

Nancy Delanoche

From: American Psychiatric Association [education@psych.org]
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To: Nancy Delanoche
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APA Medical Student Newsletter

Fall 2009



Dear Student,

Welcome to the e-Medical Student Newsletter - a publication of the APA Committee on Medical Student Education and PsychSIGN. If you would like to submit articles for publication, send an email to education@psych.org.

PsychSIGN Update

My name is Lara Cox, and I am the current national chair of PsychSIGN. Our fourth annual conference, "The Future of Psychiatry," was held in conjunction with the APA meeting in San Francisco, and drew 75 students from medical schools across the country.

We continue to work towards establishing a psychiatry student interest group at every school nationwide, and towards strengthening our relationship with existing groups. Each region is planning a conference for the fall or winter, some of which will be co-hosted by several regions this year – Regions 2 and 3 was in conjunction with the IPS meeting in New York this October, for example.

Along with our regular meetings, we also have a number of new and ambitious projects underway. We have realized that our strongest means of interacting with our members is through our website, as PsychSIGN is only able to physically meet a few times a year. In that vein, we have already undergone one drastic revision of the site and will continue to work on its construction and content through the course of this year.

Many of our new programs will, therefore, be managed via the site. We are in the process of recruiting practicing psychiatrists to be featured as part of a "Career Corner," which will contain personal anecdotes, stories about career paths, and video interviews that will expose students to the broad array of possible practice opportunities within psychiatry. We have several interviews already completed and will begin adding them to the site over the next few months. We are also planning to initiate a resident mentoring program, in which students will be matched with residents on interests, program, or personal characteristics in order to obtain

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advice and information about psychiatry. The registration process will take place entirely online; we plan to debut this program in the next few months.

Finally, in discussion about next year's annual conference, we have decided to add a research poster session where PsychSIGN members will be able to present their work to each other. Our deadlines will be similar to those for the APA's poster session, in hopes that students will be encouraged to present at that meeting as well. Along with providing an opportunity for members to learn about what their peers are doing in the field of psychiatry, this session may also make it easier for attendees to obtain travel grants from their schools and therefore make it possible for more students to attend our conference.

National Depression Screening Day

This year's National Depression Screening Day was Thursday, October 8. We hope that, during the month of October, every student interest group will make an effort to hold a depression screening event in their school or community. We believe very strongly that the stigma still in existence about mental illness is a significant barrier to care and causes needless suffering. We feel that the stigma surrounding health professionals with mental illness is in particular problematic. This attitude is an incredibly important issue and one on which medical students can have a direct impact.

Over the course of the past year, a toolkit has been put together including journal articles about the experience and costs of depression among medical students and physicians, personal anecdotes from medical students and faculty members about their experiences with depression, a PowerPoint presentation for use at lunchtime talks, and other resources. The toolkit is designed to make it as easy as possible for individual interest groups to hold their own National Depression Screening Day event, and is available online at www.psychsign.org. More resources will be added over the course of the month. All you will need to hold your own screening is a printer, a table, and a couple of members willing to help with the day's event!

We hope that students will begin with events at their schools this year, and in coming years will reach out to the broader community by holding National Depression Screening Day events at locations such as schools, senior centers, and faith communities, and other similar locations.

Child Refugees of the *Kindertransport*: A Student's Experience

Psychological effects of one's upbringing are of interest to me and influenced me to complete a Self-Directed Research History of Medicine elective in London from my medical school, Texas A&M College of Medicine. I searched for research topics in preparation for my elective abroad, which was supported by the John Montgomery Fellowship.

Dr. Helen A. Zaphiris, my mentor during my Child Psychiatry rotation, shared that her child psychoanalyst father, had worked with child survivors of the Holocaust under the direction of Anna Freud. I was very drawn to the topic since I have a dual interest in pediatrics and child psychiatry.

I learned that in 1938-1939, nearly 10,000 mostly Jewish children were transported from Germany, Austria, Poland, and Czechoslovakia to England as a result of a rescue effort known as *Kindertransport*. Meaning the "transport of children" in German, the *Kindertransport* was organized in response to the violent and destructive riot that occurred in Germany and Austria known as "Kristallnacht" (Night of the Broken Glass) on November 9-10, 1938. Its goal was to save children from further Nazi persecution.

The children involved in the *Kindertransport* escaped the fate of the 1.5 million children who died in the Holocaust.

Their story, however, is not that simple. Beyond age restrictions (only those seventeen years and younger were eligible), there were strict requirements for inclusion. Children needed sponsors abroad. Orphans were given priority and children were required to have passed medical exams and have no history of conduct problems. A strict criteria was applied to permitted travel items and the “proper” way parents were to say their goodbyes, since all children were to travel unaccompanied. Selected adult escorts accompanied each child and had to return; otherwise, the *Kindertransports* would stop.

The focus of my research was to learn about the impact of abrupt separation and displacement on children from the child refugees of the *Kindertransport*. I believe this insight is helpful today in recognizing signs of neglect, abuse, and physical and/or emotional trauma in children.

In London I used the resources at the Wiener Library-the World’s Oldest Holocaust Memorial Institution, the Imperial War Museum, and the Society of Friends House. I also received invaluable assistance from the Association of Jewish Refugees and the *Kindertransport* Association. Sir Martin Gilbert, a distinguished author and historian, specifically created a map for my project illustrating the *Kindertransport* Journey.

Meeting a former *Kindertransport* child refugee, Mr. Hermann Hirschberger, was an honor and an opportunity for me to inquire about the diverse experiences of children. Not all went to live with relatives or foster families. Some lived in boarding schools, camps, and hostels. Unfortunately, while some went to nurturing homes, others went to homes where they were abused, neglected, and/or exploited for free labor. Since 90% of these children never reunited with their parents, I also asked about the psychological effects of being separated from parents and remaining orphans. This was the case for Mr. Hirschberger, who left Germany at age twelve and whose parents both died in the Holocaust.

I learned these children suffered anxiety, separation anxiety disorder, cognitive impairment, denial, and a survivor’s sense of guilt. For these children, it was very frightening to give “absolute strangers” complete control, becoming suddenly responsible for younger siblings, and not understanding “why” they were sent away. Anxiety also manifested as sleep disturbances, crying, and bed wetting. Separation anxiety created challenges in these children and later as adults in establishing trust and security. Cognitive impairment associated with emotional stress was a finding in some children who had memory impairment. Some children who lost their parents in the Holocaust could not accept the loss of their parents and many felt a survivor’s sense of guilt.

Collectively, I learned there are valuable lessons for today to be learned from the child refugees of the *Kindertransport*.

My project taught me that separation and displacement affect children and often affect these children’s future relationships as adults. As physicians, it is important to observe for any signs of abnormal behavior in children that may be suggestive of abuse or neglect. We can always advocate methods of improving adjustment in children who are displaced such as encouraging open dialogue and promoting a familiar environment. Another proactive step we can take is making sure the foster families/individuals are protecting and providing for the child’s best interests so that they feel loved and not “on the edge” for fear of being reprimanded or being sent away.

About the Authors

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