psychiatric.  I enjoyed myself there, and learned a lot.  But I also remember frequently been asked why a “decent chap like you is doing psychiatry” (that’s how they talked then – perhaps they still do).  The implication was that “decent chaps” could do better than waste their time in that backwater.  It was often followed by “can’t understand it… none of your patients get better”, which was a bit rich when one considered the prognosis of nearly all of the patients on the wards at “the Square” as they liked to call it.  I did realise that these comments were well meant, unlike some other comments – “couldn’t you do medicine, then?”.  I also recall slipping into the back of a revision lecture being given by a surgeon at King’s, waiting my turn to do the psychiatry talk. The surgeon was having difficulty controlling a rather boisterous group of students towards the end of a long day, and finally lost his temper with them  “If you lot don’t shut up right now, I will make it my business that you will all only be able to get jobs in psychiatry”,  which rather sadly for me did seem to do the trick.  And so it goes.  You will all have your stories – feel free to share them with me via email – I will need some good ones for after dinner speeches.

This badmouthing of psychiatry represents another form of stigmatisation that needs to be challenged in medical schools. It not only has an impact on recruitment into the specialty, but also has the wider effect of stigmatising people with mental health disorders.  That is why I was pleased to launch the Anti-BASH campaign to challenge this stigma at the National Student Psychiatry Conference 2016 in Edinburgh on 27 February.  This is a grassroots campaign, where medical students are involved in challenging stigma among seniors against mental illness and psychiatrists, and will be driven primarily by social media, with the twitter hashtag #banthebash.  It will align to the College’s recruitment strategy and the Psychiatric Trainees Committee will be liaising directly with student psychiatry societies and medical students to drive the campaign forward.

Let’s be clear, a bit of humour is all very well.  We have a sense of humour and can take a joke.  Indeed, I have been known to make jokes about surgeons, neurologists, cardiologists and so on, based on their largely but not entirely fictional personality characteristics. But bad mouthing psychiatrists also introduces something different that is not present in jokes about surgeons. Our teasing does not involve directly or indirectly patients.  Saying that surgeons can sometimes be arrogant, whether right or wrong, says nothing about cancer, and nor does the observation that my friends in cardiology seem to get through marriages quicker than most say anything about those with ischaemic heart disease.  But saying that “psychiatrists are as crazy as their patients” does, and likewise “you are too good a doctor to do psychiatry” implies that those with mental disorders don’t deserve good doctors. The best and brightest doctors are needed in psychiatry just as much as in oncology

This has to stop, and this campaign is going to do that. We think that it should be unacceptable to make these comments directly or indirectly about psychiatry and those with mental disorders as it is now is to make similar derogatory comments about a person’s gender, ethnicity or sexual orientation.  Please lend it your support.  People with mental disorders - just like those with physical disorders - deserve the best minds to find new treatments and provide the best care.

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