

Post Scholarship Plan

Candidates should describe their immediate plans upon completion of their Marshall Scholarship and why two years spent undertaking a degree in the UK would enhance these plans. As well as describing plans for employment or further study, candidates should indicate how they would develop ongoing connections with the UK, through their UK institution or some other contacts they propose to make while in the UK. Please also include a brief statement of your future career plans.

I plan to work where public health and clinical medicine intersect, performing research to influence mental health public policy while treating individual patients. Immediately after the scholarship period, I will return to the United States to attend medical school at a university that incorporates public health in its curriculum such as the George Washington School of Medicine and Health Sciences in Washington D.C. I will complete a residency at a leading US research hospital in neurology or psychiatry. I would be thrilled to one day work as a mental health specialist abroad with an organization such as Doctors without Borders. Entering medical school after completing advanced degrees in public health from the UK, I will have gained a global perspective with which to view the medical school curriculum. Rooting myself in global mental health will allow me to be an active influencer of public policy and work internationally to create an environment of acceptance, openness, and access to mental health care for all.

Throughout my continued education and training, I will lean on UK and global connections for information exchange and guidance. With modern communication, it will be easy to stay connected to professors and students as well as other professionals and community members I become acquainted with while abroad. One connection I hope to develop and maintain is with local clubs of Rotary International (a global humanitarian service organization) in London. Their focus on disease prevention aligns well with my own goals and aspirations. Having been involved in Interact, the high school version of Rotary, and forging connections with a club in Columbia, South Carolina, I hope to continue to support local and global Rotary initiatives while abroad and upon return to the United States.

Personal Statement

This should be a short statement in which candidates should describe their intellectual development and other interests and pursuits.

It was early afternoon in the rural Nicaraguan village of Ticuantepe. The open-air church was filled with people from the nearby community awaiting medical care. I was sitting in a plastic lawn chair working with a local doctor to diagnose a six-year-old boy who had been lethargic, not urinating, and eating a diet consisting of mostly candy. It was clear that he was suffering the effects of dehydration and poor nutrition. His mother, who was not much older than me, informed us she could not get him to eat anything besides candy or drink water. After providing him with some water, his lethargy rapidly diminished and I saw the lifeless six-year-old revived. I knew this was only a temporary fix after having seen firsthand the lack of access to clean water and food in the community. We informed his mother to make sure he drank more water and ate something besides candy, but I could not help but feel like something more needed to be done to help this community. A history of brutal dictators had led to a lack of access to health care and basic resources such as clean water. This caused me to worry not only about their physical health but also their mental and social health. I wondered how the summation of barriers led to the inability to live out the internationally agreed upon "right to health."

Energized by my experience in Nicaragua, I decided to pursue independent research with faculty in the Epidemiology and Biostatistics department at the University of South Carolina to investigate mental health in the Latinx population of South Carolina. I knew systematically a large portion of the Latinx community in the United States lived in subpar housing, experienced a lack of social insurance, and faced cultural barriers that impeded access to healthcare. Through my research, I was introduced to the quantitative side of public health research. I refined valuable research skills including how to perform a literature review, how to interpret data, and was introduced to advanced statistical methods. I better understood how environmental factors such as living near factories and in shanty towns impacted mental health for Latinx people across the United States. I also realized there was a lack of literature available on mental health in the Latinx community in South Carolina. I was able to make a valuable contribution to this body of research by presenting a poster of my findings at a research conference held each year at The University of South Carolina. Depression, anxiety, and non-dependent drug abuse were the three leading diagnoses across all three racial groups in South Carolina, however the Latinx population suffered three times the diagnoses for acute reaction to stress than their White or Black counterparts.

In addition to doing research, I volunteered at a non-profit medical clinic for the Latinx population called the Good Samaritan Clinic. Working with the Latinx community in this way helped me to understand the individual experiences of real people and humanized the quantitative data I had read about. Although I did not incorporate this into my research directly, I gained perspective that helped me interpret the data I was working with. I was also able to get a glimpse into the organizational planning of non-profit medical work. I worked with doctors and other healthcare professionals to provide some translation between patients and their providers as well as helped with clerical tasks. I became more aware of barriers to access to care right here in the United States as patients at the clinic would have to wait hours sometimes to see a physician who was volunteering their time and may not fully understand the language or culture of the community they were serving.

Interdisciplinary coursework in Public Health, Neuroscience, and Spanish have guided my academic pursuits farther. While learning about the effects of drugs on the brain in my introduction to neuroscience class, I learned about the challenges the United States was facing with regards to opioids in my introduction to public health class. Learning two sides of the same story, I gained a deeper understanding of this public health epidemic. While in introduction to health promotion and prevention, I connected what I was learning in the

books back to experiences I had in Nicaragua performing census work. I understood from a firsthand perspective why culturally sensitive and appropriate materials are essential to provide effective healthcare.

I am currently taking a cognitive neuroscience class and a global health class. I frequently think about how these two disciplines interact. I take the current cognitive neuroscience research methods and knowledge and apply my global health perspective to analyze how different cultures perceive physical and mental health conditions. From global health and neuroscience perspectives, researchers are investigating the possible viral cause of chronic neurodegenerative diseases such as multiple sclerosis. Taking advantage of the resources available, I hope to gain a better understanding of the electroencephalogram correlates of depression and anxiety through my current independent research. Through this basic science, I hope to identify neurological patterns that can help us further understand mental health from a physiological perspective.

Outside of class and research, my past three years have been full of global and service learning building off my medical mission trip to Nicaragua. While studying abroad in Spain my sophomore year, I volunteered at a children's shelter with a local non-profit dedicated to social inclusion of marginalized populations called Fundación DASYC. After my Junior year, I spent three weeks in San Jose, Costa Rica living with a host family, taking an epidemiology class, and learning about tropical medicine and the Costa Rican healthcare system. To bookend my experience at the University of South Carolina, I will return to Central America on another International Service-Learning medical mission trip over spring break, this time as a student leader. By leading and co-teaching the same service-learning class I participated in my first year, I will facilitate a lifechanging course to inspire another generation of medical professionals.

Proposed Academic Programme

Due to the unique nature of the global and public health programs and location in an international city with a large underserved immigrant population, I intend to pursue two Masters of Science (MSc) at the London School of Hygiene and Tropical Medicine (LSHTM). The first program I will complete is Global Mental Health (1-year full-time), a joint program within the Global Health institute at LSHTM and the Institute of Psychiatry, Psychology, and Neuroscience at King's College London. During this program I will gain skills in development, implementation, and oversight of mental health programs in low-resource settings. I will also conduct and critically evaluate research on global mental health. After completion, I will be prepared to work in national mental health policy and planning; epidemiological and mental health services research; and advisory and advocacy roles in governments, international agencies, and civil society organizations. Working with faculty directors like Dr. Ritsuko Kakuma whose background is in epidemiology and biostatistics, public health, and mental health systems and policy research, I will have experts in the field I am interested in to go to with questions and research proposals. As mental health becomes more of a focus in public health and healthcare around the world, I will be on the forefront of the progress with this degree.

The second masters I will complete is in Epidemiology. I will learn how to investigate the causes of disease and evaluate interventions to prevent and control diseases, all of which can be applied to my future in medicine and public health policy influencing. With coursework such as Statistics for Epidemiology and Population Health, and Epidemiology of Non-Communicable Diseases I will become better versed in the science that guide much of public health policy. Learning at an institution with students from over 150 countries, I will gain a network well beyond what I would gain at an institution in the United States. With hopes of integrating healthcare more across disciplines, LSHTM's current philosophy and dedication to addressing health inequities and challenges through cross-disciplinary work will provide me a foundation to be a leader in this area.

My second-choice programs are a one-year MSc at University of Bristol that connects public health, nutrition, and exercise and a one-year MSc in Epidemiology at University of Bristol. The University of Bristol program is attractive due to the combination of three emerging and intertwining disciplines into which I can make professional and scientific contributions. In the two degrees combined, I will gain technical skills and explore the more preventative and holistic side of health, which aligns with my interests in physical activity and lifestyle medicine.

Leadership

In my role as a Resident Mentor (RM) for University Housing, I serve as a first line of defense in the residence halls in identifying and preventing possible negative outcomes due to poor mental health. Entering college is a transition that for most is invigorating socially and intellectually. There is a new sense of freedom and although this can be extremely liberating, it adds new responsibilities and can provoke anxiety. During this transition, the potential exists for the adoption of negative coping mechanisms, loneliness, and poor mental and physical health. I have taken advantage of the training provided through this role to better support those in crises. After my first few weeks of the job I realized how integral my role would be in promoting healthy lifestyles and personal care. My residents were open to engage in social activities I facilitated as part of the residential curriculum. In a community that both lacked and desired an official identity, I wondered if my own personal philosophy of lifestyle medicine and interest in outdoor pursuits could be implemented on a large scale to promote the growth of academic and personal success. Thus, the idea for my current Living Learning Community, Outdoor Adventure and Recreation (OAR for short), was born and after two years of planning is being successfully piloted this fall for 45 residents.

Excited about the opportunity to develop something that had the potential to benefit students long after I was an RM, I immediately brought my idea to my boss. She warned me that it was a long process and was probably not worth looking into further. Although she was wary of the process, I was not discouraged. One day in my residential foundations class, I mentioned my idea to my professor, the residence life director. Unlike my direct boss, he was excited about my idea and connected me with a professional staff member who shared my interests in outdoor leadership and education.

After two years of collaboration with a variety of stakeholders and professional staff, I have developed a sustainable living learning community and gained valuable leadership skills through the process. Incorporating my interest in medicine, I even completed a Wilderness First Responder certification to more safely facilitate some of our activities. The interdisciplinary community created seeks to provide students with educational opportunities that increase engagement with the outdoors and develop leadership skills. It also aims to help students gain a sense of belonging to the campus and local community, create a sense of responsibility for environmental care, and ultimately develop healthy behaviors for a life of wellbeing. I have already seen the positive effects on a variety of students. Weekly meetings help students who face many mental health concerns (including Tourette's, depression and past suicidal ideation) as well as mentally healthy individuals manage their stress, have fun and get engaged with the outdoors.

Ambassador Potential

The UK has a rich history that has made it the international nation it is today. Living and studying in such a place, I would gain an appreciation most American's do not have. Embedded throughout the history of kingdoms, politics, and war is health. Many important advances in public health from the past 5 centuries have come from the UK, thus being able to walk the streets of these discoveries will give me a greater understanding of the infrastructure that led to overcoming epidemics such as Cholera. Aside from infectious disease knowledge, there is much to learn from a universal health care system.

While living and studying in London, I will experience the National Health System firsthand. This will provide me with valuable insight into a one payer system that already uses general practitioners in mental health referral work. It also gives me the chance to compare mental health services usage between the United States which offers psychologists and psychiatrists at a high price with the UK which includes them at no additional cost. With academic and career interests in improving mental health care integration with clinical medicine, I will be curious to understand what works well and what areas are open for improvement.

During my time in the UK I will integrate into the community by seeking out volunteer opportunities through the Global Mental Health program and other university communities. I will rely on making connections with advisors and other students to help me build a network across the UK and beyond. I will also engage in community health programs such as the Heads Together Organization's Place2be program or Military Mental Health program in London. To maintain my own physical and mental health while engaging in the social side of exercise I will get involved with recreational sports, groups that go on hikes outside of the city, and yoga classes. Through these activities, I will get to know more people in the UK and act as a cultural ambassador sharing US culture and learning about UK culture to share with Americans back in the US. Through mentors and friends, I will learn about the political, social, and cultural climate of the United Kingdom. Sociocultural aspects are particularly important when trying to improve the health of a nation.

With experience learning and working in many different settings to date, I will be able to foster relationships between UK, European, and other health professionals that will aid in reducing global health inequities through an exchange of information and ideas. With my previous travels to different developing nations, I have a special insight into what global health looks like and personal connections to international healthcare professionals. As the world continues to grow and global health becomes even more prominent with the next pandemic always around the corner, my role sharing knowledge and culture across oceans will help strengthen our connection and ability to work together as global partners fighting disease.