

Adam's Story

A case study of Dr Adam Cox

I started my undergraduate degree at Southampton Medical school in 2001 –

I actually wanted to do anything but Psychiatry when I was an undergraduate, my mother was a psychiatrist, and I could not think of anything I'd like to do less!

This changed after was my experience as an HCA on a psychiatric ward, I did this every holiday for my first three years at university and I really enjoyed it. It exposed me to one of the key things about being a psychiatrist, 'you are the treatment' unlike in other specialties where you had fancy bits of equipment to do the work, it became apparent to me that in psychiatry you were the fanciest piece of equipment there, and I loved that challenge.

Having had a really enjoyable third year attachment in psychiatry where I really felt I got to put into practice all the knowledge and experience of working on psychiatric wards, I undertook an Elective in Child Psychiatry in Canada at the end of my third year. It really opened me up to how psychiatry can really be influenced by the culture in which it is situated – seeing the children who were from the 'first nations' with psychotic symptoms which involved their native culture was completely eye opening. It also showed me how work at an early age can really make a huge impact later in life, working with teenagers who had problems with substance misuse at different stages in their treatment stood out as well.

On returning to Southampton for my 4th year I went to completely the other end of the age range and undertook a 4th year project about Alzheimers, this is another of the bits which I find fascinating in psychiatry – we don't have all the answers yet, even for some of the more common disorders, being able to help understand these and look for ways to change treatments is exciting.

As a postgraduate I was always keen on doing psychiatry, whether it was doing dementia assessments on the old age ward, dealing with overdoses and self harm on the Acute medical unit, or managing patients with neuroleptic malignant syndrome on ITU. I also undertook an F2 job in Old Age psychiatry, and learning about the mix of 'functional' disorders (depression psychosis etc) in older people and 'organic' (dementia), and how they impacted not only on the person but their family, carers and even their social situation really convinced me that this was what I wanted to do as a career. It's what I love about psychiatry, you get to make a real difference in a person's life, and it's not just via medication, it's by understanding them as a person, add in a little psychotherapy and understanding how to do that and how that can help, and you end up with a really rich and deep medical experience.

I think though that at times in my training psychiatry has got a bit of bad press from other specialties, but doing some liaison work as an SHO really led me to wanting to teach about Psychiatry, to me I was always amazed about how little some of my friends understood about the disorders such as depression, personality disorders etc, and the chaos that could cause in the ward environment, and so I started educating the others about these disorders, this gradually became a more regular occurrence.

I think a little understanding of psychiatry can go a long way, no matter what situation whether it's on the ward, the GP surgery or the police cells even – helping others to understand these disorders, not only what to do about them, but also what leads to them, I think leads to our patients getting

better care, and it's because of this I've become more involved in teaching psychiatry as my career has gone on.