

# RCPsych INSIGHT

APPARENTLY  
THEY WANT 4000  
MORE PSYCHIATRISTS  
...

BUT HOW ARE  
THEY GOING TO FIT DOWN  
THE CHIMNEY?





## President's update

Professor **Wendy Burn**

Welcome to this winter issue of Insight, I hope you enjoy reading it as much as I have. As always, we were spoilt for choice in selecting which of the great things that our members are doing should be highlighted. I'm now almost halfway through my term of office. There is no doubt that being President has changed me. I had no real interest in politics before taking up the role, but now I find it a fascinating and totally absorbing subject. I am lucky enough to visit the Palace of Westminster on a regular basis, and at each visit I feel awed, honoured and privileged to be setting foot into a building where so much of our history has played out. On a more prosaic level, I have honed my ability to get onto even the most crowded train or tube and can usually manage to grab a seat. The thing that hasn't changed is missing my cats. The occasional meeting with Larry, the cat at Number 10, doesn't really make up for leaving them behind in Yorkshire. Recently, much of my time has been taken up with work to influence the Long-Term Plan for the NHS. I am hoping that by the time you read this, the plan will be public. At a recent visit to Bristol Psychsoc, I was lent a magic wand by a friendly child psychiatrist and allowed one wish. I used it to ask for a good settlement for mental health, so I'm hopeful that we will do well.

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## Choose Psychiatry media success

The Choose Psychiatry recruitment campaign ran again in October and, as with all ongoing campaigns, getting high-profile media attention second time around seemed a hard task. Our strategy paid off; RCPsych's press team worked closely with polling company ComRes to devise a hard-hitting poll that would give an unprecedented insight into how long people are waiting for specialist mental health treatment and what the impact of that wait was on their lives.



Data sourced from RCPsych as shown on Channel 5 news

The results were stark:

- 1 in 4 people (24%) with a diagnosed mental health condition reported waiting more than three months to see an NHS mental health specialist.
- Some (6%) say they waited more than a year to see an NHS mental health specialist – one man interviewed following the poll said he waited 13 years to get the help he needed.
- Where respondents' mental health got worse, these waits led to relationship problems including divorce (36%), financial troubles (32%) and work problems including job loss (34%).

The College achieved 572 mentions in the media, reaching around 5.5 million people. Dr Jon Goldin was filmed for *Good Morning Britain* in a piece that coincided with the first-ever Global Ministerial Mental Health Summit in London. Dr Kate Lovett appeared on BBC Two's *Victoria Derbyshire* show, BBC Radio Solent and ITV's lunchtime news. Our President, Professor Wendy Burn, was interviewed for talkRADIO's breakfast show and local radio in Bradford.

The success of the 2017 campaign led to the military part-funding our video, which now includes a military psychiatrist storyline. They're keen to get the message across that the armed forces need



Imagery from the Choose Psychiatry campaign

psychiatrists too and that psychiatry offers a varied and exciting career. We filmed in Aldershot with one of our very own serving psychiatrists who was only too happy to tell us how rewarding her career is.

## New website

More than 25,000 people visited the College's new website when it launched on Monday 19 November. The website plays a huge role in the way the organisation presents itself and communicates with the outside world, but the old design had become dated and performed poorly on smart phones and tablets. So, a project involving 80 members of staff and a user group of 120 psychiatrists, patients and other stakeholders led to the creation of a new brighter, bolder, mobile-friendly site. The overhaul involved re-writing 1,500 pages of content and creating new sections and navigation systems to make content easier to find and use.

Visit [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) to see the site for yourself, and follow the feedback banner at the top of the homepage to let us know what you think.



For more on the Long-Term Plan, please turn to pages 5-7

## Northern Ireland's report into prisoners' mental health

A report released by RCPsych in Northern Ireland says prisoners are being failed by the health services and that mentally ill patients are being kept in solitary confinement contrary to professional advice. The report's authors said this practice was proven to be detrimental to mental health. Rates of mental illness are said to be higher in Northern

Ireland than in other parts of the UK. The report by the Forensic Faculty in Northern Ireland detailed the issues that need to be addressed and potential solutions to support progress. It gained some high-profile press attention with one of its authors, Dr Adrian East, being interviewed on BBC Sounds, local TV and for a blog.



HMP Maghaberry. Picture by Jonathan Porter, Press Eye

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**Want to contribute or offer feedback?**  
 Send in your suggestions to [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk)  
 #RCPsychInsight



FEEDBACK

“RCPsych Insight is the best thing the College has done for its members. It captures a whole range of members’ contributions. It’s the public face of what psychiatry is all about.”

**Dr Rajesh Mohan, Chair of the Rehabilitation and Social Psychiatry Faculty**

“I really like the magazine. It makes you imagine things more creatively.”

**Dr Amar Gupta**

“It’s a quick and easy read that gives you updates on what the College is up to in a way that is humorous, engaging and accessible.”

**Dr Helen Killaspy**

“Whilst I do enjoy reading the magazine, I do have reservations about the cover. I feel the cartoon effect denigrates the specialty, in fact self-denigration which is serious.”

**Rosemary Macdonald, in response to Issue 5 (Autumn 2018)**

**Editor response:**

Thank you for your comments. While there was no intention to be self-denigrating, we’ve taken on board what you’ve said and will be more mindful of the content and themes of the cover illustrations we use in future.

Please send your feedback to [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk) or tweet us with hashtag #RCPsychInsight



College Registrar Dr Adrian James and Helen Whately MP

# Getting political consensus on mental health

The College’s role supporting the All-Party Parliamentary Group (APPG) on Mental Health has resulted in a hard-hitting report. The hope is that this will bring about much-needed change for patients.

**E**ndless queues outside of Parliament are usually an indication that something important is about to happen. The October launch of the APPG on Mental Health’s report *On the Road to Parity* was no exception. The room was packed and Twitter was already buzzing. It marked the culmination of months of hard work from the College, mental health charity Rethink Mental Illness – who provide the APPG secretariat – and several committed politicians. The report was the result of an inquiry investigating the progress of the Government’s mental health strategy, the Five Year Forward View for Mental Health, published in February 2016.

The inquiry received over 70 contributions from across the sector, including patients, housing associations and professionals. It gave MPs the chance to get out of Parliament and visit a mental health trust and talk to patients and carers about their own experience of the system. The politicians also had an opportunity to quiz stakeholders in person, including the College’s Registrar, Dr Adrian James, and NHS England’s national Mental Health Director Claire Murdoch. She said she hoped the APPG recommendations would influence the NHS’s Long-Term Plan. The APPG chair, Helen Whately MP, said: “We know change is possible because we have achieved so much since 2016, with 89% of people receiving treatment in IAPT within six weeks and 74% of people who

experienced their first case of psychosis getting treatment within two weeks. But it cannot be right that people with severe mental illness are being told there are no services available for them and therefore to lie and downplay the severity of their symptoms to get help.”

Ministers are known for being elusive when uncomfortable truths are being announced. Yet Health Secretary Matt Hancock was at the report launch along with 13 other MPs and peers. When the report was debated in Parliament later in October, the College was praised for its support, and the Government’s representative called the report ‘timely’ as it came just as the Long-Term Plan for the NHS was being put together.

“The College is not going to be organising a march down Whitehall, but we can still be quite influential,” stresses Dr James. The APPG provides an opportunity for the College to form relationships with politicians from all political parties while giving them an expert steer. “The report rates as a major influencing opportunity and having approval from those close to Government, including Simon Stevens, is the ultimate stamp of approval,” says Dr James.

The College is determined to hold the Government to account over Five Year Forward View promises. “The document provides an evidence base to lobby for change,” says Dr James. “We can quote from the findings which independently give credence to what we’re saying,” he added.



Holly Paulsen, Deputy Head of Policy and Campaigns at RCPsych and Professor Wendy Burn

# Shaping the plan

NHS England announced a Long-Term Plan for the NHS and asked for our ideas. Naturally, we were happy to oblige.

**W**hen the Prime Minister announced there would be more money available to spend on health we were pleased, obviously. But when you have a vision as ambitious as parity for mental health, the end of one battle is just the beginning of another. So, the Policy and Campaigns team at RCPsych immediately set itself the task of ensuring that mental health services were allocated a big enough share of the extra £20 billion to begin to close the treatment gap for patients. Being asked by Simon Stevens himself to contribute to a wish list for the mental health chapter of his Long-Term Plan was an opportunity we couldn’t afford to miss. Not only did the College’s Policy and Campaigns team rise to the occasion but, according to NHSE, we were the

**“We want better services and a commitment to building a mental health workforce that can deliver what our patients need”**

first mental health organisation or Royal College to get a full submission to him. Holly Paulsen, RCPsych’s Deputy Head of Policy and Campaigns, says: “This wasn’t just a list of demands. We saw this as an opportunity to actively engage with NHSE and DHSC to build trust and persuade decision makers that our ideas

were achievable and properly evidenced.” Throughout the summer, Holly and her team worked with the College officers and faculties to produce a compelling vision for mental health services in 2029 with a detailed description of how that could be achieved. Our submission calls for a commitment to the biggest expansion in access to mental health services across Europe, with a much-needed focus on tackling inequalities. The College wants the NHS to become the safest, most effective, and transparent health system in the world with mental health trusts leading the way. President Wendy Burn adds: “We never know what is around the corner, but regardless of whether this plan stays a plan or becomes something more concrete, it’s the biggest investment opportunity we’ve had in a long time. We want better services and a commitment to building a mental health workforce that can deliver what our patients need.”

By September, the College had put together a 100-page response with key asks including:

- 70,348 more mental health staff on the ground by 2028/29, including 4,218 psychiatrists
- An additional £3.7bn for mental health services between 2019/20 and 2023/24 and a further £3.3bn between 2024/25 and 2028/29, all above inflation
- Spending by CCGs and NHSE on mental health to increase from 10.8% in 2017/18 to around 13.1% in 2028/29 of the total estimated NHS England budget
- On top of this, capital funding is required in next year’s Spending Review from HM Treasury to address a growing maintenance backlog and build new estates. The government should also commit to increasing the overall DHSC budget by at least 3% each year to safeguard public mental health and workforce development.

Asking for money is something the President says she’s getting better at: “When you’ve been at the back of the funding queue for years, it’s easy just to be grateful for anything. But for mental health, a ‘fair share’ needs to be a bigger share to enable us to close the gap – and that’s what we will be fighting for.”

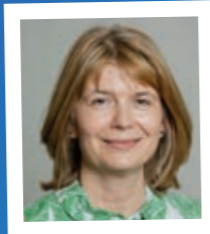
# Responding to the Long-Term Plan



## Academic Psychiatry Anne Lingford-Hughes

"We'd like a 50% increase in clinical senior lecturer posts to deliver innovation and improved care for our patients. We'd also like to see high-quality psychiatric training guaranteed with the presence of academic psychiatrists at every medical school."

We asked the chairs of each College faculty what should be included in the NHS Long-Term Plan if mental health care is to be fighting fit by 2028.



## Addiction Psychiatry Julia Sinclair

"If we want to really help those with alcohol and other substance use disorders, and improve outcomes for patients across the NHS, addiction services and the training of addiction psychiatrists need to be re-established. The burden of addiction on patients, their families and services is huge and growing, and to address it we need to be included in the NHS Plan."



## Child and Adolescent Psychiatry Bernadka Dubicka

"It's our hope that the majority who need help can get it when they need it (not, as currently, just the minority); the most vulnerable children have all needs addressed; services are offered up to the age of 25; and all children have the best start in life with integrated early years services. Lastly, we hope to have a well-supported workforce to provide the best care."



## Eating Disorders Dasha Nicholls

"Eating disorders carry a high mortality rate and they need to be recognised as serious mental illnesses. We'd like NHS England and Public Health England to recognise the value of eating disorder psychiatrists being fully engaged in public health and in educational settings to prevent eating disorders developing."



## Forensic Psychiatry Pamela Taylor

"The Long-Term Plan commitment to reducing health inequalities must include better services for prisoners. We need to retain resources for specialist in-patient hospitals and build community forensic psychiatric services, coworking with probation services to reduce numbers of prisoners with mental disorder and improve care when imprisonment is unavoidable."



## General Adult Psychiatry Lenny Cornwall

"Core general adult services have been neglected recently, with services hit in community, crisis and in-patient teams. We need NHSE to recognise this as a major concern and take action to prioritise core services as the vital foundations of the whole mental health service."



## Liaison Psychiatry Jim Bolton

"Liaison Psychiatry bridges the artificial divide the NHS has created between mind and body. We want the NHS to endorse liaison psychiatry for patients of all ages at all times in all hospitals, and to extend it to patients with long-term physical illnesses."



## Rehabilitation and Social Psychiatry Rajesh Mohan

"We'd like to address the needs of people with long-term conditions, such as psychosis, through funding for locally based community and in-patient rehabilitation services. Early provision will enhance recovery and reduce the need for out-of-area care. Whole system approaches are required, with NHS, social care and housing working in partnership."



## Perinatal Psychiatry Gertrude Seneviratne

"The investment in Perinatal Services has been valued with the expansion of mother and baby units but that commitment must continue. It is also crucial that countrywide services support perinatal and parental mental health, and the emotional and psychological development of babies and young children."



## Old Age Psychiatry Amanda Thompsell

"The next 10 years must see a far greater focus on older people's mental health. We need better prevention and early diagnosis of mental illness among older people; more widespread post-diagnostic support for patients with dementia and their carers; and crisis care that is accessible to older adults and can meet their complex needs."



## Medical Psychotherapy Steve Pearce

"The Improving Access to Psychological Therapies programme has successfully expanded services for mild to moderate anxiety and depression; it is now time to extend readily accessible psychotherapy to people with more severe mental disorders. This must include personality disorders and medically unexplained symptoms and somatoform disorders, as well as psychoses and more severe mood disorders."



## Intellectual Disability Psychiatry Ken Courtenay

"We are very pleased intellectual disability (ID) is a clinical priority in the NHS Long-Term Plan, giving people with ID the focus they deserve. We hope the Plan will deliver on improving the mental and physical healthcare of people with ID so that disability is no longer a barrier to high quality care."



## Neuropsychiatry Eileen Joyce

"Neuropsychiatrists help patients when brain damage or dysfunction is contributing to their mental illness. Unfortunately, services are few and far between. We believe every neuroscience centre should have dedicated neuropsychiatry services."

# 2018 RCPsych Awards

The College welcomed over 300 guests on 7 November 2018 to mark the annual RCPsych Awards. Broadcaster Victoria Derbyshire, fresh from the set of her BBC TV show, presented the afternoon's awards and was acknowledged for her own role in championing mental health awareness. Proceedings kicked off with an introduction from Professor Wendy Burn, President

of the Royal College of Psychiatrists, who congratulated all the shortlisted candidates. The lifetime achievement award was presented to Dame Fiona Caldicott, the College's first female president.

More details of our awards can be found on our website: [www.rcpsych.ac.uk/about-us/rcpsych-awards-2018](http://www.rcpsych.ac.uk/about-us/rcpsych-awards-2018)



Dame Fiona Caldicott with Professor John Wing at the 1996 AGM

Lifetime achievement award winner Fiona Caldicott with broadcaster Victoria Derbyshire

## A lifetime of paving the way

RCPsych's first female President, Dame Fiona Caldicott, receives the College's Lifetime Achievement Award.

**W**hen Fiona Caldicott hears of efforts to reduce hospital admissions for those with physical illness, she can't help but feel pride on the part of her specialty. After all, she says psychiatry led the way on care closer to home decades ago.

"It's interesting to see some of those ideas about mental health coming into physical health," says Dame Fiona, the recipient of this year's Royal College of Psychiatrists' Lifetime Achievement Award. "Mental health really was the forerunner."

Well, as the saying goes, it takes one to know one. To review Dame Fiona's career is to find multiple instances of trailblazing. Take her medical school

**"It was a marker that you could have a family life that was stable and rewarding but also achieve a lot in the profession"**

days in the 1960s as one of only 10 women in a year of 100 students – or the spell in the 1990s when she became the RCPsych's first female dean and then its first female president. Her presidency also marked another first: a Royal College being headed by someone who had completed specialty

training part time, something Fiona feels was important. "It was a marker that you could have a family life that was stable and rewarding but also achieve a lot in the profession." And that's all before one considers her eponymous reviews on patient data security in the age of digitisation. Or her decade as chair of Oxford University Hospital's NHS Foundation Trust, where she has helped ensure "the psychological treatment service is absolutely integrated with physical care".

It all means she has "various points of pride" when she looks at her career. The award from the College is, she says, the icing on top. "It's just wonderful. I'm really appreciative of something which is very special."



Dr Charlotte Blewett, Higher Psychiatric Trainee of the Year



Dr Ahmed Hankir, Core Psychiatric Trainee of the Year



Dr Heather Hanna, who won Psychiatrist of the Year for her work with CAMHS Intellectual disabilities in NI

### The 2018 winners are:

- Medical Student of the Year: **Konrad Wagstyl**
- Foundation Doctor (FY1 – FY2) of the Year: **Dr Beth McCausland**
- Core Psychiatric Trainee of the Year (CT1 – CT3): **Dr Ahmed Hankir**
- Higher Psychiatric Trainee of the Year (ST4 – ST6 and SpR): **Dr Charlotte Blewett**
- Service User/Patient Contributor of the Year: **Katy Chachou**
- Carer Contributor of the Year: **Michelle Long**
- Psychiatric Communicator of the Year: **Hellblade Developer Team, Cambridgeshire and Peterborough NHS Trust**
- Psychiatric Trainer of the Year: **Dr Christopher O'Loughlin, Cambridge and Peterborough NHS Foundation Trust**
- S N Jajoo Memorial Academic Researcher of the Year: **Dr Andrea Cipriani, University of Oxford, Oxford Health NHS Foundation Trust**
- Specialty Doctor/Associate Specialist of the Year: **Dr Thandar Win, Tees, Esk and Wear Valleys NHS Foundation Trust**
- Psychiatrist of the Year: **Dr Heather Hanna, Southern Health and Social Care Trust, Northern Ireland**
- Psychiatric Team of the Year (children and adolescents): **Psychological Medicine Team, Great Ormond Street Hospital for Children NHS Foundation Trust**
- Psychiatric Team of the Year (working-age adults) joint winners: **King's Health Partners Pathway Homeless Team, South London and Maudsley NHS Foundation Trust, & Peer Supported Open Dialogue Service, Kent and Medway NHS and Social Care Partnership Trust**
- Psychiatric Team of the Year (older-age adults): **Surrey Health Community Mental Health Team, Surrey & Borders Partnership NHS Foundation Trust**
- Psychiatric Team of the Year (non-age specific): **Integrated Psychological Medicine, Oxford University Hospitals NHS Foundation Trust**
- Psychiatric Team of the Year (quality improvement): **Teesside Locality Mental Health Service for Older People, Tees, Esk and Wear Valleys NHS Foundation Trust**
- Psychiatric Team of the Year (outstanding commitment to sustainable service development): **Transforming Mental Health, Hywel Dda University Health Board**



Dr Rosalind Ramsay, Specialist Advisor for the PSS

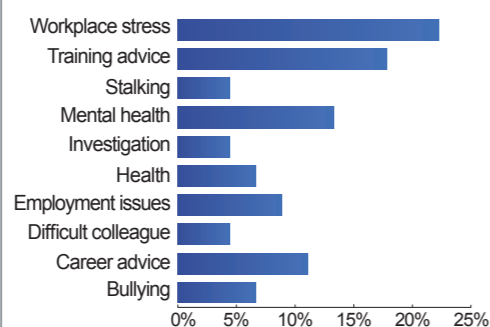
# Peer support for practitioners

A free and confidential helpline for members is making a real difference to callers when they need support or advice.

**P**honing a stranger for help may sound a daunting prospect. But the task is made easier when you know you will be put in touch with a psychiatrist who understands your dilemma, and that your call will be treated in total confidence.

This is the mission of the Psychiatrists' Support Service (PSS) – to provide members with an anonymous and non-judgemental space to air their concerns, catering for the wide range of issues they might face at home and at work. Toxic job environments, the emotional cost of their roles and having to manage conflicting demands are all placing doctors under unprecedented stress. This is why the PSS is absolutely vital, according to Dr Rosalind Ramsay, Specialist Advisor for the PSS. "Psychiatrists are only human – they experience personal and work-related difficulties like anyone else," she says. "It can sometimes be an isolating experience if you're struggling to cope. Psychiatrists need a safe space away from work to talk through issues they're facing. We strive to reassure callers that they aren't alone."

## PSS calls by issue (2017)



Launched in 2007, the UK-wide helpline had dealt with almost 1,000 enquiries by November 2016, ranging from coping with burnout or investigations to managing workplace stress and difficult working relationships.

Members contact the PSS via the dedicated phoneline or email address. After listening to the situation, the PSS Manager, Rosetta Wotton, provides some initial advice and may, with the caller's consent, make a brief record of the conversation on a secure server. She then shares the anonymised information with a doctor advisor and arranges for them to call the

member back at a convenient time – on an evening or weekend, if needed. Having their identity protected is a major concern for those getting in touch. To ensure this is achieved, Rosetta arranges for each member to be called by an advisor who has a different speciality, wherever possible, and is based in another part of the UK. Most importantly, the advisor is never told the member's name.

The intention is not for the PSS to replace any other service supporting doctors. Nor is it a counselling or treatment helpline – any caller in need of such specialist care is signposted to the appropriate body, such as the BMA Counselling Service, DocHealth or the Practitioner Health Programme.

"This isn't a treatment service or legal advice line," says Dr Ramsay. "It's about peer support to help an individual feel more safe and secure. The doctor advisors use a coaching approach and what's satisfying for the caller is they end up with a realistic plan for their next steps." Judging by the positive feedback to date, the PSS is proving to be of significant benefit to members. Findings from an RCPsych survey of callers over the last two years show that 91% of respondents felt understood and 100% would recommend the service to a colleague. Ultimately, the value of the service is reflected in the fact that members feel they are being listened to by a professional who is not there to judge them. As one caller to the helpline wrote: "He (the consultant) made me feel validated."

### Contact the PSS in confidence:

020 7245 0412  
pss@rcpsych.ac.uk



Dr Grace Ofori-Attah

## Psychiatry and sitcoms

One moment, Grace Ofori-Attah was a consultant psychiatrist; the next, a television screenwriter for Idris Elba. How did that happen?

**P**sychiatry and storytelling have always walked hand in hand, so it's not entirely surprising that consultant psychiatrist Dr Grace Ofori-Attah has found herself writing scripts for a sitcom. But, as she says herself, it's all happened so quickly. She can't quite believe it and still seems slightly dazed by the way her life has changed.

"I'd always had this feeling that I wanted to write stories and it never left me. I come from a fairly traditional west African background. My parents said, 'You're going to university, you're going to do a vocational subject,' and the idea of going to study an arts subject, which I'd quite like to have done, was just not a thing. 'You can write in your spare time,' they said.' So she did just that: she started to write a book, but it didn't really go anywhere. "Then, about four years ago, I decided to switch to script-writing," Grace says. "I'd never seen a script, but I went to a screening of a short film that one of

my sister's friends had made about depression and I thought, I wonder if I could write something like this." A swift bit of internet training in script-writing from Professor G.O. Ogle and she was off. "I didn't really know what I was doing, but I had an idea about being a junior doctor in psychiatry and junior doctors' interactions with patients,

because, the way psychiatry is, the junior is with the patient all the time. It's you and the nursing staff trying to manage the ward." She wrote a script for a TV series based on her idea and submitted it to Channel 4's 4Screenwriting scheme, and ... boom! In short order, Grace was accepted onto the scheme, had her scripts read by industry movers and shakers and was hired as one of the scriptwriters for *In the Long Run*, Idris Elba's semi-autobiographical sitcom for Sky TV. The show went into production in autumn 2017, was broadcast this spring, and Grace is now working on the second series. And a film script may be on the cards.

Interestingly, it isn't her mental health expertise that Grace draws on for *In the Long Run*, but her parents' experiences of moving to Britain from Ghana in the early 1980s. The show is about a family from Sierra Leone raising their British-born son on a council estate in east London in 1985. Grace's parents loved it, especially the bits they recognised from stories they had told their daughter.

What's remarkable is that Grace forged her writing career while training to be and working as a psychiatrist. She wrote in her free time, in the car, while on call. She took six months off when she first got her break into TV, but she's now back working one day a week as a consultant for Islington's addiction service.

She hopes that one day her show about junior psychiatrists will be produced. Part of the problem is that another series set on a psychiatric ward – *Psychos*, broadcast on Channel 4 in 1999 – caused a huge furore. It was condemned for its portrayal of psychiatrists and their patients by, among many others, RCPsych. "I've been to a lot of meetings," says Grace, "and that is quoted in every single meeting. People are wary of going there again."

The sitcom *In the Long Run* with Idris Elba and Bill Bailey – ©Sky UK Limited for Sky One



Field staff conducting a door-to-door campaign on raising mental health awareness in 2015, Andhra Pradesh, India

**V**illagers in India's Andhra Pradesh region are used to welcoming drama companies to stage performances, but it's fair to say this play was a little out of the ordinary. Rather than telling a tale of folklore or myth, it spoke of a subject often considered taboo in this rural area and, indeed, in the country more widely – mental ill health. The performance had been organised by a team at The George Institute for Global Health, India. They were exploring the value of giving community health staff electronic versions of screening questionnaires for depression and anxiety, along with an intervention guide. The aim was to understand if these tools would help increase the number of people seeking treatment for common mental disorders from primary healthcare workers.

This sort of electronic platform had already been successfully used for physical health complaints. "But," says Pallab Maulik – a psychiatrist as well as the Institute's Deputy Director and Director for Research – "there was awareness that its use in mental health would need to be coupled with a robust anti-stigma campaign." Current estimates are that 75–85% of people with mental illness in low- and middle-income countries do not receive effective treatment, in part due to stigma.

Asked about the problematic beliefs that needed combatting in Andhra Pradesh, Dr Maulik reveals some specific to India. "One of the areas people brought up was that if you have an unmarried daughter, and you also have someone in the family with a mental illness, then it becomes very difficult to find a match for that person in the community."

But the three most commonly cited concerns will sound familiar to UK-based psychiatrists. "People feared that if they were diagnosed with a mental illness, their children might be taken away from them. Second, they were

## Playing with the roots of stigma

When Dr Pallab Maulik and colleagues launched a campaign to reduce mental health stigma in south India, they turned to a drama company for help.



Dr Pallab Maulik

worried about what other people in the community may think of them. And the third concern was that it may affect them getting a job." When Dr Maulik and colleagues discovered that a local drama company

already had a script centred on domestic violence and seeking help, they suspected they may have a powerful means of addressing some of these worries. After making a few tweaks "to align the script to the messages we wanted to give," the staging began. The troupe performed live in eight of the 42 villages involved in the study, with the play shown on video in the rest.

It was but one plank of the team's anti-stigma campaign – others included printed material and a video of someone with a mental illness talking about his experience – but subsequent evaluation showed it to be one of the most successful. "It was found to be a very powerful tool and a very powerful medium," reports Dr Maulik. He is convinced the lessons from the project are broadly applicable, reporting that recent conversations with a Time to Change team working in East London have borne this out. So, while it may be 5,000 miles from the home of the College to the village homes of Andhra Pradesh, when it comes to combatting stigma it seems the psychiatrists' world is a small one.



## Talking works

Why the CCQI's quality assurance service of workplace culture is making a big difference to mental health.

**S**ometimes, the smallest things mean the most. Sarah Paget is the College Centre for Quality Improvement (CCQI) Programme Manager for Enabling

Environments and she cites the example of a probation hostel she worked with. Staff said they had almost no interaction with the residents, who would only be seen when they signed themselves out in the morning and in again before the evening curfew. Sarah encouraged staff to take a 'small changes, big impact approach'. And so, among other changes, staff started to say "Good morning" to the residents as they signed out. Within a month, exchanges had blossomed into proper conversations. "I rang to see how they were doing," Sarah says, "and they said: 'You'll never believe it. People are talking to each other now and having cups of tea. Everything's not perfect, but we now have an environment where people can engage with us'."

The Enabling Environments (EE) project was inaugurated in 2009 by the CCQI as part of RCPsych's accreditation programme. Its purpose is to encourage organisations to foster positive relationships among staff and patients in a way that supports personal growth and wellbeing

**"EE has had a positive impact on culture and staff morale"**

and, ultimately, promotes good mental health.

EE has a membership of 200 organisations, including hospital wards, prisons, schools, day centres, supported living projects and universities. Any organisation that meets all its criteria will be given an EE Award, valid for three years. The award is a quality mark that recognises 'an outstanding level of best practice in creating and sustaining a positive and effective social environment'.

The biggest participating organisation is Her Majesty's Prisons and Probation Service (HMPPS) but it is the Offender Personality Disorder Pathway Programme that has put EE at the core of their work. They tailor services for those with a severe personality disorder and who pose a high risk of harm to others or are likely to reoffend in a harmful way.

### An ex-offender's story

"There are lots of factors that go into creating and sustaining an enabling environment – a sense of belonging, establishing boundaries, supportive communication, etc. However, you can put in place all the policies and procedures that you like but really it comes down to human relations. If you believe that someone is really concerned about your wellbeing, you're more likely to develop on a personal level. It is a two-way process, so it is equally important for both parties to take responsibility for the wellbeing of the other. On a human level, even though I'm an ex-offender and you might not be, the fact that I ask, 'Are you ok?' and show interest and concern about you as a fellow human being is important."

"The staff need to buy into the idea of an enabling environment being as much for them as it is for those in custody. Equally, if the ladies see that the staff are genuinely trying to support them, they will be prepared to work with them. For those in custody, being part of an establishment with a supportive, enabling environment means they carry a positive mindset with them after custody."

With thanks to Lesley and The Prisoners' Education Trust.

Full details of the Enabling Environments project can be found at: [www.enablingenvironments.com](http://www.enablingenvironments.com)



Dr Lisa Page, Consultant Liaison Psychiatrist

# Why climate change is a mental health matter

Evidence shows that rising temperatures can affect mental health and it's the reason campaigners want more to be done to tackle climate change.

“I worry about patients with major mental illness not being aware or able to comply with advice about how to keep cool in hot weather. This summer we had several patients on long-acting injectables admitted to the emergency department with heat stroke or severe sunburn, as they had been relapsing and ‘wandering’ around the city for long periods of time in inappropriate clothing.”

**“Public health doctors are much more interested in this than psychiatrists... but our patients are particularly at risk”**

Dr Page, of Sussex Partnership NHS Foundation Trust, is one of a growing number of psychiatrists concerned about the impact of global warming. She passionately believes that climate change matters enormously, not least because it affects her patients’ wellbeing. As a liaison psychiatrist working with the emergency department, a spike in temperatures has her on high alert.

How are her patients dressed? Are they clad in thick layers or sweltering in heavy jumpers?

“What is going in their flat? Is the heating still on? Are they aware or able to follow basic advice around rehydration, and staying out of the midday sun?”

This makes Dr Page sound a bit like an anxious parent, but her concerns are well founded.

“Unexpectedly hot weather is associated with an increase in suicide, self-harm and other adverse health outcomes in psychiatric patients,” she says.

A growing body of evidence supports her claims. Studies link heatwaves with excess hospital admissions for psychiatric presentations, and increased hospitalisation for self-harm.

In *The British Journal of Psychiatry* (June 2012), Dr Page and colleagues reported that patients with mental illness had an increased risk of death of around 5% for every 1°C increase in temperature – compared with 2% for the general population. Similarly, a systematic review, published in the *Public Health* journal (August 2018), found a positive association between increasing temperatures and suicide. The situation is only set to get worse. The Intergovernmental Panel on Climate Change (IPCC) warns global warming is on a trajectory to exceed 1.5°C, and rising temperatures are just the tip of the (melting) iceberg. As the world heats up, so does the risk of drought, flood and poverty.

In the UK, we’ve already had a taste of what flooding means for mental health. In England 2013, a tidal surge saw rivers burst their banks and breach sea defences, after which flood victims reported depression, anxiety and PTSD (National Study For Flooding and Health).

“There are significant global implications as a result of increased natural disasters, greater civil unrest, forced migration and the impact on communities of the destruction of habitats and food ecosystems,” says

Dr Page. “It’s obvious that all of these factors will have a huge impact on people’s mental health.”

Despite this, Dr Page, who sits on RCPsych’s Sustainability Committee, says colleagues are often ‘sceptical’ and question what climate change has to do with psychiatry.

“I have always found public health doctors are more interested in this than psychiatrists,” she says. This contrasts with what she describes as a “huge public appetite for change,” prompted by campaigns such as *Blue Planet II*’s focus on plastic waste. It’s time, she thinks, for RCPsych members to capitalise on this.

“We became doctors because we believe health should be maximised and suffering reduced where possible. Our patients are particularly at risk from the health impacts of climate change and we work for an organisation (the NHS) that has enormous potential to reduce the UK’s carbon emissions. Being part of the health community, we have a strong and trusted voice with the lay public, institutions and government which should be used.” Dr Page’s plea could not be more timely; November marked 10 years since the inception of the Climate Change Act.







Norman Lamb MP and Dr Suyog Dhakras



Pamela Walters with former football captain Tony Adams

# Revitalising child and adolescent psychiatry

Can an innovative run-through pilot help end the recruitment crisis in child and adolescent psychiatry?

**W**hen we launched a scheme to allow mental health trainees to specialise in child and adolescent psychiatry from day one of their ST1 training right through to ST6, it was a shot in the dark," says Dr Suyog Dhakras, consultant child and adolescent psychiatrist at Southampton, and chair of the Child and Adolescent Psychiatry (CAP) Specialty Advisory Committee. "But it's had an incredibly positive start and has fired up the imaginations of medical students who are flocking to join the new CAP run-through programme." The scheme was launched as a pilot in August in the North West, Yorkshire and London regions. Dr Dhakras recalls: "We were overwhelmed at the enthusiasm from medical students with 90 applications for the original seven places. We were able to respond to the demand by increasing the number of places to 11, but it's still highly competitive." Dr Anna Eaton is one of the pioneer

**"I would say to anyone interested in helping shape children and young people's lives – choose child psychiatry"**

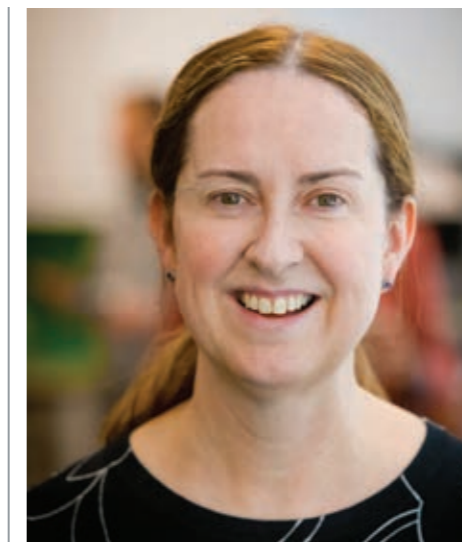
trainees on the pilot and is currently in her ST1 year at the Woodlands Hospital in Ipswich. "I knew I wanted to be a child and adolescent psychiatrist right from the start of medical school," she says. "It's exciting to be able to get straight on with it." Next year she'll spend half the year on a pediatric placement and the other half in CAP. "I'm really excited about this whole-person approach," she says, "it will be really good to hear from pediatricians about dealing with families and working through really complex diagnoses." All this could not have come soon enough for Dr Bernadka Dubicka, chair

of the Child and Adolescent Faculty. Last year, just over half the CAP specialist training programmes were filled. The number of child and adolescent psychiatrists at all grades has been falling steadily for years, with some areas struggling to recruit any. Now, hopefully the tide is beginning to turn. At a recent College event, Norman Lamb MP, mental health campaigner and former Liberal Democrat spokesperson on health, paid tribute to the efforts of the College's Child and Adolescent Faculty. "I'm so grateful to all of you; we desperately need bright and capable young people to choose psychiatry. We know that 50% of mental health conditions manifest by the age of 14, and 75% by the age of 18. Children and young people's mental health care needs the workforce to help provide urgent help." The pilot is set to run for three years and, if it fulfils its current promise, it is hoped that Health Education England (HEE) will roll the scheme out across England. Dr Dubicka believes the scheme will help to attract the next generation of child psychiatrists. "This is an exciting time for our profession," adds Dr Dubicka. "With all the recent focus on CAMHS, we have a real opportunity to shape the agenda, including the research agenda. There are a lot of stimulating research opportunities for trainees across many fields, from neuroscience and the developing brain to psychosocial research, including improving interventions and better understanding risk and resilience. I would say to anyone interested in helping shape children and young people's lives – choose child psychiatry."

# Why we need national action: Football and gambling

Pamela Walters – Addictions Advisor to the RCPsych Sports and Exercise special interest group – on sport's role in gaining treatment equality.

**F**ootballers have become national idols, epitomising youth, fitness and glamour, but the very qualities that propel them to the top of the Premier League can contribute to their vulnerability to developing a serious gambling addiction. Online gambling among the UK's footballing elite is now a greater problem than alcohol addiction and it destroys lives. I believe we need a national screening programme to identify those most at risk at the point when they enter footballing academies, rather than waiting for a gambling habit to spiral, with catastrophic costs to them and to those around them. I was first alerted to the severity of gambling addiction when I dealt with a patient in prison, reduced to the lowest of the low having embezzled funds to feed his need to gamble. Even then, he could not get access to help for his addiction. I feel a huge responsibility to raise the profile of this problem. People with a gambling addiction are simply not getting a look-in and football



Pamela Walters, addiction advisor to the RCPsych

is a good place to start tackling this inequality, because this problem is more than three times more common among players (6.1%) than in the UK population (1.9%) and more than 7.5 times more frequent in males than females.

We need to begin with the youngsters at football academies, by providing clear education for aspiring young stars about this silent addiction. Psychologists working across the training establishments, using standardised psychological tests (including tests for risk taking and impulsivity), can identify the most vulnerable. Players should be equipped with practical strategies such as meditation and mindfulness to use as diversionary measures to resist temptation. They also need education to help them manage their finances and free time. The truth is that acceptance onto training squads pushes youngsters with little life experience into a 'work hard, play hard' lifestyle that many can't cope with. They also become targeted because of their premature wealth by predatory marketing from gambling companies. Part of the responsibility lies with the football industry itself, with 95% of breaks in football matches featuring at least one gambling advertisement. Add to that a high-tension life in which fitness is paramount and all is focused on 90 minutes before the fans on match day. The prevailing culture sends many young athletes straight onto their smart phones afterwards, where fortunes are lost on the team bus home at the mere click of an icon. Positive steps have been taken since 2013, including the establishment by the Professional Footballers' Association (PFA) of a 24-hour helpline, and a network of 26 counsellors nationally. Former England football captain Tony Adams also runs Sporting Chance – a charity to provide a specialist addiction and recovery facility for athletes. However, we need a change in culture towards gambling. Parity of care is not given to people with a gambling addiction compared with alcohol or substance misuse. That needs to change. It sends out a message that gambling is not a serious problem.

**Michael Bennett, Head of Player Welfare for the PFA, said:**

**"We provide services to more than 600 individuals this year... including those considering their relationship with gambling. With regards to screening tools, we do monitor developments in this area; however, we are focused on a universal approach and creating quality, confidential treatment pathways."**



Professor Ed Bullmore

## The inflammation revolution

Does the body's immune system hold the key to the development of new and more effective antidepressants? Is a blood test for depression on the cards? Professors Ed Bullmore from Cambridge and Jonathan Cavanagh in Glasgow think so.

**“Everybody with depression tends to get offered the same few treatment options”**

concerns: “Depressed? Well, you would be, wouldn't you?” In other words, Mrs P's depression was entirely caused by the way she thought about her RA, not in any way by the disease itself. At about this time, several papers were published that posited an association between inflammation and depression. In the past five years or so, study after study has provided evidence that inflammation

is not only strongly associated with depression but can cause it. Bullmore cites a 2014 study of 15,000 children in Bristol and the south-west of England that found that children at the age of nine, who had mild inflammation but were not depressed, were significantly more likely to be depressed 10 years later. There is still much work to be done to pin down the precise mechanism by which bodily inflammation causes depression, but the outlines are clear. The inflammatory process is usually triggered by infection or injury. The response is rapid and overwhelming. Proteins known as cytokines flood into the bloodstream, putting the entire system on a war footing. White blood cells pile into the affected area, destroying foreign bodies, such as bacteria or viruses, before they can spread any further. The immune system hits hard and, in so doing, causes what Ed Bullmore calls ‘collateral damage’ to surrounding healthy tissues. In most cases, the damage is repaired once the crisis is over. But if inflammation is chronic, serious damage may result.

It used to be thought that the brain was unaffected by inflammation in the rest of the body. But it is now known that cytokines in the blood can trigger inflammation in the brain. And when that happens, nerve cells could be damaged and neural networks disrupted, thereby causing mental disorder. But why should inflammation be present in people without obvious infection or an inflammatory disease such as RA? “That's the crucial question,” says Jonathan Cavanagh, Professor of psychiatry at Glasgow University. And his response very much chimes with Ed Bullmore's thinking: early-life stress. “There are some data that suggest that a harsh or adverse early life can set a person on a trajectory to a more inflamed internal environment,” Cavanagh says, “which, if you like, primes you for inflamed responsiveness and leads to higher levels of inflammatory cells in the peripheral system than might be present in a healthy person.”

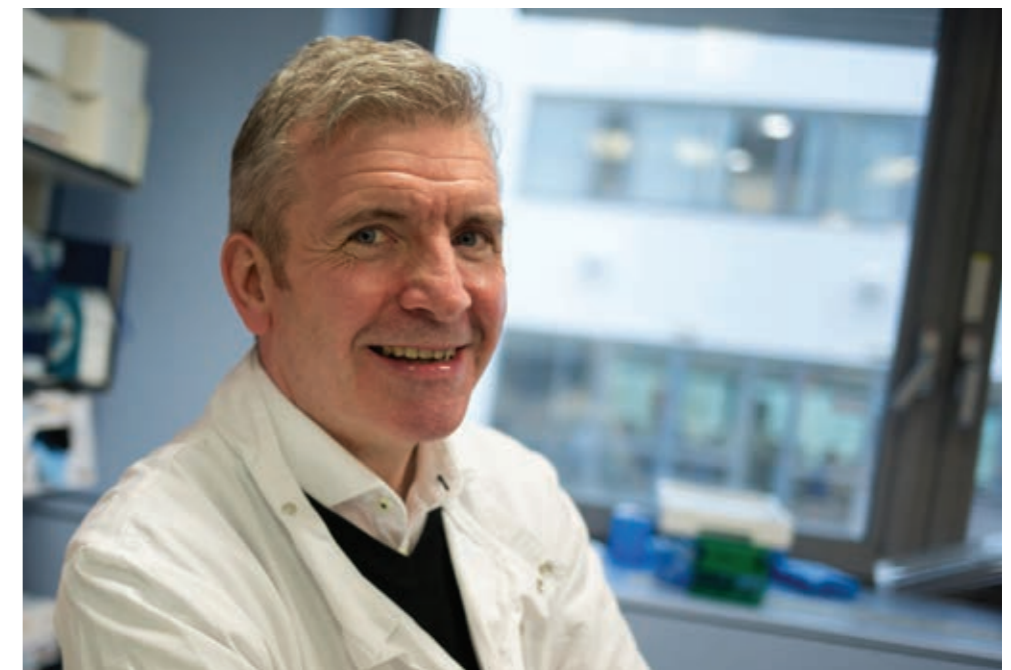
Professors Bullmore and Cavanagh are about to collaborate on a phase II trial, funded by the Wellcome Trust, to test an anti-inflammatory drug on a group of people with depression. Trial participants will be selected by first being screened

for genetic and inflammatory biomarkers in their blood that are likely to make them more responsive to treatment. “We're using MRI imaging in the trial to try to help us understand a little bit more about how the drug works,” Bullmore explains. “If it does work as an anti-depressant, the imaging data may help us explain how that happens.”

Even if the trial is successful, it is unlikely that new anti-depressants would be widely available for some years to come. And any new treatments that do emerge won't work for everyone. “It's important to emphasise that this is unlikely to produce a panacea,” Bullmore says. Cavanagh agrees: “I don't think inflammation can explain all of the biology of depression,” he says, “because depression is deeply heterogeneous. But if I were to speculate, then those people who have shown resistance to currently available treatments might benefit along with those who have depression in the context of inflammatory disease.” The use of blood tests to detect cytokines and other inflammatory biomarkers is a major departure from current psychiatric practice. “That's a very routine way of working in most areas of medicine,” Bullmore says, “but it's not at all the way

that psychiatry has worked. Everybody with depression tends to get offered the same few treatment options. We don't have any particularly precise way of using biomarkers or blood tests, or have any other kind of predictive tool to determine which of the patients we see are most likely to respond to which treatment.” Bullmore's revolution is not confined to depression. As more becomes known about how bodily inflammation affects mental functioning, there may be benefits for the treatment of other mental disorders: Alzheimer's disease and schizophrenia, for example, both of which seem to have an inflammatory component.

Bullmore looks to a future where depressed people are offered “a more integrated, holistic assessment of their mental and physical health, as if each of them was being treated individually as one patient, not two”. He sees doctors working across the disciplines of medicine and psychiatry. And he hopes that as we start to see that mental illness is not just in the mind, the stigma attached to it will fade. “I might be wrong,” Bullmore says of his anticipated revolution. “But I think it has already begun.”



Professor Jonathan Cavanagh

**O**f 1,500 admissions for bipolar disorder over a three-year period, two thirds were readmissions and approximately 150 people were admitted more than once a year. These stats represent not just a financial burden to the trust, but an awful lot of human suffering. That's according to a preliminary audit of South London and Maudsley NHS Foundation (SLaM). Inspired by a specialist bipolar disorder service in Denmark, SLaM offers people with recurrent admissions for bipolar episodes a focused care programme. The aim is to build on their recovery and to reduce the risk of relapse. In 2015, it launched the OPTIMA Core Programme – an innovative schedule of effective medication and self-management. “Manic episodes often bring an aftermath of distressing memories, relationship difficulties, financial losses and problems with work. There is also a significant risk of a manic recurrence or the emergence of depression. The person recovering from a bipolar episode faces an uphill struggle, rebuilding their life when they feel most depleted,” says Dr Karine Macritchie, Consultant Psychiatrist in Affective Disorders, at SLaM. “People with bipolar disorder were poorly served by government-led initiatives in the past,” explains Dr Macritchie. “The failure to address bipolar disorder in the National Service Framework (Department of Health, 1999) had far-reaching implications for resources, services and patient management. There was a focus on service development for schizophrenia and depression, but bipolar disorder missed out.” SLaM’s OPTIMA programme provides regular psychiatric review, nursing, occupational therapy, and psychoeducation. Participants can talk about their experiences, identify episode triggers, discuss medication, and develop individually tailored self-management strategies. The work can include stress reduction techniques, the establishment of a work-life balance and support in dealing with the impact of bipolar disorder on important relationships. The view from patients has been positive; one said: “I was struggling to exist but now I’m a functioning adult once more.” Another said: “Being able to access a dedicated



Dr Karine Macritchie

## New programme cuts readmissions for patients with bipolar disorder

An audit of the OPTIMA programme shows promise for effective treatment for those frequently admitted with bipolar. Could it be rolled out further?

**“There was a focus on service development for schizophrenia and depression, but bipolar disorder missed out”**

service for bipolar during my time of crisis has been a godsend.” An early audit shows that average monthly admission rates following participation fell by 80%. “The period immediately following hospital admission for bipolar depression or mania is often a vulnerable one for people struggling with this illness,” says

Dr Macritchie. “But early results show it’s a vital time to progress treatment and to prevent recovery loss, episode recurrence and re-admission. People who have experienced several bipolar episodes in quick succession can be given more frequent support at a time when they need it the most.” OPTIMA currently runs in three London boroughs, but Dr Macritchie hopes the approach will roll out more widely. She urges the College to raise public awareness of the nature of bipolar disorder, its severe impact on people’s lives, and the high risk of suicide. However, her message is a hopeful one. Much can be done to help people with bipolar disorder regain control in their lives. OPTIMA shows what can be achieved when a flexible, responsive service is supplied in a timely and targeted way.