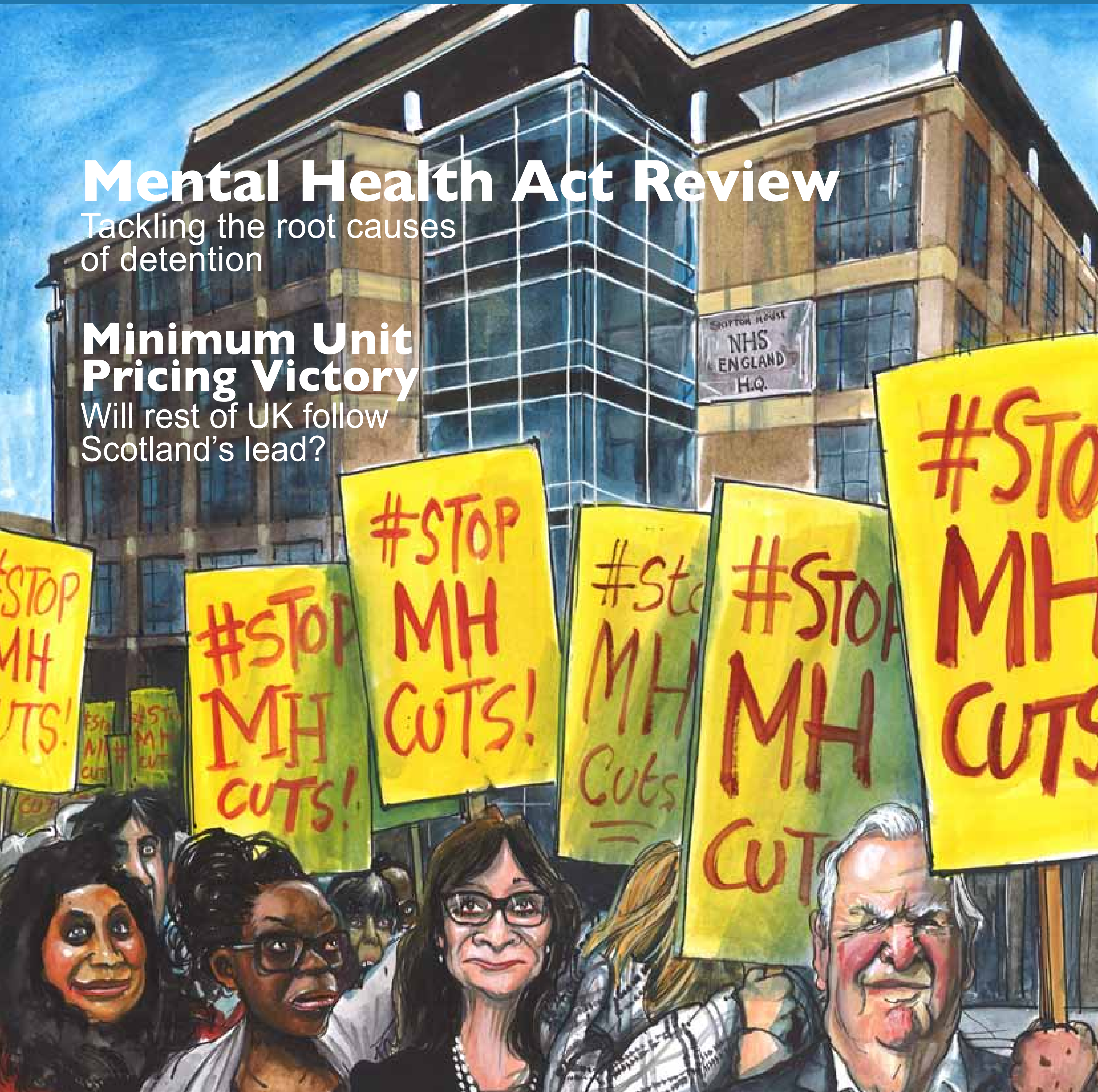
RCPsych INSIGHT

Issue 3
Winter **2018**

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS



Mental Health Act Review

Tackling the root causes of detention

Minimum Unit Pricing Victory

Will rest of UK follow Scotland's lead?

Contents

04
ACT ON DISCRIMINATION
How the Mental Health Act review must tackle wider issues of discrimination

06
RCPSYCH AWARDS
Celebrating the great and the good in psychiatry

08
PSYCHIATRY IN THE ARMED FORCES
A mental health setting with a difference

10
PSYCHIATRIST IN THE SPOTLIGHT
Dinesh Bhugra: newly elected president of the BMA

12
ALCOHOL COURT VICTORY
Will rest of UK follow suit after Scottish Minimum Unit Pricing?

18
IMMIGRATION DETENTION CENTRES
A call for better treatment for refugees

COLLEGE NEWS IN BRIEF

#stopMHcuts campaign

A powerful social media campaign by the College helped to avert cuts to mental health funding in England – at least for the time being.
Last month NHS England Chief Executive Simon Stevens warned the current funding outlook for healthcare overall made it "increasingly difficult" to deliver the Government's mental health promises.
Despite extra funding for healthcare in the November budget, the College was concerned NHS England were preparing to announce a reduction in the long-promised plans to fund the reforms set out in the Five Year Forward View.
So, with just a week to go before the critical funding decision, we launched '7 days to make a difference' across our social media channels, challenging patients, psychiatrists and everyone who cares about mental health care to tell us how they would be affected if the money didn't come through.
The campaign had over 1,000 retweets throughout the week using the hashtag #stopMHcuts, and reassurance from Simon Stevens that vital plans to improve mental health services will be kept on track – at least for the next financial year.

• This campaign is the topic of our cover cartoon by Martin Rowson and features Dr Trudi Seneviratne, Dr Lade Smith and Dr Agnes Ayton. You might recognise the man on the right of the picture from our #ChoosePsychiatry advert last year.

Dr Kate Lovett being filmed by the BBC

2017 workforce census: further evidence of the need to #ChoosePsychiatry

November 2017 saw the publication of the latest RCPsych workforce census of psychiatric staffing, which found an ongoing rise in the reported number of vacant or unfilled consultant psychiatry posts across the UK. Some 9% of posts were unfilled, up from 5% in 2013.
RCPsych achieved substantial national media coverage of the findings, including in The Sunday Times, BBC News, BBC Radio 4, The i and in several regional news outlets.
President Professor Wendy Burn and Dean Dr Kate Lovett graced our screens and airwaves stressing the critical importance of increasing the psychiatric workforce.
Almost four out of five NHS organisations responded to the census, which ran between April and September 2017.

The full census findings, which provide detailed analysis of the consultant and specialty doctor workforce in psychiatry across England, Scotland, Northern Ireland and Wales, can be accessed on the RCPsych website.

Options for psychiatrists after retirement include working in disaster zones. Full story on p15

Psychiatrists issue historic admission of the harm done by aversion therapy

A statement acknowledging the harm done to lesbian, gay, and bisexual people who were subjected to aversion therapy has been made by the College. Hailed by campaigners as a 'milestone' in the history of LGBT rights, the statement expressed "profound regret" for the lifelong impact that aversion therapy had on those who were prescribed it to 'treat' homosexuality as recently as the 1970s.
In the statement, Professor Wendy Burn acknowledged that studies which once purported to have a 'cure' to homosexuality, or to classify it as an illness in the first place, have now all been disproven and debunked.
She also made clear that psychiatry is an open and diverse medical specialty whose role is to offer non-judgemental advice to anyone who seeks psychiatric help, no matter their background, age, gender, sex, race or religion. Offered as an exclusive story to BuzzFeed in October 2017, the statement was then widely covered by media outlets including the BBC's Victoria Derbyshire Show, and has now been written into the memoir of aversion therapy survivor, Jeremy Gavins.

Push for mental health reforms in Northern Ireland amid political impasse

Efforts to break the political impasse in Northern Ireland continue, with the College turning its attention to the British Government's £50 million pledge for mental health care.
RCPsych in NI chair Dr Gerry Lynch is due to represent the College, together with NI mental health charities, at a meeting in Westminster with NI MPs on 20 February to try to ensure the promise is kept.
The NI delegation will also be seeking to establish what can be done for mental health service planning and delivery should devolution not be restored soon.
Dr Lynch said: "It is imperative that mental health policy and service development doesn't stagnate in the absence of a devolved administration.
"Given the underfunding of mental health care in Northern Ireland, new policies and reforms must be driven forward."

President's update

Professor **Wendy Burn**

Welcome to this issue of RCPsych Insight, I hope you enjoy reading it as much as I have!
It is now over a year since I was elected and more than six months since I started. In that time, we've seen more applications for core training than ever before, thanks to your work in influencing and inspiring medical students and Foundation Doctors. I would urge you to share this magazine with them so that they can see the many opportunities available to them if they choose psychiatry as a career.
As a relatively new President this has been a fantastic introduction to the role. The Imposter Syndrome symptoms are settling down now and I'm beginning to get to grips with what the job involves.
Preparations are now in full swing for International Congress which is in Birmingham this year from 24-27 June. We received a record-breaking number of submissions for sessions, and we have invited some brilliant Key Note speakers.
One of these is Baroness Hale, the President of the Supreme Court of the United Kingdom and the first woman to be appointed to this role. Her talk, entitled 'Is it time for yet another Mental Health Act?', is particularly topical in light of the current review of the Act, and I'm looking forward to hearing what she has to say. I hope as many of you as possible will come to Congress and I look forward to catching up with you there.

Editors: Nick Hodgson, Hannah Perlin, Rebecca Couper and Kim Catcheside
Contributor/writer: Sarah Chalmers
Photographers: Emily Long, Rachael Meyer and John Need
Clinical Editor: Dr Tony Rao
Design: Lee Braithwaite
Cover illustration: Martin Rowson
Inside illustrations: Kipper Williams, Gemma Mulreany
Want to contribute or offer feedback? Send in your suggestions to magazine@rcpsych.ac.uk #RCPsychInsight

FEEDBACK

I would just like to say what a joy the front cover [of the first edition] brought me, the two institutions I have been associated with for most of my working life were unusually coalesced!

Surgeon Captain John Sharpley, Royal Navy

I just looked at my copy of Insight. All I can say is – superb. A great mix of articles that really shows the breadth of psychiatry and presents our profession in a really positive light. Please pass on to the team that the former Treasurer is both pleased and proud of the College.

Professor Nick Craddock, former RCPsych Treasurer

I am a London-based ST6 in General Adult Psychiatry, and really enjoyed the current edition of your Insight magazine.

Dr A, ST6

I tried to send this earlier to the email address written in the magazine on page 3: magazine@rcpsychinsight.ac.uk – which bounced as it appears to be an error – please amend in the next edition to magazine@rcpsych.ac.uk

Dr M, ST4

Editor response:

We apologise for printing the incorrect email address on p3 of the last edition of the magazine. We have amended that now, and would be really interested to hear what you think of this edition.

Please send your feedback to magazine@rcpsych.ac.uk

Dr Lade Smith is playing a key role in the College's input into the Independent Mental Health Act Review

Act on **discrimination**

How the Mental Health Act review must address the disproportionately high number of black people sectioned.

When the Prime Minister called for a review of the Mental Health Act, she said she wanted to "tackle the long-standing injustices of discrimination in our mental health system once and for all".

In particular, she was keen to address the disproportionate number of black, Asian and ethnic minority people detained under the Act.

Rates of detention across the whole adult population are over four times higher for black people compared with white people, and are around twice as high in the entire Black, Asian and Minority Ethnic (BAME) population.

For Dr Lade Smith, Consultant Psychiatrist and Clinical Senior Lecturer at the South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, Psychology and Neuroscience, the Mental Health Act review is welcome news.

Lade, who is playing a key role in the College's input into the review, said: "It's unacceptable that compared to white people, black mental health patients are 53.8% and Asian patients 42.4% more likely to be detained under the Act."

To understand why this is happening, Lade emphasises the importance of understanding why BAME groups are getting to the point of mental health crisis in the first place and why that's happening more often than in white groups.

She says: "This speaks to a wider issue about the experience of BAME groups in this country and the effects of long-term discrimination.

"According to the Institute of Race Relations, if you are from an ethnic minority you are more likely to be living in poverty and more likely to have low social status, both strong indicators of stress and mental health problems.

"To tackle discrimination in the mental health system, we must look beyond the walls of the NHS."

When Mrs May unveiled the review to the Tory party at their annual conference in October, she announced the College's immediate past president Professor Sir Simon Wessely as its head.

Reacting to his appointment, Sir Simon said the number of black people being detained under the Act was "troubling".

He added: "Reviewing the Act isn't just about changing the legislation. In some ways that might be the easy part.

"The bigger challenge is changing the way we deliver care so that people do not need to be detained in the first place.

"It would also be naïve to deny that much wider factors, such as discrimination, poverty and prejudice, could be playing a role"

"In my experience, it is unusual for a detention to be unnecessary – by the time we get to that stage people are often very unwell, and there seem to be few alternatives available.

"But that does not mean a detention is not preventable or avoidable. The solutions might lie with changes to the legislation, but could also come from changes in the way we organise and deliver services.

"It would also be naïve to deny that much wider factors, such as discrimination, poverty and prejudice, could be playing a role."

The 2014 Adult Psychiatric Morbidity Survey found that although black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness.

Too often for some black men the first time they have contact with mental health services is when they are being detained for treatment into hospital.

Lord Crisp's independent Commission on Acute Adult Psychiatric Care, which was set up by the College and published its findings in 2016, identified the detention of BAME groups and their experiences of mental health care as a specific area of concern.

The Commission called for a Patients and Carers Race Equality Standard to be piloted in mental health to ensure there is no discrimination against particular groups of patients.

It called for the Standard to run alongside other efforts to improve the experience of care for people from BAME communities, including staff training and better involvement of BAME communities in planning, providing and monitoring care.

This Standard is being developed by the College's National Collaborating Centre for Mental Health, in partnership with NHS England.

Lade said: "We hope that this will be published soon and that all mental health services are encouraged to implement the Standard and develop plans for improvement as needed."

The Mental Health Act review is collecting evidence and will produce an interim report in spring 2018 and develop a final report containing detailed recommendations by autumn 2018.

Lade said: "The review is an opportunity to get the best possible deal for our patients.

"It will determine how those who need the help of psychiatrists, often at their most urgent crisis point, are treated. Changing the law, however, will not in itself fix the wider injustices still faced by some of the most vulnerable people in our society.

"We must use this opportunity to look at the root causes of detention rather than the symptoms. That means avoiding people presenting in crisis in the first place."

Being detained had a knock-on effect on my entire life

Almost eight years after Steve Gilbert was detained under the Mental Health Act, the experience is still seared onto his memory.

"I spent 21 days in hospital in total, in two locations. The second hospital was like a holding cell.

"The TV was behind a sort of perspex screen and you had to ask a member of staff to change the station for you. As an adult, you are used to having autonomy over your life and losing that and being treated like a child is very difficult."

Steve had spent three years on anti-depressants after suffering depression and psychosis but had been weaned off them and signed off work by his doctors, when he had what he describes as "a full blown manic episode" in 2010.

When a friend tried to make a doctor's appointment for him he "freaked out", by coincidence in front of a police station and ended up being arrested and put in a police cell, before being detained under the MHA in hospital for three weeks.

"I still find it frightening that I am one of the relatively small minority of people ever to have been detained," he says, "the experience has had a huge knock-on effect on my life.

"It's still hard to get insurance, or a driving licence and you never know when you are going to be filling in a form that includes the question: Have you ever been detained under the Mental Health Act? The stigma is still there."

Steve is now Vice-Chair of the Independent Review into the Mental Health Act, chaired by Sir Simon Wessely. His personal insights, along with his work as an SMI Living Experience Consultant for organisations such as THRIVE, West Midlands and in suicide prevention, have proved invaluable.

Steve Gilbert, Vice-Chair of the Independent Mental Health Act Review

(Top left)The Reverend Richard Coles. (Bottom left) Medical Student of the Year, Maxime Taquet.

(Above) Psychiatrist of the Year Dr Sri Kalidindi and Alastair Campbell.

(Top right) Psychiatric Team of the Year, working with children and adolescents – Paediatric Liaison Psychiatry, Royal Hospital for Children, Glasgow.
(Middle right) Core Psychiatric Trainee of the Year Dr Mary-Ellen Lynall, and President Professor Wendy Burn.
(Bottom right) Psychiatric Team of the Year, Non-age specific – Women's Forensic Learning Disabilities Secure Service.

College **Annual Awards**

The great and good from the world of psychiatry descended on College's London headquarters for our ninth annual awards.

More than 300 guests attended the ceremony, which was presided over by The Reverend Richard Coles, fresh from a stint on Strictly Come Dancing.
The musician, journalist and presenter welcomed guests including College Dean Dr Kate Lovett and Alastair Campbell, Tony Blair's former spin doctor who, alongside his work as a writer and strategist, is a leading ambassador for mental health campaigns. Alastair is an award-winner himself, receiving a College fellowship.
College President Professor Wendy Burn opened the proceedings by congratulating the shortlisted candidates.
The awards encompassed all branches of the discipline from trainees and students through to specialist teams

"I'm delighted and humbled to win this award. Mental health has never been spoken about more widely than it is now - let's grasp this opportunity to make a real difference"

and the winners drew praise for their research skills, campaigning, bedside manner and innovation.
This year's judges were hugely impressed by the standard of entries for each category, especially amongst students and trainees – which bodes well for the future. Maxime Taquet, graduate-entry medical student from the University of Oxford, was named Medical Student of the Year after developing an app to monitor neuropsychiatric variables such as mood, attention and sleep, which has been used by more than 60,000 people.
Dr Sri Kalidindi was named Psychiatrist of the Year. Sri is the immediate past Chair of the Faculty of Rehabilitation and Social Psychiatry at the College of Psychiatrists and as such has collaborated to set the direction of Rehabilitation Psychiatry nationally.
Receiving her award, Sri said: "I'm delighted and humbled to win this award. Mental health has never been spoken about more widely than it is now – let's grasp this opportunity to make a real difference."

Sri was a hugely popular winner as was Professor Rob Poole, Professor of Social Psychiatry at Bangor University, North Wales and Honorary Consultant in liaison psychiatry in Wrexham, who was presented with the Lifetime Achievement Award by Alastair Campbell.
To close the event, which was held in November last year, Professor Poole and Professor Wendy Burn took part in a question and answer session.

The winners are as follows:

- Lifetime Achievement Award: **Professor Rob Poole**
- Psychiatrist of the year: **Dr Sridevi Kalidindi**
- Medical Student: **Maxime Taquet**
- Foundation Doctor: **Dr Megan Brown and Dr Mrinalini Dey**
- Core Psychiatric Trainee: **Dr Mary-Ellen Lynall**
- Higher Psychiatric Trainee: **Dr Rory Conn**
- Service User/Patient Contributor: **Tony and Angie Russell**
- Carer Contributor: **Alan Worthington**
- Psychiatric Communicator: **Dr Mani Santhana Krishna**
- Psychiatric Trainer: **Dr Subodh Dave**
- R N Jajoo Memorial Academic Researcher: **Professor Oliver Howes**
- Specialty Doctor or Associate Specialist: **Dr Anand Ganesan**
- Psychiatric Team (working with children and adolescents): **Paediatric Liaison Psychiatry, Royal Hospital for Children, Glasgow**
- Psychiatric team (working age adults): **Hopewood Park Crisis and Inpatient Team**
- Psychiatric Team (older-age adults): **Older Adult CMHT South Oxfordshire**
- Psychiatric Team (non-age specific): **Women's Forensic Learning Disabilities Secure Service**
- Psychiatric Team (quality improvement): **East London Memory Clinics**
- Psychiatric Team (outstanding commitment to sustainable service development): **Technology Assisted Psychiatry**

RCPSYCH AWARDS

Professor Rob Poole

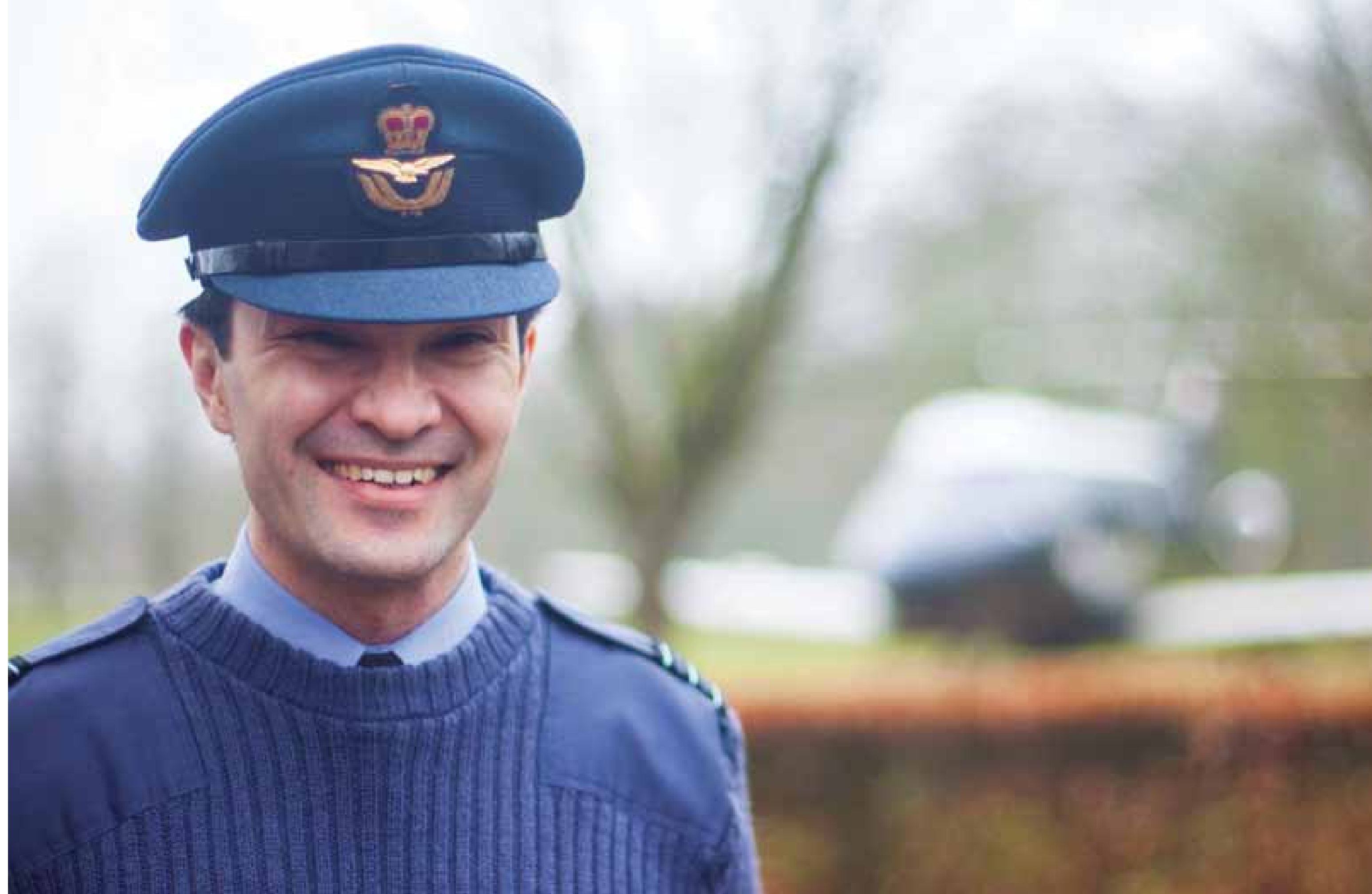
Former chairman of the RCPsych in Wales receives Lifetime Achievement Award.

Dynamic, principled, creative, daring to challenge. These are just some of the words used to describe Rob Poole, Professor of Social Psychiatry at Bangor University – recipient of this year's Lifetime Achievement Award – by his contemporaries.
But the man himself admits to being "poleaxed" when he heard about the honour to mark his 26 years in psychiatry.
"Partly it was because I see myself as a Sex Pistols kinda guy and this very respectable award was at odds with my self image. But it says something about psychiatry that it recognises a member of the awkward squad, someone who has ruffled feathers."
Thankfully, at the ceremony itself, Rob thoroughly enjoyed himself, and was particularly proud that his 90-year-old father was there to see him recognised. "I'm glad the award has come to social psychiatry and it is important that professions acknowledge excellence and highlight their common values in doing so," he says.
Rob studied at St George's in London then worked in Liverpool for 16 years, before moving to Wales. Today his main work is helping those in India and Pakistan at risk of suicide and self-harming. He has also worked extensively with the black and Chinese population in Liverpool, and many of those who have collaborated with him, such as Judith Cummings, the black mental health project advocate, paid tribute in a six-minute film, specially made for the event.

Lifetime Achievement winner Professor Rob Poole and Alastair Campbell

Psychiatry in the **Armed Forces**

Piloting a Typhoon simulator is just a day in the life of a military psychiatrist.



Wing Commander Daniel Sherwood, Royal Air Force

Piloting a Typhoon simulator or providing vital assistance in a foreign war zone are typical of a 'busy day at the office' for Wing Commander Daniel Sherwood. And if that makes him sound like a superhero, he'd probably be quite happy, because Daniel believes he has one of the best jobs in the world. As a military psychiatrist he has a varied and challenging career that combines all the rigours of medicine with the unpredictability and unique demands of the military – in his case the RAF.

"I knew from early on at medical school in Edinburgh that I wanted to specialise in psychiatry. I always found medicine and surgery very repetitive, except when psychiatry was involved – and psychiatry also had the most interesting "textbooks!"

Daniel was in the air cadets at school and had seen both his father and uncle serve in the military, so joining the RAF for his final three years of medical school seemed like a logical move and nothing out of the ordinary.

"The fact that the RAF paid my tuition fees, funded my psychiatry training in the NHS and paid me a competitive salary was also very appealing," he explains.

All three of the armed forces offer their own medical training schemes which are a mixture of undergraduate bursaries and pre-medical school awards. In return, recipients are expected to stay within the services for a fixed period of time.

Surgeon Lieutenant Commander Charlotte Evans also took advantage of one of the generous military training schemes when she applied to the navy for sponsorship during her final three years of medicine at Sheffield University.

"Our people are very resilient but that also means it takes a lot for them to be able to say when things aren't going so well"

Unlike Daniel, she was neither from a military background nor had any certainty about the area she wanted to focus on for her future career.

"I wasn't in any hurry to specialise and the military offered me the chance to go and be a doctor but do it in a really different way and get really different experiences."

A fascination for people and their stories ignited an interest in psychiatry during her foundation years at Queen Alexandra Hospital in Portsmouth, and deepened during her two and a half years as a ship's doctor immediately afterwards – a role she found hugely rewarding.

"I was responsible for around 200 people onboard. The position is different to that of a GP in that there are no chronic illnesses – everyone is between 18 and 55 and has been screened – and no children or elderly, but I had to deal with whatever came through the door."

The role also included force protection, organising vaccinations, and teaching trauma-related first aid, but again it was the psychiatric element that proved the biggest draw for Charlotte and she ultimately decided to specialise.

"Our people are very resilient but that also means it takes a lot for them to be able to say when things aren't going so well.

But in the 14 years I have been in the military I have definitely seen the stigma around mental health reduce and the message getting through that the sooner you address it the greater the likelihood of a positive outcome."

Of course, life in all three of the services, separated from friends and family for long periods, active combat and the sacrifice of personal control has its own strains. But contrary to popular belief, the number of military personnel assessed with mental disorders is broadly comparable with that of the general population.

Part of the job is providing advice and support to those who manage personnel – like the Commanders – to help manage psychiatric conditions like depression and psychosis. Daniel has also previously been deployed to Afghanistan where his role was to oversee the psychiatric team, primarily comprising nurses.

Aside from active service, Daniel and Charlotte agree that the most fascinating aspect of their jobs is the involvement in the whole of a patient's life and the rewards that brings.

Daniel says: "In the NHS I didn't need to know much beyond diagnosing and treating a patient. What they did for a job or who their employer was, wasn't usually relevant. In the military it's the opposite. Part of my job is to comment on the occupational impact of a diagnosis.

"To be able to make an informed judgement, I visit the units I serve to understand the work they do. It was on one such visit that I had a go in a Typhoon simulator so that I could better assess whether a diagnosis would compromise a pilot's ability to cope with a certain aircraft or impede their vision.

"Getting to know all the personnel like that is very rewarding."

Charlotte also praises the military's family ethic. She has a five-year-old and is due to give birth to her second child soon.

"My partner and I are never both deployed at the same time."

Family friendly, paid study and a uniquely fascinating workplace – for many medical students a military career has everything. And Typhoon simulators too!

Armed Forces **psychiatric bursaries**

Army

You must be a British, Commonwealth or Irish citizen studying at a UK university, within three years of finishing your course. Doctors receive £10,000 a year and a £45,000 lump sum when they successfully complete initial military training. Upon completion of phase one training, you'll be awarded a 12-year commission, with an opt-out at the four-year point.

Royal Air Force

A £3,000-a-year bursary is available for up to two years of undergraduate study. In your last two years, you can apply for a University Cadetship worth £14,983 to £16,823 a year and you also will receive help towards your tuition fees and a book allowance. In return, you're expected to join the University Air Squadron and the RAF once fully registered with the GMC.

Royal Navy

The Royal Navy offers a University Cadetship during the final three years of medical school. For successful applicants, you'll receive a salary starting at £15,379 per year, a book allowance and have your university tuition fees paid. As a Medical Cadet you're required to join the local University Royal Navy Unit and will be engaged on a seven-year commission from the date of your full GMC registration.

Source: Royal Medical Benevolent Fund

Surgeon Lieutenant Commander Charlotte Evans, Royal Navy

Professor Dinesh Bhugra, former president of RCPsych and president-elect of the BMA

Psychiatrist **in the spotlight**

Dinesh Bhugra is a rare breed: a psychiatrist who's become president of the British Medical Association.

Former RCPsych president Professor Dinesh Bhugra will become President of the British Medical Association (BMA) in June. Dinesh is excited to be thrusting psychiatry into the spotlight at such a critical time.

"Mental health has a very high profile just now. Politicians are talking about it, as are the Royal Family and other celebrities. The stigma around mental health issues is lessening and if we can focus on the right initiatives we can make even more improvements," he said.

Dinesh is only the fourth psychiatrist to become president of the BMA in its 185-year history. The others were Professor Linford Rees (1978), Dr James Birley (1993) and Baroness Sheila Hollins (2012).

Dinesh grew up in a small industrial town in North India and studied medicine at Poona University. As well as having a distinguished career as a psychiatrist, an impressive clutch of qualifications, and being a Fellow of the RCPsych, he was also awarded a CBE for services to psychiatry.

> **"The stigma around mental health issues is lessening and if we can focus on the right initiatives we can make even more improvements"**

But he says when he started out studying the discipline, more than 30 years ago, there was still so little understanding of mental health that patients with schizophrenia were routinely refused surgery for physical conditions.

"We've come a long way since then, but there is still further to go. One of the main projects I want to push through – and which the BMA has agreed to – is in health justice for people with mental health issues.

"When we studied the laws in 193 countries we found that only 36 per cent of them allowed people who had been in an asylum to vote, get married, inherit property, make a will or have any rights of employment.

"Less than half of Commonwealth countries have a mental health policy. If you can't work you are not a proper member of society and if you can't marry you are also sidelined.

"I hope, post-Brexit, this is something Britain will take more interest in and help develop mental health policy in Commonwealth countries."

When he takes the helm in June 2018 Prof Bhugra feels confident that psychiatry's profile can be raised even higher.

"If we can push the mental health agenda across all aspects of medicine that is a very healthy thing. There are approximately 160,000 members of the BMA and I do think every doctor in every discipline should have an understanding of psychiatry because it is not separate from physical health, but interlinked.

"In every branch of medicine from physicians to surgeons to dermatologists, mental health plays a crucial role in treatment and recovery. We know that people with mental illness have more physical problems and tend to die 15-20 years younger than the general population.

"If a patient with diabetes becomes depressed that will have an effect on his or her treatment for their condition. My hope is that by highlighting these issues through the BMA, physicians and doctors will become more sensitive," he says.

And Prof Bhugra will continue to build on some of the work he has already undertaken at the College, such as medicine's social contract with society. "It fits in with the NHS's 70th anniversary, and what their plans are. It is a good time to look at what society expects from doctors and vice versa."

Dr Jean O'Hara today and on Victoria Peak mountain overlooking Hong Kong in the early1960s

Seeing the person **behind the label**

Dr Jean O'Hara's upbringing in Hong Kong helped her develop a skill every psychiatrist needs.

When I was a medical student, a consultant told me I had a natural feel for psychiatry, that I understood the person behind the label.

For me, that sums up psychiatry. Early in my medical career I saw fatal overdoses and wasted lives, traumatic self-inflicted injuries and treatable physical illnesses missed because someone had a mental health problem. This and, my own experiences, led me to choose psychiatry.

To understand psychiatry, life experience helps. I grew up in colonial Hong Kong in the 1960s, lived in an overcrowded flat with basic sanitation, and slept on a straw mat on the floor until I was 15.

I lived through the mayhem of the Cultural Revolution – as a young child I witnessed a violent suicide and a neighbour's psychotic crises, and heard accounts of family hardship, loss, courage and resilience.

We struggled financially but my parents believed in the transformative nature of education and the value of a British university degree.

When I was in sixth form, my headmaster told me not to apply for medicine, but as a girl I could be a nurse instead. The government education department told me not to apply for medicine in Britain because I was an overseas student from a mixed ethnic heritage. I ignored both, got in through clearance, studied in London and qualified as a doctor in 1983.

Seeing the person behind the label has helped me spot misdiagnoses. Early in my career I saw a patient my consultant had admitted for depression. But I noticed her dyspraxia, did a neurological exam and found cranial swelling. I got the patient scanned and she was operated on the same day. She had a 10cm tumour in her brain. It was a reminder: you need to be a medic to be a psychiatrist.

> **"To understand psychiatry, life experience helps. I grew up in colonial Hong Kong in the 1960s, lived in an overcrowded flat with basic sanitation, and slept on a straw mat until I was 15"**

I am now the National Clinical Director at NHS England for Learning Disabilities. In this subspecialty, perhaps more than any other, seeing the person behind the label is crucial.

People with learning disabilities often have complex neuropsychiatric conditions, a high prevalence of mental illness and serious physical health problems.

Yet – a bit like the woman with a 10cm tumour – their health needs often go unrecognised and untreated.

They are a group of people who need skilled clinicians to tease out whether a behavioural presentation is due to their disability or some other factor: such as a communication of distress, pain, abuse or a reflection of environmental factors.

I have had an amazing career. In psychiatry, we value people who come to it from other careers and backgrounds for good reason – it helps them understand the thing that is at the heart of what we do: seeing the person behind the label.

On Wednesday 27 June, at 2.45pm, Jean and two other authors – Prof Linda Gask and Joanna Cannon – will take part in a discussion at our International Congress in Birmingham with dean Dr Kate Lovett, called 'Reading, Writing and Rebellion – Three Authors in Discussion with the Dean'. Jean's memories of her Hong Kong childhood, Through the Dragon's Gate, is available in paperback.

Dr Peter Rice, former chair of RCPsych in Scotland, took to the national media to campaign for Minimum Unit Pricing in Scotland

Alcohol court **victory**

Will rest of UK follow suit after Scottish victory over Minimum Unit Pricing?

For the last 20 years, Dr Peter Rice has campaigned for the introduction of a minimum price per unit of alcohol in Scotland.
His pleas have been published in several national press outlets including The Scotsman, The Herald and The National.
Legislation was approved by the Scottish Parliament in 2012 but was challenged by the drinks industry.
Finally, in a unanimous judgment, the Supreme Court – the highest court in the land – has now rejected the challenge and the 50p per unit price is set to stand.
It paves the way for the rest of the UK to follow suit.
For Peter and others who have campaigned for Minimum Unit Pricing (MUP) – where the price per unit is directly linked to alcohol content – it is the end of a long and tortuous battle.
"We called for this legislation because we could see the harm that cheap alcohol was doing to our patients. Price has a very important effect on the amount people drink, especially the heaviest drinkers. We are hoping MUP will tip the balance in the right direction," he said.
Photos of young revellers falling out of pubs, so inebriated they can barely stand have become a familiar sight in recent years.
But while these images may dominate media coverage, at the sharp end, clinicians have been noticing a very different trend: alcohol misuse is becoming a major problem for the over 50s.
In fact, one in five admissions to hospital for alcohol-related issues is now someone of pensionable age, a 50 per cent rise in the last five years.
By contrast the number of younger people admitted due to drinking dropped 20 per cent during the same period, according to a study by The Institute of Older Age Psychiatry.
It is a scenario Peter, former chair of RCPsych in Scotland (2009-13), and a clinician in Tayside for 20 years, is very familiar with and part of the reason he campaigned for MUP.

"Much of children's mental health issues are linked to parental drinking because a heavy drinker in the family leads to problems in family functioning"

Peter, who is Alcohol Policy Lead for the College's Addictions Faculty, is also chair of the Scottish Health Action on Alcohol Problems (SHAAP), which he co-founded in 2006.
The campaigning group first called for MUP in 2007 but it was only in November last year – 10 years later – that the legislation passed its final hurdle with the Supreme Court ruling.
The new laws will come into force in Scotland on 1 May, 2018, with plans in Wales, Eire and Northern Ireland to follow suit. Only politicians in England remain unconvinced, but Peter is certain the legislation will quickly yield dividends.
"There are good reasons to believe that controlling the price of the cheapest alcohol will affect the behaviour of the heaviest drinkers most at risk of coming to harm.
"Essentially the heavy drinkers will do a calculation: what's the most alcohol I can get for the money I have available. It's not the cheapness of the alcohol, it's the bang per buck. So if a 5 per cent cider is £2 for a two-litre bottle and a 7.5 per cent cider is £2.20 for the same size, the heavy drinker will go for the stronger cider which is a little bit more expensive but actually gives them more alcohol. So the important thing is the price per unit."
Under the new legislation a three-litre bottle of cider – currently available for under £4 – will increase in price to more than £11.
Peter believes the initiative will have an almost immediate effect on young male suicide – heavily influenced by alcohol – and on children's mental health.
"Much of children's mental health issues are linked to parental drinking because a heavy drinker in the family leads to problems in family functioning if children feel their parent's behaviour is unpredictable."
The strategy is welcomed by psychiatrists such as Dr Tony Rao who co-edited the first UK report on substance misuse in older people, Our Invisible Addicts, currently being updated for release in March 2018.
"The post war generation grew up in much more liberal, almost hedonistic times, surrounded by alcohol advertising. They ingested the message that if you didn't drink you were a social misfit.
"Those attitudes stay with you for life, regardless of public education campaigns, so the only way to curb drinking is through availability and that means minimum unit pricing."

Overcoming **alcohol addiction**

How Diane Goslar's psychiatrist pulled her back from the brink.

Diane Goslar was among the first to hail Scotland's court victory – she has been part of the campaign calling for Minimum Unit Pricing in the UK.
Diane, as one of the College's patient representatives, had been one of dozens of signatories to a letter welcoming similar plans in Wales published in the Guardian newspaper.
A vociferous campaigner for the College, she knows all too well the perils of alcohol.
Once a high-flying PR executive, she watched her life unravel before her eyes as she became addicted – ironically, it was her very gilded life that helped feed her addiction.
"I was working in PR at the time, and there was a lot of hospitality, so there was alcohol flowing at functions and stocked mini bars in the hotel every night.
"The drinks cabinet was always open for clients and staff to soothe away the stresses of the day."
Soon Diane was drinking three bottles of wine a day. She began falling over, having memory lapses and uncontrollable tremors.
Finally, some years ago, her GP persuaded her to seek help and referred her to an alcohol treatment centre. "The lead clinician, psychiatrist Dr Billy Shanahan, strongly advised abstinence, but at the time I thought I could continue to drink but control my consumption.
"Alcohol was simply too important to me – it was my support, my crutch and there was no way I was going to give it up completely, and they couldn't force me to," she said.
Diane temporarily reduced her drinking but that lasted for only three months.
After five alcohol-fuelled years Diane was at rock-bottom and saw the same psychiatrist again. "He just sat me down and said: 'Look, if you don't stop this, this is what will happen to your body and you will die'," she said.
She took his advice and after six months of counselling achieved her goal of abstinence.
Remaining sober is a constant battle, but her work for the College helps give her life focus.

Diane Goslar, recovering alcoholic

Dr Hugh Series is spearheading the College's work on retirement planning

Life after **retirement**

Worried about retiring? Don't be. Dr Hugh Series says options include working in disaster zones or for the tribunal service.

If the thought of putting your feet up, withdrawing from the frontline of professional medicine and consigning your career to history fills you with horror, you ought to meet Dr Hugh Series. Hugh has been asked by new President Wendy Burn to spearhead the College's push on retirement planning and is developing a section of the College's website devoted to this previously overlooked part of a psychiatrist's working life. The section, which will include details of conferences and links to useful contacts, is expected to be up and running early this year. "Retirement isn't a moment, it's a phase of your working life," explains Hugh, who has been an old age psychiatrist for most of his career, working mainly for the Oxford Mental Health Trust. A decade ago Hugh took a part-time degree in medical law at the University of Cardiff and ended up taking his career on a new and fascinating course. "I loved the new challenge and got very excited by medical law. I ended up dropping days from my full-time work and when I got the chance to retire relatively early, I took it, then returned to work part time in the NHS and undertook independent legal work and sat on mental health tribunals. I had come to a point in my career where situations were becoming quite familiar. I had been a consultant and, while every patient is different, their situations can become similar and there was potential to get a bit bored. Working in medical law was a new diversion. I find it really satisfying and it has expanded my horizons a lot. The criminal justice system is fascinating and needs expert evidence to help courts make the best decisions. Medical law is just one of many areas in need of experienced psychiatrists.

"There are lots of valuable and rewarding roles for senior psychiatrists who have built up a lifetime's experience and have great skill and knowledge in their field. Many retired psychiatrist return to work in their own or other NHS trusts, or in the private sector, possibly part time, and possibly in new roles." The tribunal service, CQC, and the GMC have great need of experienced doctors to work with them in a wide range of capacities. One particularly urgent need is for more second opinion appointed doctors (SOADs).

Outside the statutory agencies, retired doctors have an enormous range of choices. Some work with charities. Some work overseas. Some continue writing or teaching. Hugh helped organise a series of annual conferences on retirement when he was chair of the College's South East Division, which attracted a host of speakers from all these fields. They were hugely successful and the feedback he received reinforced his view that there were a large number of College members in the latter stages of their career wondering what to do next. Conversations with Wendy, Chief Executive Paul Rees, and Sir Simon Wessely, the outgoing President, also proved fruitful, with all agreeing that the College needed to provide a retirement initiative similar to the Start Well process during the first five years of a psychiatrist's career. Hugh says: "Medical directors may worry about a 'brain drain' of doctors wishing to retire early. We strongly believe that with flexibility and goodwill on both sides it is entirely possible to come up with part-time job plans which are valued by both trusts and retired doctors, and mean that the skill and experience of senior doctors is not lost. Mandatory training and appraisal is an issue, but trusts do not have to pay pension contributions or discretionary points to retired doctors, so there can be savings." His aim is to provide an information-sharing facility on the College website and a user-friendly means for psychiatrists to access information. "It's never too late to acquire new skills, and to keep your mind fresh and alert," he says. It's a scenario that resonates with Dr Pearl Hettiaratchy, College Vice President from 1995-7, who retired 15 years ago but has continued to work for the GMC, as a medical member for the Mental Health Review Tribunal and as a SOAD. "Retirement has given a whole new dimension to my work. Many doctors feel that being a doctor is part of who they are and they still want to give to the profession, as well as receiving the validation that comes from practising."

Dr Joan Rutherford

Dr Joan Rutherford works on Mental Health Review Tribunals

As Chief Medical Member for the Mental Health Review Tribunals, Dr Joan Rutherford considers the service a perfect retirement opportunity for psychiatrists looking for a new challenge. In 2008 she undertook some work as a tribunal doctor and found it so fascinating she made it the focus of her work after leaving the NHS in 2010. "It's a great opportunity to see things from a different perspective, and it's also a fantastic way of remaining alert and relevant.

"Working for the tribunal service gives you the chance to do things you wouldn't otherwise get the opportunity to do. I've visited Broadmoor and been inside High Security units which I hadn't done before, but which provide me with a great insight."

Aside from the new areas of clinical work, she says retirement is the perfect time to enter the service as seniority and experience are vital parts of the work. From a practical point of view, it is work that can be managed and slotted around other commitments such as family or new hobbies. "As long as you can commit to 20 days a year, you can work for the tribunal service. You decide the days you can do, and when they are completed you don't have any ongoing clinical involvement, so it is possible to switch off." The decisions are made by a three-member panel of a judge, medical member and lay member. This sense of collective responsibility can prove another attractive feature.

Dr Nick Rose

Nick Rose, a psychiatrist and a family therapist based in Oxford spent a three-month sabbatical in Sri Lanka, just after the 2005 Tsunami, which altered the course of his working life. He retired shortly after and has since joined the International Medical Corps (IMC) turning his experience to good use in disaster zones from Haiti to Ethiopia and the Ukraine.

"I wanted to use my soft skills of mentoring, networking, teaching, auditing and leadership," he explains. Like many psychiatrists, he had accrued a vast skill-set during his time with the NHS but was ready for a new challenge. According to the World Health Organisation people in disaster zones are two to three times more likely to suffer from mental health disorders. "We know that most mental health disorders are triggered by stress – bi-polar, depression, psychosis and those living in disaster zones have often suffered multiple losses – their home, family members, community and job."

Nick, who is on an emergency roster for the IMC has to be ready to head to the scene of a disaster within 10 days. He is then often posted there for a month or two at a time, but finds the work hugely rewarding. But he does caution that it is not for everyone. "You have to be interested in working cross-culturally. You are in someone else's sovereign territory and have to be culturally sensitive and able to adapt, listen and be flexible."

Dr Nick Rose working with refugee communities on the border of Chad and Sudan

Dr Angela Rouncefield and, below, newspaper cuttings of the controversial trip to Plymouth in the 1960s

The rebel **psychiatrists**

A controversial College entry system spurred a group of ‘dissident’ psychiatrists to fight back.

Psychiatrists revolt over terms for new Royal College

Dissident psychiatrists form new association

When the College launched back in the 1960s, there was much debate about whether there should be a single entrance test or a period of training first.

As a young psychiatrist, Angela Rouncefield found herself on the side of those calling for a training period first. With friends, they campaigned for their point of view and this created the foundations of the way we do things now.

“I was in favour of improving training as I felt, as did many others, that there was real variability in standards and education around the country.”

Although she was never a vociferous rebel, Angela was aligned with others such as David Goldberg and Peter Noble who seemed to ruffle the feathers of officers at the time.

“There were several who were prepared to challenge the officers over the single examination and this didn’t go down well.

“We sent a telegram to their hotel saying ‘battle lines have been drawn’ ”

“We noted that their meetings were getting further and further from London. There was one very important meeting that was held in Plymouth.

“So, we hired a couple of coaches to take a bunch of junior doctors down there as we were all so poor.

“We sent a telegram to their hotel saying ‘battle lines have been drawn’ or something to that effect. We were being deliberately provocative.”

On hearing the coaches were on their way, the officers took the precaution of calling the police, worried about what the rabble might bring. Even the press of the day referred to them as dissidents.

Angela was warned away from aligning herself with ‘trouble’ but looking back she didn’t feel it harmed her career.

“I was young and hot headed. It did make a difference though, our attendance swung the meeting.”

David, who was also on the Plymouth trip, said: “The old guard at the College were obsessed with the exam. They wanted to make us as much like the Royal College of Physicians as possible.

“We, the so-called rebels, disagreed: we thought what the new College should be doing was improve training standards, which is pretty much what it’s done.”

Angela has been a member of the College for over 40 years and is proud of the way it has developed, although she’s quick to caution over a potential London-bias.

“Lots of great things are happening all over the country. Here in the South West we’re doing sterling work on training and our reputation has grown as a result. It’s important that members don’t just assume all the good stuff happens in the capital.”

Angela has just passed her 80th birthday and is still as busy as ever. She helps with the Sea Sanctuary charity, funded by the National Lottery, which helps those with mental health needs receive treatment on a boat.

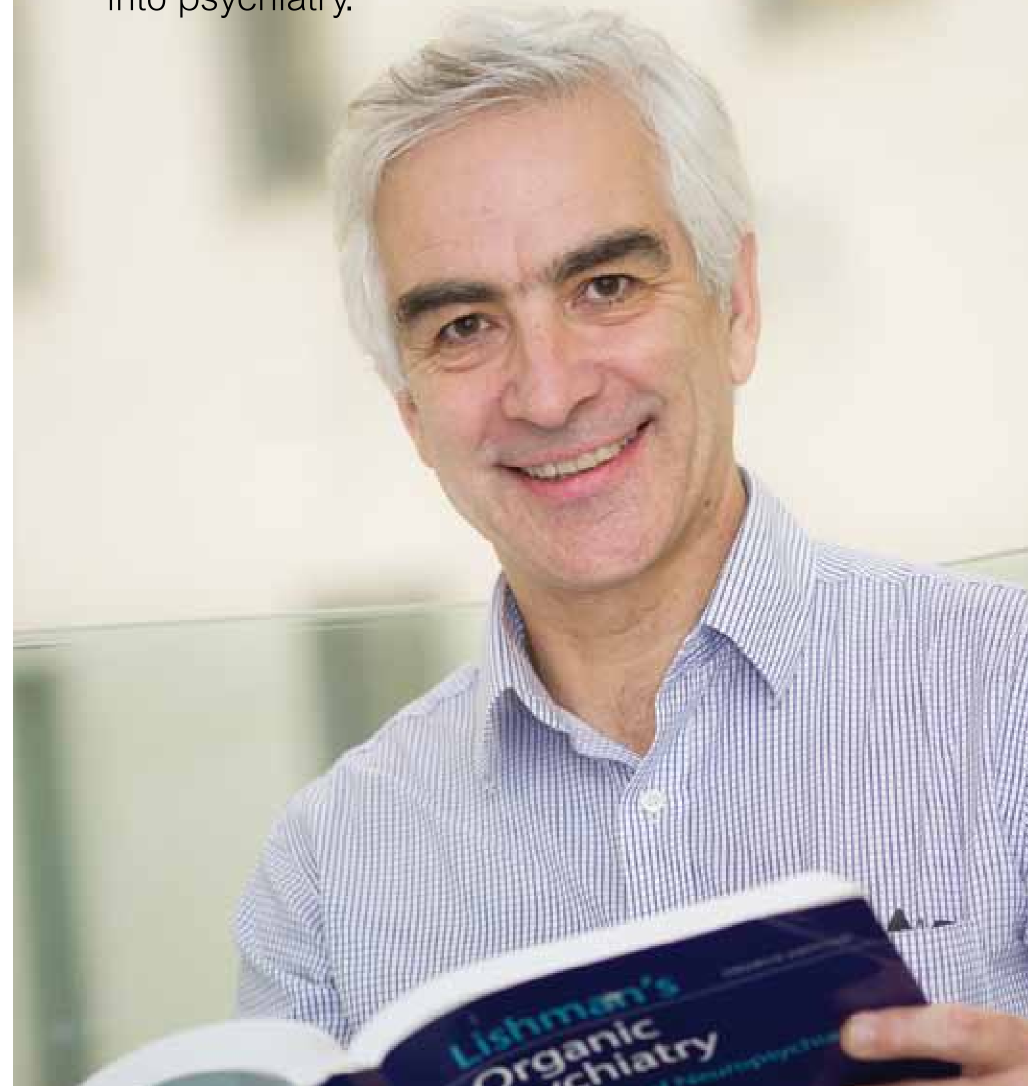
“We run five-day courses at sea. They’re incredibly nurturing and really do seem to help those young people who need it most,” she said.

Despite cuts to NHS services over the years, Angela refuses to be downcast, and promises to stay committed to mental health: “I shan’t let up till the day I die,” she said.

Bearing in mind her mother was more than 100 years old when she passed away, Angela’s commitment to the NHS is unlikely to end any time soon.

Fast track **recruitment**

A new initiative aims to attract the brightest and best into psychiatry.



Professor Damien Longson, Associate Dean for National Recruitment

Enticing star students into psychiatry has always been a challenge, but the discipline could become a lot more attractive to students thanks to a simplification of the entry process.

Instead of needing to be interviewed, top performing students will now be offered unconditional places if they score highly enough in their Multi-Specialty Recruitment Assessment (MSRA), in a new initiative which echoes a similarly successful scheme offered by the Royal College of General Practitioners.

“At the moment we have to recruit a lot of doctors from abroad because students simply aren’t choosing psychiatry,” explains Professor Damien Longson, Associate Dean for National Recruitment at RCPsych.

“Psychiatry is a wonderful career choice, we just need to keep getting our message across”

In order to meet demand some eight per cent of medical graduates need to choose psychiatry, and at the moment that figure falls way short – as low as two per cent in some institutions. This, coupled with a high retirement rate, means the demand for psychiatrists has rarely been greater.

“Unfortunately, there is still a lingering stigma around working in mental health. Many graduates don’t see it as an attractive career option. In part this is because psychiatry is viewed (erroneously) as being less scientifically rigorous than other branches of medicine. Some students also have the false impression that it is harder to get patients better in psychiatry, which again is untrue.”

Faced with such misinformation, Damien hopes the new initiative will swing the pendulum in favour of psychiatry.

“Instead of specialising now at the end of foundation year 2, many student doctors take a break and have a year abroad. This has meant in the past that it is very difficult, and expensive for them, to come back in the midst of that year, to be interviewed for a psychiatry post. By contrast the written test can be taken anywhere, and the top students will then be offered unconditional places.

“That way we identify the best performing students and incentivise them to opt for psychiatry, by cutting out the often expensive interview process,” explains Damien.

The College anticipates that some 20 per cent of those who sit the MSRA will then get an unconditional offer into psychiatry. In the past, the top performers in the MSRA tended to then get offers after interview anyway, so this new initiative, starting in 2018 will simplify the process.

“We are competing with other branches of medicine for the very best people. This scheme has worked for GPs and we believe it will work for us. We are confident that those who perform best in the MSRA will be able to cope with the demands of psychiatry. We also hope that changes in training which mean all medical students now spend around four months in psychiatry will have an impact on recruitment.

“Psychiatry is a wonderful career choice, we just need to keep getting our message across.”

Mental Health **in detention**

How immigration detention centres are taking their toll on detainees' mental health.

Professor Cornelius Katona and Dr Hugh Grant-Peterkin contributed to the College's position statement on immigration detention centres

Immigration detention centres are a hot topic not only in terms of politics, but for psychiatry too. At the end of last year, a hard-hitting Panorama documentary for the BBC – featuring an undercover whistle-blower – highlighted some disturbing practices at one such centre, Brook House near Gatwick.

The documentary saw detainees mocked and in one case choked by staff, ten of whom were suspended after the programme aired.

Some 500 detainees are held in the facility, split over five wings and including hardcore criminals waiting to be deported alongside newly arrived asylum seekers.

Brook House is one of 11 immigration removal centres across the UK, detaining 30,000 people a year, 200 of whom are held for more than a year.

The College's own Professor Cornelius Katona was featured, providing expert analysis. Prof Katona, along with a group of other professionals including fellow psychiatrist Dr Hugh Grant-Peterkin, has recently written the College's position statement on decision making capacity in immigration detainees.

Hugh, a trustee of the charity Medical Justice (safeguarding the rights of immigrant detainees), was part of a group of College members who initially wrote to the College highlighting the inhumane treatment of so many held in detention: "At the time the provision of healthcare in immigration and removal centres was utterly degrading and detainees' distress was ignored."

Prof Katona, a former member of the management executive at Medical Justice, has years of experience of visiting detention centres and still regularly writes reports on former detainees.

He says: "The chances of not being adversely affected mentally by prolonged and indefinite detention are very low. Detainees very often talk about that notion of being somewhere where you are confined, where you have very little control, very little choice over what happens in your day. That lack of control is an important part of the distress that leads to worsening mental health."

A decade ago, and then again last year, Prof Katona was involved in a systematic worldwide review of the effect of immigration detention on mental health.

"The research is pretty consistent – detention worsens pre-existing mental health conditions in people who have been previously traumatised, such as victims of torture or human trafficking.

"There is also evidence that the longer people are detained the worse their mental health gets and there is also evidence to show that even quite short periods of detention can harm mental health."

Professor Katona is adamant that vulnerable people should not be detained in detention centres, and for those who are there should be a limit to the detention. The UK is currently the only country in Europe that doesn't limit the detention of immigrants and can effectively see people detained for six or seven years.

A government review of the effects of detention on vulnerable people commissioned in 2016 and undertaken by Stephen Shaw came to the same conclusions. Prof Katona says: "While the Government committed to sticking to its recommendations, it also produced an Adults at Risk policy where vulnerability is weighed against immigration factors such as failure to apply correctly for asylum.

"The immigration factors can be invoked to outweigh the vulnerability which effectively makes the vulnerability factor irrelevant. There is also no recognition by the Government that the immigration factors may themselves be signs of mental illness.

"People who are mentally ill are less likely to go through the asylum process properly because they are less likely to be capable of doing so."

Prof Katona also maintains that detention makes it harder for detainees to gather the necessary evidence to support their claim – making the assertion that it speeds up the process a fallacy.

"The people I see tend to come seeking protection and what they get is something very different – they are often disbelieved, rejected and detained. I see a lot of people whose claims are ultimately, sometimes many years later recognised yet they have months or years of being disbelieved and back and forth into detention.

"They lose self-esteem and have no ability to start and plan a new life. There's no chance of them being able to reunite with their families.

"Detainees tell me in prison you count the days down because you have a defined sentence. In detention you count them up because you don't know when you will be released."

Instead of being detained, Prof Katona believes those with mental health issues should be cared for in the community and given alternative accommodation.

He is also concerned that the current system – as well as being harmful to those detained – can have a detrimental effect on the mental health of those working at the centres.

"Working with severely traumatised clients leaves you open to vicarious traumatisation. Also, if you see and hear enough stories you become inured to them. You can get cynical, callous and burnt out.

"As psychiatrists, we are trained to deal with these sorts of stories. We know to share our experiences with colleagues, to use support groups and have supervision.

"Other professions are less good at looking after their own mental health in these situations because they have had far less training and built-in support. This is another area that needs to be addressed."

CASE STUDY

When 24-year-old MD arrived at Heathrow on a family reunion visa to see her husband in 2011, she become confused and gave contradictory answers to Border Officers questions about her age, date of birth and marriage.

This led to her being taken to Yarl's Wood immigration removal centre in Bedfordshire and once there she began self-harming, cutting her forehead on a sardine tin, her cheek with pieces of China, and trying to strangle herself with a telephone cable. After four months she was restrained, handcuffed and removed from association with other detainees.

A judge ruled that she was likely to become more anxious in isolation and Medical Justice arranged for her to be seen by independent doctors who all recommended she be released from detention as she was a suicide risk.

She remained in detention and a year later was assessed as lacking capacity under the Mental Capacity Act and an Official Solicitor was appointed to act on her behalf. A month later, after 17 months in detention she was released on temporary admission.

A High Court judge ruled that she had been detained unlawfully and that the stress of detention was the main cause of her mental illness.

The judge said her treatment at the centre, "contributed to the deterioration of her mental state in detention and the prolonging of her mental suffering.

"I also accept that the removal from association and isolation and restraint in its various forms was degrading because it was such as to arouse in MD feelings of fear, anguish and inferiority likely to humiliate and debase in showing a serious lack of respect for her human dignity."

Yarl's Wood immigration removal centre

From early intervention **to prevention**

Professor George Tadros shares his vision for the new version of his award-winning model of liaison psychiatry.

Professor George Tadros, founder of the Rapid Assessment, Interface and Discharge model

Liaison psychiatry is undergoing a transformation, in part due to the Rapid Assessment, Interface and Discharge model.

This is a model of on-site psychiatric care, provided 24/7 in acute hospitals. It allows the full spectrum of patient needs to be taken care of in one assessment, as early on as possible, and in rapid time.

Targets are to see A&E patients within an hour, although in Birmingham and Solihull Mental Health NHS Foundation Trust, where this service was founded, the average time is just 23 minutes.

Evaluations have shown that patients seen in A&E are significantly less likely to be admitted, inpatients have significantly lower length of stay, and savings are three times greater than the cost of the service itself.

Launched in 2009, the Rapid Assessment, Interface and Discharge model is now implemented in 27 NHS trusts, has won several high-profile awards and is used as the benchmark for good practice by the Faculty of Liaison Psychiatry.

"The key achievement of the service was to change old-fashioned attitudes towards liaison psychiatry" says founder of the service, Professor George Tadros, Clinical Director of the Urgent Care Pathway at Birmingham and Solihull Mental Health NHS Foundation Trust, and Professor of Liaison Psychiatry and Dementia at Aston Medical School, Aston University.

"In the past, liaison psychiatry only saw patients after they were medically fit and ready to leave hospital. This made people reluctant to invest in it," he says.

"By focusing on early intervention and joint working, the service changed this.

"It was simply common sense that we worked with patients in acute settings: we get involved early, we work jointly, we make ourselves more relevant"

It was simply common sense that we worked with patients in acute settings: we get involved early, we work jointly, we make ourselves more relevant."

George is now working on RAIDPlus, using digital technology to try to predict and prevent mental health crises.

RAIDPlus is one of seven Test Beds, a national programme run by NHS England and the Office for Life Sciences. The programme tests 'combinatorial innovation', i.e. novel combinations of digital technologies and process innovations, in real-world settings with the aim of improving patient outcomes at the same cost or lower. Funded by a £2-million grant from the Department of Health and NHS England as part of their 'Test Bed' programme, RAIDPlus builds on the original service model, with three added parts that are controlled by a Crisis Care Co-ordination Centre (a 'digital control room'): CADDI (Capacity and Demand Dashboard Information); Predictive Analytics and Artificial Intelligence; and a Bed Forecasting Tool.

The development of RAIDPlus began in March 2016.

"The programme is very innovative, but it needs to be done step by step," says George. "We've had to spend a lot of time on information governance and confidentiality to ensure data and patient safety and security.

"We were helped with this because RAIDPlus was co-designed with patients. They were absolutely switched on about the opportunities it will afford.

"The creation of digital technologies that are supported by redesigned pathways of care will aim to reduce both the incidence and intensity of mental health crises."

RAIDPlus will be launched in George's Mental Health Trust, but he has plans to extend it to other trusts.

"I have national and international ambitions for the model," he says. "But most of all, I want the NHS economy to benefit from it. If we can reduce pressure on the system, we can reduce costs – and provide a better service for patients."