# EDITORIAL

# Are summer schools a way to improve recruitment in psychiatry?

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Summer schools are traditionally used to encourage sixth form students to consider a career in medicine. Is it worth attracting students earlier in their school career, concentrating on psychiatry? Wyke et al describe an innovative project attempting to do just that.

**Keywords** Education and training; stigma and discrimination; recruitment; ChoosePsychiatry; widening participation.

Summer schools – where prospective students are invited to a university or other setting during the holidays – are a well-established way of encouraging students to consider applying for a particular course. They are usually a week long and are aimed at particular groups of students, for example, international students or those from more deprived backgrounds. Although they are traditionally held on campus, there would be scope in the future to run them remotely, depending on the COVID-19 situation.

Medicine has traditionally been and remains a competitive course, but medical schools are also in competition with each other to attract students. The most prized students for financial reasons are international students, as they pay higher fees (one of the reasons COVID-19 presents a financial risk to many universities).

The widening participation agenda – attracting students from more deprived backgrounds – is another financial inducement for universities. Unless universities can prove their commitment to this, which is surprisingly hard to measure and evidence, they are not allowed to charge high-rate tuition fees. Students from such backgrounds are a group often targeted for invitation to summer schools by universities.

The #ChoosePsychiatry campaign has tried to encourage doctors to choose the specialty – and to an admirable extent has succeeded, with rates of juniors going into psychiatry increasing.[1] The campaign to choose psychiatry includes a target audience of sixth formers who have already chosen to study medicine. As the conversation about mental health, especially post COVID-19, becomes part of the national *zeitgeist*, are we missing a trick in not trying to interest psychologically minded students into medicine earlier than sixth form? Wyke et al describe an innovative 1 week summer school for GCSE students, not all of whom had decided on medicine as a potential career.[2] The week included talks from psychiatrists at different levels of training, groups and debates, and the students met patients and medical students. At the end of the week, students were more likely than before to choose psychiatry as a career, had changed their views regarding social restriction in mental health and had uniformly positive attitudes towards the course.

Some of these students will presumably have gone to the summer school in order to build their CV, having already decided to apply for medicine, but who knows whether a psychiatry spark has been lit in a budding doctor who wouldn't have considered the specialty otherwise?

It may be well be that the resources and expense required for the project, which were not evaluated in Wykes's paper, are not worth the long-term results. It will be very interesting to see how many of these teenagers do study medicine and choose psychiatry. We know that many students interested in psychiatry at the start of medical school are put off by the 'badmouthing' of the specialty by their educators and peers,[3] so hopefully those enthusiastic students will not have their initial enthusiasm knocked out of them along the way. Others may ultimately decide not to study medicine, or to study medicine but not choose psychiatry; if so, at least a group of bright adolescents have had their eyes opened to the subject and had stigmatising clichés about psychiatry challenged.

## About the author

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## Declaration of interest

None.
ICMJE forms are in the supplementary material, available online at https://doi.org/10.1192/bjb.2020.77.

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# ORIGINAL PAPER

# Patients with young-onset dementia in an older people's mental health service

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**Aims and method** Currently, no separate service exists for patients with young-onset dementia in Cambridgeshire. These patients are managed together with late-onset dementia patients within old age psychiatry services. To inform service design, we sought to characterise young-onset dementia patients in our population. We first analysed service-level data and supplemented this with a detailed case review of 90 patients.

**Results** Young-onset dementia remains a relatively rare condition. Only a small proportion of those referred for assessment receive a diagnosis of dementia. Data collected on presenting complaints, comorbidities, medication and Health of the Nation Outcome Scales scores associated young-onset dementia with a greater incidence of depression than late-onset dementia. Outcomes in the two groups did not appear to differ.

**Clinical implications** The data presented here do not suggest a need to create a separate service. Practitioners should be aware of the increased incidence of depression observed in this group.

**Keywords** Dementia; depressive disorders; YoD; young-onset dementia; service evaluation.

Dementia is a growing national and international problem with associated personal and societal costs. For example, in Cambridgeshire, the number of individuals with dementia is predicted to increase by 86% from 8600 in 2016 to 16 110 by 2031.[1] Of specific interest are those who develop dementia at a young age. Young-onset dementia (YoD) is defined as a diagnosis prior to the age of 65, a cut-off based on the previous retirement age and not on any biological underpinning.[2] Both YoD and late-onset dementia (LoD) represent heterogeneous groups of patients, which differ from each other in various features besides age. Although the incidence of dementia increases with age, those who develop dementia at a young age have a different profile of diagnosis compared with older people. A greater proportion of YoD patients suffer from frontotemporal lobar degeneration, and they may experience delays in diagnosis.[3,4] Furthermore, studies have shown a higher neuropsychiatric symptom burden and greater carer stress.[5] These differences have prompted discussions regarding the need for a separate specialist service for those with YoD.[6]

Currently, YoD patients are treated together with LoD patients within old age psychiatry services. Referrals are



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