**The Grand Tour**

2013 seems a long time ago, a time of innocence when it was possible to say someone “came up trumps” and not immediately blush and apologise. It was also when I was running for the post of President and had to write a manifesto.

Most manifestos are largely commitments so bland that no one could disagree – one way of testing this is to see who in their right mind would ever suggest the opposite – “we will reduce crime” and “be nice to old people”. If they are too specific things can go seriously wrong – just ask Nick “No Tuition Fees” Clegg.

But in mine, I did make one concrete commitment – that I would visit every UK medical school to talk to students about the virtues of psychiatry.

Since then there have been times when I have sympathised with Nick Clegg. This usually happens on the last dreary train back to London wondering how the noisy drunks in the carriage had managed to get hold of any refreshments, given the bar was always closed, and why do we always stop at Milton Keynes when no one ever gets off there.

Do I really have to go to every medical school as promised? For a start, there are 34 – who knew that? Certainly, not me in 2013.

But a promise is a promise. I have now visited 33, just one left. If anyone else has managed to visit every medical school in the Kingdom they have kept quiet about it. Louis Appleby wrote “A Medical Tour Through the Whole Island of Great Britain" back in 1994 - ask him for a copy, there is a pile of unsold ones in his attic. But he never visited a single medical school. Nick Black’s “Walking London’s Medical History” includes a few, but the title tells you it’s written for the “liberal metropolitan elite” that lost us the referendum.

**So, what did I do on this Grand Tour?**

It varied. The first thing was not to do “The Speech”. Cast your minds back to when you were at medical school, think of your graduation ceremony. You have your degree. You are now a doctor. But before you can get out of the hall, spend some polite time with your parents and impolite time with your friends, you have to endure "The Speech".

It’s given by someone three times your age, whom you should have heard of, but never have. They have achieved or won something, most probably a prize for smugness. And inevitably they will share with you the secret of their success, which is usually “you need to be in the right place at the right time”. Which is just about the most useless piece of advice ever.

And now I am that person. So, I try not to give “The Speech”. If pressed, and I often am, to give advice, I will with reluctance share three tips. Don’t invade Russia. Don’t email when drunk. Don’t accept a police caution. All very sound I think.

So instead we talk about anything and everything. Sometimes they want a “set piece”, but more often it’s a PowerPoint free for all. And all sorts of things can happen. The GMC would like the public to believe that all medical schools are the same. They aren’t.

**A slice of student life**

Some things though don’t change. Medical students’ desire for pizza remains insatiable. Birmingham and Manchester had the best selection. Nottingham meant well - pizza was ordered, but unfortunately in the singular not plural, and one duly arrived for a full lecture theatre.

Audiences varied - Brighton filled the main lecture theatre, only to be beaten by Newcastle where we had an overflow. Wooden spoon to UCL though - we barely filled a broom cupboard because of a clash with a surgical revision lecture. Exams still conquer all.

Some were more active than others – at QMUL my visit was linked to a premiere of a Wellcome-funded play on veterans and PTSD. Cue an amazingly lively discussion – ditto watching films on trauma in Belfast.

**Different debates**

Topics raised also differ. Oxford seemed split down the middle on the need for safe spaces and trigger warnings, but Swansea didn’t seem to know that the debate was even happening (and no, it wasn’t because the Welsh have a different word for it).

But the least PC evening of all was spent at the Med Soc dinner at an unnamed Cambridge college, where I gave what I thought was a slightly risqué after-dinner speech.

I always try these out first on my sons, who like most of the youth of today turn out to be rather more censorious than we were. "Dad, don't you dare say that" being both frequent and wise advice.

But after I had finished, each student had to tell a joke, and I was transported back 35 years to a junior doctors’ trip to a Gateshead Working Men's Club to listen to Roy “Chubby” Brown, a northern comic whose act was so utterly blue that he made Jim Davidson or Bernard Manning sound like Marcel Proust.

I gradually became a convert to new medical schools and graduate entry. At Lancaster, UEA, Brighton and elsewhere there seemed to be a correlation between the number of graduate entrants and interest in psychiatry.

There was also a correlation between senior turn out and student interest – step forward Belfast, Birmingham, Exeter, St Georges, York and a few others. The presence of the Dean made a difference – chapeau to Plymouth, Swansea and York. And so on.

**Ask the audience**

What was obvious everywhere is that interest in mental health is soaring. Sooner or later I was asked about why there has been a rise in mental disorders on campus, and what should we do about it.

As I don’t know the answer to either question I would usually ask the audience.

Inevitably there was a range of opinions and solutions, although not many went beyond the need for more counsellors.

Many quoted the recent NUS survey (or indeed had carried out similar surveys on their own campus) that found that 80% of students had “mental health problems”, but fewer seemed to be willing to critically evaluate this unlikely finding.

It’s important that we apply some critical thinking and appreciate the difference between “mental health” and mental disorder. But NUS surveys aside, mental disorder is indeed on the rise, at least among women who are aged between 18 and 24.

However, the best estimate is a prevalence rate of 26%, not 80%. So we can agree that there are more students needing more support, including on occasion specialist support from psychiatrists.

Beyond that I found myself falling back on the need for more evidence about the causes of this increase and the need to respond in an evidence-based way.

This is not a final appearance in these columns by my old friend “Pedanticus” – it’s because if we don’t we may end up sometimes at best wasting resources for no benefit, and at worst making things worse.

So in order to encourage more critical thinking I sometimes ask the audience how many of them are making friends that they would keep for life - 80% raise their hands, and then how many were being intellectually stimulated by their studies (a similar proportion) and finally how many were having better sex lives (we don’t vote on this, but judging by the smiles it was also a majority).

**A time of challenge and change**

I did this to suggest some continuity – university remains a time of challenge and change, incorporating both the negative (such as loneliness, isolation, exam stress) and the positive (such as emotional growth, friendship, stimulation and experimentation), and that we should be cautious of invoking mental health problems for all of these.

Of course, there are also discontinuities - social media acts as a great amplifier of both the bad and good, but we should be careful of blaming the medium for the message. Parenting styles and risk obsession have changed over a generation. And let’s not forget the additional burden of debt (thanks, Nick).

But whatever the answer to rises in mental ill health, and at the moment I think we have to say we don’t really know, the challenge for us in psychiatry is to harness this interest into making more psychologically minded doctors in general, and more psychiatrists in particular.

The interest is there, believe me, despite the rear-guard actions of some of our colleagues in other disciplines (when I asked those who had decided to do psychiatry how their teachers had reacted, the answers were predictable and depressing). The challenge remains to translate this enthusiasm and interest in mental health into a similar enthusiasm for psychiatry.

And then we would finish. Sometimes we adjourned to a lovely country pub (Plymouth and Swansea score highly) or a student bar (Birmingham, Glasgow remain in the memory) or trendy restaurant (Leeds and Brighton). And then to either a nice hotel (thanks, Edinburgh and Exeter), a not so nice hotel (lips sealed) but more often on to that dreary last train.

**My favourite**

Which was the best? As Bruce Forsyth tells every Strictly contestant “You are my favourite,”, and so it proved. Wherever they are, medical students remain bright, committed, lively and engaged, much more so than my generation ever was.

And now there is just one medical school left to visit. Dundee in May. So, if you reading this, Dundee, you know how to make me happy.

Lively students please – although I am not sure there is any other kind which is reassuring. Some food afterwards – a country pub is good, pepperoni pizza if not.

And if there is white wine, any chance that it might be chilled and not served in plastic cups? And please can I take the train home that doesn’t seem to have a fatal attraction to Milton Keynes?

**Professor Sir Simon Wessely**