

e-Interview

Jayati Das-Munshi

Dr Jayati Das-Munshi is an MRC Training Fellow in Health Services Research and Health of Populations. She is currently undertaking a PhD using birth cohort data to examine factors over the life course which might account for poorer physical and mental health in second-generation Irish people living in Britain. Her other research interests include 'ethnic density' associations with mental health, in particular social-epidemiological associations which may underpin area-level variance in common mental disorders and psychotic experiences. Other research interests include those relating to liaison psychiatry, such as the association of diabetes and cancer with mental disorders and functional somatic syndromes such as idiopathic environmental intolerances (multiple chemical sensitivities) and electromagnetic hypersensitivities. She has authored and co-authored several chapters in textbooks on epidemiology and liaison psychiatry for trainees undertaking the MRCPsych examinations. She graduated from University College London Medical School in 2000 with a First Class Honours in Medical Sociology (BSc intercal) and in Medicine. After a brief spell working abroad, she returned to London to train as a Psychiatrist at the Maudsley Hospital. After obtaining an MRC training fellowship in 2006, she completed an MSc in Epidemiology from the London School of Hygiene & Tropical Medicine.

What are you working on today?

A fellowship application to examine physical health inequalities among Black and minority ethnic service users, living with severe and enduring mental health problems.

What is your idea of a perfect mental health service?

More integration of physical healthcare with mental health. Services delivering culturally appropriate healthcare, in which a high proportion of healthcare providers are dual-trained in one of the psychotherapies. I am always impressed by healthcare providers who are able to think outside of ICD-10 categories and take into consideration the broader contextual experience of people living with mental health problems. This should be a feature across all services and not just an idiosyncratic feature of some teams, services or excellent individuals.

Which psychiatrist, living or dead, do you most admire?

Freud. His writings were seminal and are still highly readable and relevant today.

What do you consider to be your greatest achievement?

Working full time with a small child.

What has been your most controversial idea?

Going back to Faris and Dunham in the 1930s, there has been a body of work which has continued to support the view that minority groups (which could equally apply to religious minorities as well as ethnic minorities) appear to have better mental health in areas of higher own-group density. Until recently the reasons for this were unknown. My work based on analyses of large, nationally representative data-sets has suggested that there may be strong 'buffering' elements perhaps located in one's community

which mean that adverse experiences such as social isolation, discrimination and adversity are mitigated against when living in areas of higher own-group density. This might be the mechanism by which people living in areas of higher own-group density experience a lower risk of mental health problems. This has been a controversial idea, I think, for two reasons. First, this work supports the view that there may be strong interactions with the environment which are important for mental health in some groups (in our work we have looked at common mental disorders, suicidal ideation and psychotic experiences). I think this is a powerful (albeit controversial – depending on who you speak to!) idea as it supports a notion of 'ethnicity' or 'race' as constructed through social processes, rather than representing some sort of ill-defined 'cultural' entity or genetic grouping.

Second, this idea is controversial as it has been misinterpreted as being supportive of segregation. This is most definitely not the case. In our work (based on settlement in England in 2000), 50% of Irish people within the study sample lived in areas which had a maximum of only 1.7% other Irish people living in the area. Similarly, 50% of Bangladeshi people within the survey lived in areas which went up to a maximum of 28.9% other Bangladeshi people living in that area. Evidence of protective associations for mental health of living in areas of higher own-group density were seen for both of these groups, with trends supporting this in all of the other minority groups except for the White British group (in whom 50% lived in areas up to 93.1% White British). Ethnic minority groups in our studies were just that – a relative minority, and the areas in which they lived were ethnically diverse as opposed to 'segregated'.

What frustrates you most about working in psychiatry?

People with mental health problems are frequently denied access or receive substandard physical healthcare. I have spent a lot of time advocating for people with mental health problems to receive equivalent healthcare to people without mental health problems. This seems to be an even greater problem for older adults. This is not just my subjective experience as a clinician but is also borne out by the shameful gap in life expectancy which people with mental health problems experience, for example, women with schizoaffective disorders have a life expectancy which is 17.5 years less than the general population.

What is the most important lesson that working on your PhD has taught you?

I feel privileged to have had the opportunity to complete a PhD, with a generous fellowship from the MRC supporting me. The most important thing which I have learnt through this process is the need to aim high. There is no point going through life avoiding rejection from journals and funding bodies. If you always have things accepted everywhere then it means you are not aiming high enough.

What was the last book you read?

Utopia by Thomas More.

Sabina Dosani

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