Issue 12 | Summer 2020

RCPsych INSIGHT

Coming through this together

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COLLEGE NEWS IN BRIEF

Opposing racism in all forms

In light of the recent killing of George Floyd in the US, the College has reaffirmed its total opposition to all forms of racism everywhere in the world.

President Professor Wendy Burn said: "We recognise that racism and racial discrimination is one of many factors which can have a significant, negative impact on a person's life chances and mental health. We, too, must acknowledge that this is not just an American problem, it is a world problem and the UK has its own history of racism and injustice."

On behalf of the College, she also expressed concern for the impact that racism and racial discrimination have on people from Black, Asian and minority ethnic communities, notably those of Black African and Black Caribbean heritage. "Efforts to tackle this should be urgently prioritised in the US, UK, and other nations by government, non-governmental organisations and professional bodies."

The full statement is available from the College website: **https://bit.ly/30gqSCD**

New College Registrar

Dr Trudi Seneviratne

Dr Trudi Seneviratne OBE has been elected the next Registrar of the College. Dr Seneviratne, who secured the role following the vote held this spring, will take over from Dr Adrian James next month as he steps into the President's role.

"There has never been a more important time for mental health," said Dr Seneviratne, former chair of RCPsych's Perinatal Faculty. Reiterating her commitments – to support psychiatrists, ensure mental health is top of the national agenda, and address the issues of equality and sustainability – she thanked members for placing their trust in her.

"I would also like to thank Dr Peter Aitken, Professor Mohammed Al-Uzri and Dr Rajesh Mohan," she said of the three other nominees who stood alongside her in the election. "It has been a privilege," she added.

The position of Registrar is one of the most senior posts in the College with responsibility for policy, public education, revalidation and membership engagement. Dr Seneviratne will start her post on 1 July.

The election had a turnout of 22%. In the first round of voting, Dr Seneviratne won 40% of the vote. Once second preferences were counted, Dr Seneviratne won 58% of the vote with Dr Peter Aitken in second place securing 42%.

Royal words of support

RCPsych's Patron, HRH The Prince of Wales, sent his thoughts and sympathies in a letter of support to the College as the pandemic took hold. Acknowledging the difficult decisions and circumstances that lay ahead, he wrote: "I can well imagine the appalling pressures you have suddenly and unexpectedly been put under and that my heart goes out to you and your families during the coming weeks and months of hideous uncertainty." Expressing his pride as Patron of the College he added: "I am certain you will be doing your utmost to maintain the essential elements of the care and service you provide to so many vulnerable people who depend on you."

HRH The Prince of Wales, (Image: Hugo Burnand)

As the pandemic hit, remote consultation became an everyday occurrence for many psychiatrists. More on this on page 8.

Your Insight

To send us your insights, email magazine@rcpsych.ac.uk or tweet using #RCPsychInsight

Your comments on *Insight* issue 11:

The work of Dr Ananta Dave in America [on suicide prevention among doctors] was interesting, but I worry that the College may be re-inventing the wheel now that the Practitioner Health Programme (PHP) is being rolled out nationally. It has run successfully in London for several years, and will bring that experience nationally to provide a comprehensive confidential mental health service to all UK doctors. It has access to resources (including inpatient services) that far exceed what is available to routine NHS patients and the potential to be truly transformational for doctors in difficulty with their mental health.

Dr Gareth E P Vincenti FRCPsych

Our response:
You're right that it is important that we pool resources effectively and do not duplicate efforts. The PHP is a well-known resource with a good track record of helping doctors. While doctors can access PHP, it is also very important that we change the culture from within organisations, raise awareness of the issue and put in place the right policies and working practices for doctors.

I really welcomed the article on co-production *(An end to 'us' and 'them')*. It took clinicians like myself alongside parents to re-establish the adolescent psychiatry inpatient unit in Edinburgh. When it opened in 2000, the welcoming speeches were made by one of the teenagers and by the mother of another, who had worked tirelessly as Rachel Bannister has. Co-producing change must involve patients and their families.

Dr Robert M Wrate FRCPsych

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COVID-19: **RCPsych responds**

RCPsych is working hard to help its members and people with mental illness to adapt and cope with the challenges presented by the pandemic. These pages bring together some of the College's recent actions to inform and support psychiatrists through the crisis and beyond.

President's **update**

Welcome to this edition of *Insight*, the final one in which I will be writing to you as your President.

The last few months have been testing for all of us. Life has changed very quickly in a way that we never could have imagined. We have all had to alter how we work at what would previously have been unimaginable speed.

Trainees have faced the cancellation of examinations, huge disruption to recruitment and in some cases have had their training interrupted by being redeployed out of psychiatry. Psychiatrists have had to learn new ways to communicate with patients and to manage those with COVID-19 in psychiatric wards that were never designed for this.

We have become more expert than we ever wished to be on personal protective equipment.

We have seen changes at the College too, cancelling all conferences and meetings, exams, new members ceremonies and the International Congress. Staff and members have worked around the clock to rapidly produce advice and guidance. From the beginning we agreed that nothing is more important than the safety of our members, staff and patients, and this has guided all the decisions that we have made.

Good things have come out of these troubling times. I am proud of how College staff, members and the whole of the NHS have risen to the challenge. I desperately hope that we are past the worst, but there is no guarantee of this. One of my favourite sayings is 'prepare for the worst, but hope for the best'. We have prepared for the worst and know that the College can, and will, survive. I really hope for the best and that life will return to normal soon.

Adrian James takes over from me as President at the beginning of July. Never before has an RCPsych President started in the midst of a pandemic, but I know he has what is needed to take on this challenge. I am confident that under his leadership, and with your support, the College will not only continue but will achieve even greater heights.

Rise in mental **health need**

The Guardian

UK lockdown causing 'serious mental illness in first-time patients'

BBC NEWS

Psychiatrists fear 'tsunami' of mental illness after lockdown

THE SCOTSMAN

Psychiatrists fear 'tsunami' of mental illness after pandemic

Psychiatrists have seen an increase in urgent and emergency cases following the COVID-19 lockdown, according to a survey of RCPsych members. At the same time, members expressed alarm at the drop-off in routine work, especially in CAMHS and old age psychiatry.

The survey in May revealed 43% of psychiatrists have seen their urgent and emergency caseloads increase, while 45% recorded a fall in their most routine appointments. One respondent noted: "In old age psychiatry our patients appear to have evaporated, I think people are too fearful to seek help."

The biggest rises in urgent and emergency cases have been for psychiatrists working with adults and those working in general hospitals, an increase that members attribute to social isolation and increased stress caused by the pandemic.

This story generated substantial national media coverage in mid-May through *BBC News*, *The Telegraph* and a front-page article in *The Guardian*. There was also strong regional coverage and the stats appeared on ITV's political talk show *Peston*. Mental Health campaigner Alastair Campbell also quoted our story a few days later on *Sky News*.

Dr Ananta Dave

NHS staff **support call**

NHS staff helping patients with COVID-19 will need the right support before they go back to their regular routines in order to address the impact on their mental health, according to new analysis by RCPsych.

Published in the BMJ, the study shows the danger of not giving staff the chance to 'reset' following a crisis. It suggests that staff working with patients with COVID-19 are 70% more likely to develop both acute and post-traumatic stress disorder (PTSD) or to suffer from psychological distress.

Psychiatrists themselves are struggling with low morale at work as a result of staff shortages and concerns over treating COVID-19 positive patients. Nearly half of members surveyed reported that their wellbeing had suffered during the lockdown.

RCPsych is calling for a phased return to normal working for NHS staff along the lines of post-operational stress management (POSM) used by the military. It incorporates a 'decompression' element comprised of a 3-day period of relaxation, briefings and mental 'resetting'.

"The government has quite rightly applauded the critical work carried out by key workers since the pandemic began to ensure that the nation continued to function," says Professor Neil Greenberg, the College's PTSD lead. "However, there is a risk that if individuals are not properly supported during the recovery process, they may not only suffer significant mental health problems, but should we have a second wave they will not be 'ready to go again' when the country needs them."

Protecting **BAME staff**

In response to the urgent issue of the high and disproportionate numbers of deaths of BAME healthcare staff due to COVID-19, RCPsych has produced initial guidance which explores the risk factors associated with the virus and the impact of wider inequalities for BAME staff, as well as setting out how mental health care organisations can assess and mitigate risk.

A task and finish group was rapidly convened by Professor Burn and worked quickly to produce the new guidance. "There is now considerable data showing people from a BAME background are disproportionately affected by COVID-19," said Dr Ananta Dave, medical director at Lincolnshire Partnership NHS Foundation Trust, who chaired the group. "Our recommendations are practical and can be quickly implemented by mental healthcare providers."

The group's report and risk assessment tool can be found at: https://bit.ly/30KrfWy

Adapting **to change**

Coronavirus is forcing the profession to adapt to new ways of working with patients and it is worth celebrating how psychiatrists have embraced change creatively and at speed. One seemingly minor change, for example, made by a consultant old age psychiatrist in Northern Ireland, has made a big difference to her patients on the wards in Belfast.

Realising some were confused when they saw her in PPE and with a mask on, Dr Dearbhail Lewis made special name badges with a picture of her face on them to give to her patients. Most are over the age of 65 and have delirium and acute confusion.

"When I would walk in with my mask on, it was like a jigsaw for my patients where they didn't have all the pieces," Dr Lewis says. "Every health care professional relies on visual cues, especially in psychiatry. Masks are a barrier to this communication, and I wanted to solve this problem."

"I printed off lots of the little cards. I wear one on my PPE and leave one behind with the patient," she explains. "It has brought a smile to their faces and made them feel more comfortable."

Through Twitter, other doctors around the world picked up the idea, including a Dutch psychiatrist who has made his picture badge into stickers.

Dr Dearbhail Lewis

Labour leader Keir Starmer (image ©UK Parliament / Jessica Taylor)

Your voice in **Westminster**

Keir Starmer has called on the government to address the hidden cost of the pandemic on the nation's mental health.

During the crisis it has been more important than ever to ensure politicians hear – and act on – the views of College members. RCPsych's public affairs team, armed with the results of the member survey, has been working hard to influence the response in Westminster.

College President Professor Wendy Burn conveyed what our members are seeing on the ground to the Health Secretary, Matt Hancock. She warned the Minister of the danger that COVID-19 may lead to unprecedented demand for mental health services as the initial peak dies down. She called on him to do everything he can to support staff and put in place long-term solutions to the lack of staff in mental health care.

President-elect Dr Adrian James also met virtually with Labour leader Keir Starmer and Shadow Health Secretary, Jonathan Ashworth to share members' frontline experience. Dr James asked the opposition leader to raise with the government concerns around access to PPE and testing, as well as warning about the potential long-term mental health impacts of the crisis. Dr James also stressed the impact that the crisis is having on BAME groups. Professor Wendy Burn and Dr James also met with Labour's new Shadow Minister for Mental Health Dr Rosena Allin-Khan.

Parliamentary Select Committees have provided another important opportunity to make sure MPs understand the challenges facing psychiatrists. MPs on the Commons Petitions Committee listened to newly elected RCPsych Registrar Dr Trudi Seneviratne as she explained the impact of the pandemic on maternal mental health.

The College has submitted evidence to a further two pandemic-related parliamentary inquiries. Psychiatrists' concerns over the impact of coronavirus on people with a mental illness and in particular BAME groups and older people, were put before the Women and Equalities Committee inquiry into the unequal impact of the crisis on people with protected characteristics. The views of members were also put to the Health and Social Care Select Committee's examination of the delivery of core NHS and care services.

RCPsych's public affairs manager Jonathan Blay, said: "The last few months have seen us step up our lobbying of MPs, many of whom who have been asking for reports from the frontline. It's at times felt strange talking to them in their homes, but it's been vital."

Your questions **answered**

The coronavirus pandemic has led to significant disruption and changes to the profession, from how psychiatrists can engage with patients safely to changes in the law. The College has produced extensive guidance on many of these issues, which can be found on the COVID-19 section of the website: rcpsych.ac.uk.

Here we respond to just a few of the hundreds of questions raised by members in recent weeks.

Q: What advice is there for psychiatrists wanting to help NHS colleagues in general hospitals?

A: The College is advocating a preventative model of occupational mental health and some ways you can help include:

- Do not assume that everyone will become ill and continue recommended practice of not psychologically debriefing others after challenging events.
- Help supervisors to properly support their staff within the team first and do not refer people to mental health services immediately.
- Depending on capacity, psychiatric services may be able to provide a rapid, bespoke clinical service for frontline healthcare staff.

Q: How can clinicians from BAME backgrounds, who are at higher risk, be better protected?

A: The College has been working on this as a high priority. RCPsych's initial guidance on risk mitigation should be implemented urgently across all UK mental health care organisations, and includes:

- Carry out risk assessments for all BAME staff (a tool is available on our website) and put personalised plans in place.
- Consider prioritising BAME staff and their families for COVID-19 testing.
- Provide resources for remote working as a priority.
- Consider redeploying high-risk BAME staff to lower risk areas.
- Engage with BAME employees to ensure their voices are heard by leaders.

Q: Should patients be using PPE?

A: It is recommended that a patient who has possible or confirmed COVID-19 should wear a surgical face mask, if this can be tolerated, in order to reduce transmission risk. If there is potential for this to compromise their clinical care, however, such as when receiving oxygen therapy, then a mask should not be worn by a patient.

Q: What is the legal framework to manage patients who might present an infection risk?

A: NHS England/Improvement guidance states that providers must develop appropriate strategies to manage patients with suspected/confirmed COVID-19 within legal constraints, including their obligations under the Human Rights Act (1998).

Appropriate use of the relevant legal framework should be determined on a case-by-case basis, with reference to organisational ethics committees and support from medicolegal colleagues as required.

Providers should not impose blanket restrictions, but the use of the MHA for those currently detained, used with regard to usual principles, may offer authority for enforcing social distancing and isolation. The Department of Health and Social Care has provided advice on using the MHA and MCA during the pandemic, including specific guidance on areas where temporary departures from the Code of Practice may be justified in the interests of minimising risk to patients, staff and the public. Please visit our COVID-19 legal pages for further information: https://bit.ly/2Bbg7XE

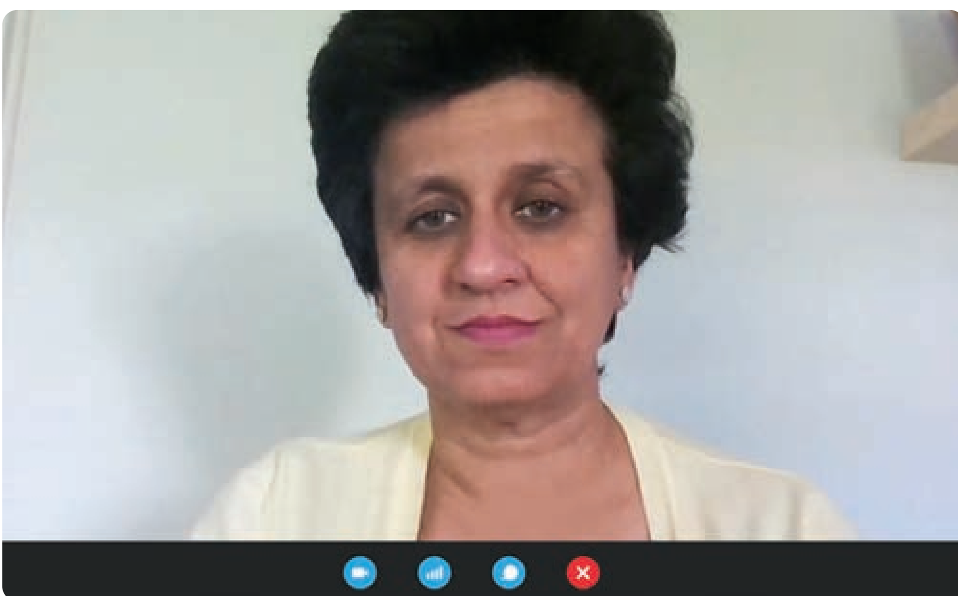
Q: What advice is there on changes to medication during the pandemic?

A: Guidance on a number of issues concerning medication is published on the COVID-19 section of RCPsych's website. It includes general advice on patients continuing with regular medication, as well as specific guidance regarding benzodiazepines, lithium and clozapine. Further advice is given on depot administration for patients with COVID-19 symptoms.

For more advice and guidance, go to: https://bit.ly/2UGEROw

Remote **roll-out**

As remote consultation is adopted at pace, we look at a pioneering, psychiatrist-led project in Wales as well as the basics of making it work for you.



Professor Alka Ahuja

As COVID-19 spread through Wales earlier this year, the Welsh Government sped up its plans to roll out remote video consultation across primary and secondary healthcare. Unusually, the job of overseeing this daunting task was given to a psychiatrist.

Professor Alka Ahuja, a consultant child and adolescent psychiatrist, was well placed for the role. For the past year, she has led a project funded by the Health Foundation and backed by RCPsych in Wales called Connecting with Telehealth to Communities and Healthcare in Wales, or CWTCH Cymru. The acronym was carefully chosen; 'cwtch' is the Welsh word for 'hug'.

Originally implemented in child and adolescent mental health services in Gwent, CWTCH has been used as an exemplar by the NHS Wales Video Consulting Service. It is now live in almost 90% of GP practices across Wales and is being extended to secondary care.

CWTCH uses a platform called Attend Anywhere, which is in use across the whole of the UK and can be accessed via the internet from smartphones, tablets or PCs.

Patient confidentiality is built into the system, says Professor Ahuja. "People are sent a web link that takes them to a disclaimer page explaining issues around confidentiality and consent and that this is not an emergency service. The consultation is not recorded and patient details are deleted at the end of the consultation."

Professor Ahuja explains that the system aims to increase access for some communities, even those on the wrong side of the 'digital divide'. "We're very mindful that some of the most vulnerable and isolated people, such as the elderly, are not able to access the support they need. So, we are working in partnership with Digital Communities Wales to offer training and equipment to care homes and to the most isolated, socio-economically deprived areas. We're also reaching out to local prisons."

"It's not suitable for everyone," she cautions. "There are high-risk individuals with safeguarding concerns, for example, or people who may not have the capacity to consent. But for anyone who the clinician feels it's safe and clinically appropriate to see, the service has many applications from follow-up appointments to psychotherapy or medication reviews."

The 'six Cs' of video consultations

RCPsych has produced detailed guidance to help members get to grips with video consultations, the core principles of which are the 'six Cs':

- **Competence** – Make sure you are comfortable using whatever technology is to be used for the consultation. Take a test run wherever possible.
- **Communication** – Consider how best to communicate screen to screen. Look into your camera when talking, for example. Talk more slowly, with more pauses between sentences, to allow for any lag in the connection.
- **Contingencies** – Have a back-up plan in case the connection fails or if the person you are talking to starts to exhibit challenging behaviour, such as self-harm.
- **Confidentiality** – Check the identity of the person you are talking to and of anyone else in the room with them. If they are in a public place, discuss whether they might be able to find somewhere more private. Ensure that you will not be disturbed during the consultation. Set up a dedicated clinical account if you use the video platform socially.
- **Consent** – Be clear with your patient about the aims and limitations of the consultation. Ask if they have any concerns. Ensure that the platform you use is secure – check with your local IT support team. If the session is to be recorded, discuss this first with the patient.
- **Confidence** – Be confident about using your chosen technology and what to do if things go wrong. If you feel the consultation hasn't gone as well as it might have done, don't be afraid to discuss it with the patient. Develop a clear plan of what you need to do next.

More information:

- Remote consultations: **https://bit.ly/3fCqrqX**
- The NHS Wales Video Consulting Service: **digitalhealth.wales/tec-cymru/vc-service**

Professor Helen Killaspy

Thinking through **change**

Professor Helen Killaspy on the need to think about how best to adapt COVID-19 guidance to meet local needs.

"In the first week of lockdown we did a lot of thinking," says Helen Killaspy, professor of rehabilitation psychiatry at University College London and consultant psychiatrist for Camden and Islington NHS Foundation Trust.

Despite the shock they felt, her team took time to work out how to accommodate and assimilate guidance on the pandemic to fit individual patient needs. "What we became aware of immediately was how our particular group – people with severe and complex psychosis – had a lot of difficulty taking in the information on self-isolating, social distancing and hand hygiene. People didn't always have the capacity to understand the importance of it or they struggled to follow the guidance because of the symptoms of their condition," she says. "We needed to think about each individual: what was going to make it easier for them to understand."

Professor Killaspy explains that a lot of work went into trying out different strategies to convey these messages. Her community rehabilitation team had to think through how to approach social distancing across the various supported accommodation services they work in, ranging from self-contained flats and bedsits to converted buildings with communal facilities. "Trying to define what a household is was one of our first tasks. Then we had to consider whether or not to close off communal areas, as this might have the negative effect of leading to people gathering together in smaller corridors."

Maintaining activities for service users has also presented challenges, given that people are usually out and about in the community. "We've had to think creatively about what's possible within the setting," she explains, citing gardening, online activities or "good old-fashioned bingo" as potentially suitable within the new rules. "It's been important to try to keep the momentum going so that people don't lose the progress they have made in their rehabilitation, even though they can't do their usual community activities."

Amidst all the upheaval, the community rehabilitation team has also put effort into keeping their own normal routines running as much as possible, so as not to set up problems for the future. "A few essential face-to-face tasks continued throughout the initial weeks of the lockdown, like taking bloods and giving depot injections, otherwise we had to rely on telephone contact," she says. "We haven't found video-conferencing works for us because of technical issues such as poor Wi-Fi, as well as the fact that not that many of our service users have smart phones, and it was often just not possible for staff in supported accommodation to give them access to a computer in a private room to talk with us. So we've had some unusual teleconferences involving two or three phones on speakerphone at the same time. For some people this has been fine, but for most it really didn't work well at all – a lot of the people we work with struggle with verbal communication and you really need to be in the same room to be able to have a meaningful interaction."

On the first day of lockdown, the team set up a WhatsApp group to plan their work each day. A new weekly teleconference with local supported accommodation service managers also proved vital in agreeing how to respond to suspected COVID-19 cases and sharing ideas on social distancing. The team also thought creatively about how to avoid hospital admissions wherever possible, for example, by adjusting people's medication or providing additional support to get them through the crisis.

Professor Killaspy is mindful, however, of the significant threats the pandemic presents to the culture and ethos of rehabilitation psychiatry. "We have had to take on some of the daily tasks for people, like doing their shopping. It pulls in the opposite direction to what rehabilitation is all about, which is helping people who have significant functional impairments regain skills," she says. "The imposition of somewhat authoritarian guidelines is also very alien to us as we try to work in a very individualised and collaborative way."

Professor Killaspy says the key learning from the last few months has been the need to keep thinking in the usual rehabilitative ways, while factoring in the new risks related to coronavirus. "Being under enormous pressure and trying to accommodate different processes and absorb new policies on a daily basis – it can stop people thinking. We mustn't lose the ability to think before we act."

Dr Ros Ramsay

Helping the **frontline fight on**

As the NHS faces unprecedented strain from COVID-19, psychiatrists and the College are stepping up mental health support.

As the country adjusts to the various stages of the COVID-19 pandemic, its effect on the mental health of psychiatrists and their colleagues cannot be underestimated.

With NHS workers ill or, in some cases, sadly even dead due to the virus, little face-to-face contact with patients and long, isolated hours working from home, an immeasurable burden has been placed on our already overstretched health service.

Add to this the fear of contracting the virus and taking it home to family members, and the lack of PPE and testing, it's little wonder that in an IPPR thinktank poll, half of health workers admitted suffering stress and anxiety due to the pandemic.

As the College's specialist advisor for coaching and mentoring, Dr Jan Birtle has been in contact with colleagues who have witnessed this first-hand.

"There is so much sadness out there. People are dying and patients are suffering," she said in an interview at the peak of the pandemic. "Only the most ill are having face-to-face meetings and those on compulsory detention orders are having their liberty restricted by missing out on day passes.

"This can make healthcare practitioners feel very uncomfortable and lead to distress and strain. A colleague told me she regularly feels upset at work and sometimes needs to go off and cry for five minutes.

"As a leader she felt she couldn't let her team know and tried to suppress her emotions. But you must give yourself permission not to be at 100% and talk to your colleagues about it."

The College stepped up its support for members and healthcare workers from the start of the pandemic and thanks to a decade of focusing on coaching and mentoring to develop workforce resilience, it has been able to quickly mobilise resources, said Dr Birtle.

"Coaching and mentoring networks are meeting regularly to share resources and support colleagues in flexible ways," she said. Trainees too – many of whom were redeployed into different areas to ensure continuous provision of services as people went off sick – have received extra support through regular reflective practice groups.

"The crisis has brought about a really collaborative approach, with peer groups meeting more frequently and teams checking in with one another on WhatsApp," says Dr Birtle. "It's impressive how many psychiatrists, some retired, have also stepped forward to become coaches and mentors free of charge."

Dr Jan Birtle

The College's free, confidential helpline, the Psychiatrists' Support Service, is seeing more calls and has been taking on additional doctor advisors in anticipation of a surge in the 'recovery phase' from the pandemic.

In the meantime, Dr Birtle advises psychiatrists to 'put on their own oxygen mask first'.

"You must look after yourself to be able to care for others," she says. "This can be achieved in a number of personal ways but the College's guidance on its website includes investing in habits such as taking regular breaks, healthy eating, getting quality sleep and relaxing or exercising in your spare time."

Members, from trainees to managers, can also listen to or join in on discussions about practical and personal issues including self-care by logging in to the College's weekly webinars.

"It's important everyone feels they aren't alone. Staying in touch with colleagues, family and friends is vital," says Dr Birtle.

Another way of connecting is the NHS Practitioner Health website, which, with much input from psychiatrists, has published guidance for its workforce. Its 'Doctor's Common Room' offers a place to discuss anything from practical issues, to supply of up-to-date information and advice on effective PPE equipment.

"Keeping up to date with the latest developments gives you a sense of control," she says "but try and limit anything COVID-19-related to during working hours."

Dr Ros Ramsay works as a medical manager and on the frontline in an inpatient unit and in the community at the South London and Maudsley NHS Foundation Trust.

When a patient's mental health needs or inability to engage remotely has meant she's had to carry out consultations at their home or on the unit, she's worn a face mask in accordance with PHE guidelines. Otherwise her community consultations are held remotely.

"The mask feels claustrophobic and no one can see your whole face but it's become normalised now. You also have to remember to hand wash and ensure there's plenty of space for social distancing. It feels adequate for where I'm working but I'm aware of staff in in-patient units where patients have suspected COVID and have had difficulties getting the right PPE."

"There is a lot of anxiety about COVID-19 and the fear of you or your family catching it. Some colleagues have been very ill and you worry that we don't know everything we need to about the virus."

The deaths of health workers have naturally had an impact on her. "If it happens to a colleague, then it could happen to me. But I'm not dwelling on it excessively and I try and restrict myself to watching the news just once a day," she says.

"I'm concentrating on looking after myself and try to do daily mindfulness practice and get decent sleep. My grown-up children are living with me and we cook meals together and motivate each other to do online workouts.

Dr Ramsay has been able to join in discussions with colleagues on the College's webinars which she describes as "very helpful". There are also morning phone 'huddles' with medical managers in the Trust, and socially distanced cuppas with colleagues in the canteen to help with feelings of isolation.

Dr Mihaela Bucur

"It's important to reach out and talk rather than just communicate by email."

Despite the rapidly evolving situation, the College has worked hard to respond to COVID-19 and has frequently updated its resources, according to Dr Mihaela Bucur, its Associate Registrar for Wellbeing and Retention.

This includes collating evidence-based advice, with expert contribution from Professors Neil Greenberg, Simon Wessely and Richard Williams, which members can use to support their teams or colleagues from other medical specialities.

"Psychiatrists have unique skills which can help support colleagues who develop mental health problems, or advise senior management in other hospitals on issues such as in triaging staff who need more support," she says.

"Through active monitoring of staff we can help nip problems in the bud."

To get feedback from frontliners, the College carried out a survey in April in which a quarter of doctors reported not having access to PPE while 50% weren't able to get tested, prompting a call for action from the College. The disproportionate number of BAME deaths is also causing deep concern among members and a taskforce set up to focus on this has already produced a report *(covered on page 5)*.

"It's important to address all the concerns of our members," says Dr Bucur.

"With many working from home and all upcoming College events cancelled, loneliness is now a problem.

"When this is over, all of us will need to recover. In the meantime, we must stay connected, kind and compassionate."

Support for members

- Psychiatrists' Support Service: For free, confidential support, call the College's dedicated helpline on 0207 245 0412 or email **pss@rcpsych.ac.uk**
- NHS Practitioner Health for the health and wellbeing of doctors with mental health problems: Visit **practitionerhealth.nhs.uk**
- MindEd: Advice and tips for frontline staff from a panel of international experts. Visit **covid.minded.org.uk**

The journey continues

Professor Wendy Burn reflects on her time as RCPsych President – her commitment to members, her achievements and the work yet to do.

Professor Wendy Burn

"I'd give anything to get on a train now," says Professor Wendy Burn from her home in Ilkley, Yorkshire, from where she has managed to lead the College through the first months of the coronavirus lockdown. If one thing defines her past three years as RCPsych President, it has been her willingness to crisscross the UK to meet members. "I eventually got fed up of the travel, but it's the part of the job that I always really looked forward to – going out and hearing from members."

"You can sit in London and think what you're doing is really important – and it is – but the members need to know what's happening too," she says, citing the example of RCPsych's work on NHS England's Long Term Plan. "We lived and breathed it for months and months," she says, "but I would then talk to a group of members on the front line and they wouldn't even have heard of it. That's why it is so important to go out and tell members what's happening, get their reactions and then bring those back."

"We didn't have a funding gap – we had a care gap"

The Long Term Plan was a "massive opportunity" for mental health, says Wendy. Published in January last year, it set out the priorities and funding of NHS services for the next decade. Influencing this once-in-a-generation plan became the priority for Wendy and a team of College staff and members. "A huge amount of work", she says, went into ensuring that mental health came away with a good share of the money.

"I was really satisfied," she says of the outcome, while acknowledging that the delivery of the Plan will have to be watched carefully by her successor, Dr Adrian James. "If you think about where we started from," she adds, explaining that mental health trusts weren't seen as sufficiently in need because, unlike acute trusts, they weren't overspent. "That was because we hadn't been looking after people properly," she says flatly. "We didn't have a funding gap – we had a care gap." This was the message Wendy and the College drilled into politicians. "They did understand," she says.

For someone who describes herself as "not having had much interest in politics" before she became President, Wendy has forged strong relationships with, as she puts it, "the people who control the funding flows". "I didn't have any politics to start with and I thought that would be a disadvantage but actually it was an advantage," she says. "You have to be able to work with whoever is in power." The aspect of politics that she will miss the most? "Larry the Downing Street cat," she only half jokes. "I'm sad I shall never see him again."

Another perk of the job she will miss is the friendship of the other Royal College presidents. There's even a presidential WhatsApp group, which she explains isn't just supportive and helpful, but also "a lot of fun". "You can get incredible expertise in minutes and they're such a lovely bunch," she says.

One role that Wendy will enthusiastically continue to hold is co-chair of the RCPsych Gatsby Wellcome neuroscience project which, with another year to run, has been updating the neuroscience taught to trainees. This too has taken her around the country talking to medical students. "Prior to becoming President, as Dean I used to speak at medical schools and there would be maybe eight people in the audience. Today there will be 100 people," she says. "At the end of the evening, a queue of people will wait to talk to me about how they can make a career in mental health. That's a real change," she adds. This enthusiasm, she believes, is in part down to the excitement around neuroscience, but part of it is the shift in attitudes. "Young people especially have a totally different view of mental illness," she says.

Wendy can claim enormous credit for not only helping to change people's views of mental health, but also for ramping up efforts to improve recruitment in psychiatry. This year, the profession is on track to fill all of its core training posts, a significant improvement from when she took on the role in July 2017, which is why she made it a priority of her presidency. "Anecdotally, the calibre of the people we're recruiting has also got better," she adds. "People are really interested."

Despite these obvious successes, Wendy acknowledges "there's so much that I haven't cracked, particularly around parity and sustainability". Fortunately, she notes, both are issues that Dr James has prioritised as she hands the baton over to him.

While it will be hard to start during a pandemic, she observes, Dr James' role as Register means no one is better placed to take over. "He will hit the ground running. If anyone can take it on in a pandemic, it's Adrian. I will always be there for him," she says, as previous presidents were there for her.

Come July, alongside her role on the neuroscience project, Wendy will also take up a post as chair of the clinical group of Equally Well (hosted by the Centre for Mental Health), a collaborative which has been set up to support the physical health of people with a mental illness. "The life expectancy of someone with a diagnosis of schizophrenia in the UK is up to 20 years shorter than someone without a mental illness, which is terrible and hasn't really changed much over the years," Wendy says. "We're going to try and tackle that."

We wish her all the very best as her journey continues.

South Asian History Month

For the first time this July, RCPsych will celebrate South Asian History Month to recognise the enormous debt the UK owes to psychiatrists from the region. Some of our leading lights explain why.

(Left to right) Dr Santosh Mudholkar, Professor Dinesh Bhugra, Dr Trudi Seneviratne and Dr Shahid Latif

Like the cultures and terrain within the region, the history of the contribution of South Asians to psychiatry in the UK is vast and varied.

The region's ties with the UK go back a long way, with British influence on South Asian psychiatry predating many modern South Asian countries. The journey takes us from the building of the first mental asylum in Calcutta, India, in the 18th century, to psychiatry as we know it today and the current College leaders of South Asian background.

Today a third of the College's members are from the region, mainly India, Pakistan and Sri Lanka, as well as Bangladesh, Nepal and Afghanistan. This impressive figure is, in part, due to the cultural importance of medicine among South Asian communities (and eager parents), but also reflects the enduring popularity of psychiatry as a medical specialty.

British medical students and trainees from South Asian backgrounds are usually second, third or fourth

> **"It's not just about statistics, but how psychiatrists from South Asia have provided services that were lacking"**

generation, but many are international medical graduates who have chosen to come to the UK.

The longstanding popularity of the UK as a place to train in psychiatry is, in part, down to the language, but also a certain sense of familiarity, says RCPsych Associate Registrar Dr Santosh Mudholkar. "My parents were both physicians and there was a strong British influence during their medical training. So I grew up in an environment with medical books and journals authored by British medical academics. I knew from the moment I developed an interest in psychiatry that I had to undertake higher training in the UK. Internationally, it was the 'gold standard'."

Many acclaimed South Asian psychiatrists who studied or worked in the UK went on to become world leaders in the field, such as Professor Narendra Nath Wig, dubbed the 'father of Indian psychiatry', who was also awarded the College's highest accolade of Honorary Fellowship in 1991. Another is Dr Afzal Javed, former RCPsych Deputy Associate Registrar and chair of the Pakistan Psychiatric Research Centre in Lahore, who takes over as President of the World Psychiatric Association later this year. Many have also been pioneers in their field, such as Sri Lankan Dr Anula Nikapota, a child and adolescent psychiatrist at the South London and Maudsley NHS Foundation Trust, who died last year and was internationally known for her expertise on cultural diversity in mental health. But for each of these celebrated leaders or trailblazers, there are many thousands of lesser-known psychiatrists from the region whose contributions are no less great and who have been as much an inspiration.

Overdue recognition

For most who came to the UK to train and work from the 1950s onwards, opportunities were limited. Often, they were offered only vacant posts, such as in asylums and on learning difficulty wards. In other words, the work the British doctors didn't want to do. "International doctors were encouraged to pursue less popular specialties like intellectual disabilities," explains former RCPsych President Dr Dinesh Bhugra. "It's a real debt we owe them," he says. "It's not just about statistics, but how psychiatrists from South Asia have provided services that were lacking."

The absence of professional opportunities was coupled with differences in culture that made life as a psychiatrist in the UK hard. When Dr Mudholkar arrived from India, he describes feeling excluded when coming into contact with the "old boys' network". Although there was a huge cultural difference, he worked hard to pass exams and stayed determined to achieve his goals while being away from his family. "I was sensitive to the lack of diversity," he says, "as well as the exclusion and racial discrimination." Not until the Race Relations Amendment Act of 2000, did he notice a shift in work culture.

The lack of diversity among the leaders of British psychiatry was another problem. The first RCPsych officer of South Asian origin was elected only in 1995 when Dr Pearl Hettiaratchy, who is of Sri Lankan heritage, became Vice President. Dr Bhugra, who in recent years has been President of both the WPA and the BMA, was another to "smash the ceiling" as Dr Shahid Latif, chair of the College's Transcultural Special Interest Group puts it. Dr Bhugra became Dean of RCPsych back in 2003 and the College's first South Asian President in 2008. "At the time," Dr Latif says, "there was still a huge discrepancy in BAME members' attainment that contributed to less visibility. But when there were visible leaders from Asian backgrounds – and that includes more diverse executive boards – finally there was cultural sensitivity around these issues."

For RCPsych's incoming Registrar Dr Trudi Seneviratne – the first South Asian woman in the role – a more diverse staff and leadership promotes a culture of inclusion that not only benefits staff members but also patients, to whom it can provide an added layer of comfort. An adult and perinatal consultant psychiatrist at the South London and Maudsley NHS Trust, she wants to see change in who comes forward and seeks help. It is less common for BAME patients to be referred to her, she says, and when they are it is mainly when they have an underlying psychotic illness.

However, she is optimistic that change will come, not least because of the rise in awareness around mental health in particularly metropolitan cities across South Asia, and the growing popularity of psychiatry in places like Sri Lanka, her place of birth.

And in the midst of a global pandemic that has seen BAME healthcare staff disproportionately affected and the debt all of us owe to them so visible, now is a good time to recognise the many thousands of South Asian psychiatrists who paved the way and whose work and talents have contributed so much.

> Members can now book on to RCPsych's free South Asian History Month webinars:
> **9 July: https://bit.ly/3e4xZSQ**
> **16 July: https://bit.ly/2YExrfl**

A youth idling by a brook, representing restful withdrawal from the world. Engraving by J. Heath, 1810, after R. Westall (Image: Wellcome Collection)

Towards a **new normal**

Philosopher and psychiatrist Professor Bill Fulford and retired child and adolescent psychiatrist Dr Leo Kroll discuss resilience, recovery and changing values.

"**These** are the best of times and the worst of times," says Professor Bill Fulford, paraphrasing Dickens. The coronavirus lockdown has affected people in radically different ways. For some, it has been a highly fearful and anxious time; for those more fortunate, it has offered a moment of reflection and reassessment of what matters most.

"I think we're seeing a sort of polarisation," says Professor Fulford "which is to some extent reflected in psychiatric practice. We're seeing some wonderful practice, with psychiatrists reviewing what's important to them and thinking more carefully about what's important to their patients. But on the other hand, we're seeing psychiatry as a profession retreating towards a rather naive, narrowly scientific model of practice."

> **"Recovery is even more on people's agenda"**

Dr Leo Kroll also sees a wide divergence in people's reaction to the crisis. "Some people have adapted to this experience and some have struggled," he says. "Sometimes it's an opportunity for growth and sometimes it isn't, and people get very depressed and anxious."

He says that the government's early approach to the pandemic, where it was treated almost like warfare, a battle against a deadly enemy, wasn't helpful. What he thinks has helped is the recognition of "the need for altruism and kindness and support, a community focus that we're in it together, we need to do our best to see this through".

Dr Kroll suggests that the experience of dealing with serious mental illness may actually have helped some people to cope, enabling them to be "more resilient and more adaptable". Professor Fulford agrees. "People who have pre-existing mental health issues do have resources," he says. "Because they've been through such difficult times, they have resources for dealing with difficult times."

He also sees a determination on the part of some not just to survive this crisis but to emerge in a better state of mind. "My impression is that recovery is even more on people's agenda. Some people will need support to get over it, undoubtedly. But for some people, what's important is to be able to re-establish their norms, to get back to their normal way of life." Professor Fulford cites the work of his colleague, Dr Pat Bracken, who worked for Amnesty International with children in war zones. "What he discovered was that, for some children, counselling was very important, but for others, the most important thing was to be able to have a game of football and get back to family."

"What helps people recover from severe and enduring mental illness," says Dr Kroll, "is very much about a sense of purpose and a sense of direction. Some people with severe mental health difficulties have been able to step away from their struggles with their condition and to think more broadly about how they can help other people."

Then again, he adds, experience of previous pandemics suggests that, for some people, "previously hidden conditions are going to show themselves as the lockdown eases. It feels as though there are a lot of unknowns. Much of what we know is anecdotal at this stage. The picture won't really become clear until we have the results of more research."

Whatever happens in the coming months, a better understanding of how our values have changed is going to be key to our recovery.

Prejudice and **Pride**

To mark Pride Month, we spoke to Professor Michael King, co-founder of the College's Rainbow Special Interest Group, about the societal and medical progress made in understanding LGBT+ mental health.

Be proud, be defiant and celebrate the liberation of our community. This is the message of Pride – a time typically punctuated with vibrant marches across the country celebrating lesbian, gay, bisexual and transgender people.

But, despite huge advances in LGBT+ rights, many people in the community still deal with extraordinary hardships, such as family rejection, bullying and workplace discrimination.

While it's now clearly established that LGBT+ people are disproportionately more likely to suffer with poor mental health, it was only as recently as 20 years ago that this concept was widely considered within psychiatry.

"There were so few conversations happening on the topic at the time," says Professor Michael King, psychiatric epidemiologist and co-founder of RCPsych's LGBT Special Interest Group (SIG).

Preliminary research conducted during the HIV/AIDS crisis had indicated that LGBT+ people were suffering badly with mental health difficulties, but the subject itself remained relatively taboo. So, in 1997 Dr King, along with his colleague Professor Annie Bartlett, who would later co-found the SIG with him, set about raising the profile of such issues by hosting an event at the Royal Society of Medicine.

"It was a real success," remarks Professor King. "So much so, that the then Chief Medical Officer suggested we develop an intercollegiate working group on the issue." This idea, however, was at the time opposed by RCPsych and they had to take a different tack. "After initially being taken aback, we decided to form a special interest group instead – collecting the required 120 signatures from members," he says. "Now, almost 20 years on, the SIG boasts over 1,200 members."

The group, now known as Rainbow SIG, has been at the forefront of promoting research and training on LGBT+ mental health for psychiatrists across the country since its inception in 2001. It has supported the College on negotiations with government, written position papers, and worked with the Church of England.

Its many achievements point to just how far things have come. "Psychiatry, and medicine in general, have a rather poor history of understanding LGBT+ people," says Professor King. "But significant positive progress has been made."

"We've gone from pathologising homosexuality as a mental disorder, to now understanding that it's not homosexuality itself which is the cause of mental distress, but rather negative social and cultural attitudes towards LGBT+ people. Society has moved forward, and with it, the field of medicine."

And move forward society certainly has. There have been enormous steps towards achieving LGBT+ equality, such as the legalisation of same sex marriage in 2014 in the Britain (and earlier this year in Northern Ireland), and the creation of a Government LGBT+ Action Plan in 2018 containing commitments to improve the lives of LGBT+ people.

But against the backdrop of this civic progress, rates of poor mental health among LGBT+ people have largely stayed the same. "It's a puzzle," says Professor King, "to which there's not a clear answer."

"One of the biggest predictors of poor mental health in adulthood is rejection by family during childhood. So, although we've seen a lot of progress in societal attitudes towards the LGBT+ community in recent years, many young people will have parents who grew up with the subject being quite taboo. Prejudice may be seeping in there."

Equally, increased openness can paradoxically mean some people feel emboldened to come out, only to find themselves on the receiving end of discrimination once they do.

It's crucial then, stresses Professor King, for psychiatrists to "continue to research and understand the effects of family rejection, prejudice, and discrimination on this underserved community, and ensure that any work we do with LGBT+ people takes these unique stressors into account," he says. "We have an important role to play."

Unmasking **mental illness**

Epigenetics hopes to develop an early warning system for mental ill-health and how to effectively treat it.

Visions of masquerade balls and superheroes aren't quite what one expects when asking a neurobiologist to describe his specific field of study. But as Professor John Quinn explains epigenetics, it's hard not to be catapulted to the scene of Romeo and Juliet's first meeting, or to the streets of Gotham City.

"An epigenetic change is like a mask put onto the DNA so that it no longer reads as the same letter it would have been without the mask," explains Professor Quinn, chair of neurobiology at the University of Liverpool. Perhaps the mask is bright and attention-grabbing, meaning more attention is paid to the instructions being issued than would be otherwise. Or perhaps it's a means of camouflage, causing the standard instructions to be ignored. Either way, it means the cell works differently.

Epigenetics, a field that has only come to prominence in the last decade, focuses on studying these mechanisms that alter the expression of genes, or how our cells 'read' the instructions from our DNA about what they should do and when. Via epigenetic processes, it's possible for those instructions to appear to be different than what was originally intended.

"An epigenetic change is like a mask put onto the DNA so that it no longer reads as the same letter it would have been without the mask"

From the perspective of treating disease, the mask is good news. It means that, unlike in genetic mutations, the DNA isn't permanently changed. You can potentially fix it. "If you take the [unhelpful] mask off, it'll be a normal piece of DNA," says Professor Quinn.

In other words, if you find the mask and find a means to affect it or its consequences, you not only have early warning of a condition, but also, potentially, a better treatment for it. This is no easy feat, of course. But Dr Sarah Marzi, a research fellow at Imperial College London, says the hope is that epigenetics might make it possible to intervene earlier in diseases.

"My motivation is certainly understanding whether there are consistent epigenetic changes arising from known risk factors for a disease," she says. "Once you know that, you can target more specific treatments, medication and interventions."

Intriguingly, the risk factors for epigenetic change aren't just inherited. Many are influenced by environment. If you're exposed to an environmental risk for mental illness, your DNA might start 'putting on different masks' which means your body's chemistry changes. It's basically the interface between nature and nurture at the molecular level – an intriguing prospect indeed for a psychiatrist, says Andrew McIntosh, professor of biological psychiatry at the University of Edinburgh.

"I'm interested in epigenetics because of the way it can integrate information from both the environment and from genetics," he explains.

It is believed that only 35% of propensity for clinical depression, for instance, is governed by inherited genetic factors. The rest is down to the environment, and the hope is that epigenetics might help illuminate this further.

Certainly, Professor McIntosh sees the potential for highly accurate measurement of risk factors that, until now, have been self-reported. "Having objective measures that can be measured at the level of molecules is just extremely useful," he says.

After all, issues such as smoking, alcohol use, or a history of childhood trauma are currently quite difficult to measure and disentangle. "Often, you're asking people about these risk factors many years later and once they've become unwell," says Professor McIntosh. "People's recall of past events can become more detailed when they are trying to explain why they have recently become unwell."

But by taking a blood sample and analysing it epigenetically, it's already possible to identify – with 98% accuracy – whether or not somebody has been a smoker and for how long. ("Smoking seems to have really direct and widespread effects on the epigenome across a number of different tissues in the human body," explains Dr Marzi). There is early hope the same will be true of alcohol, body mass index and other risk factors for depression.

"In future, I think the number of environmental factors that we can detect using epigenetic analysis will just grow further," says Professor McIntosh. "And if it's true that epigenetics can capture a large amount of the relevant environmental factors for depression, then that should also enable better prediction of future illness."

In other words, might it ultimately be possible to create an epigenetic risk score for depression? Could a simple blood or saliva test show how many epigenetic changes associated with mental ill-health have happened and where? And, if it could, would it then be possible to develop better treatments that were more targeted to the specific changes involved?

Certainly, Professor McIntosh hopes epigenetics might lead to better ways of monitoring the impact of anti-depressants. It could perhaps even do away with the need for a patient to try multiple treatments, having to cycle through options until one is found that works.

"We know medication must act through changing gene expression," he says. "Epigenetics is one way in which we can identify where and what effect it's having. So that could be useful as a means of identifying concordance with medication, possibly. But even in people who are taking medications as prescribed, it'll perhaps give you a better estimate of how it's having an impact on them. Many people might take the same medication but some might not be responsive. Perhaps epigenetics will help us understand why that is the case."

The somewhat cautious language used by Professor McIntosh – "could", "perhaps", "possibly" – is deliberate. And it's a method of speaking shared by both Dr Marzi and Professor Quinn. All emphasise that epigenetics is not a field which is going to imminently change the practice of psychiatry. It's still in its infancy, there are many caveats and there is more work to be done. But all hope that, in the longer term, it could unmask real benefits for the profession and those it cares for.

Professor Sir Simon Wessely

Urgent call **for research**

An expert group calls for urgent investment in research to tackle the effects of COVID-19 on mental health.

The COVID-19 pandemic is profoundly affecting not only people's physical health but also their mental health, as fear of infection, social isolation, grief, money worries and relationship stresses take their toll. At the same time, there is a growing body of evidence that the virus itself can directly compromise brain health. And all this against a backdrop of an unprecedented pre-existing demand for mental health services.

Yet, the seriousness of the crisis is not being matched by resources. The scientific response to the virus is almost exclusively directed at its effects on physical health – the search for vaccines and treatments. So, in April, a group of mental health experts – convened by mental health research charity MQ and the UK Academy of Medical Sciences – published a position paper in *Lancet Psychiatry* calling for an urgent multidisciplinary research effort to tackle the impact of this and future pandemics on mental health.

"We need to start now. We'll regret it if we don't"

"Although there's been quite a lot of talk about the importance of mental health," says Professor Sir Simon Wessely, one of the paper's joint authors, "it's not top of the list, not least because the single best thing we can do to improve the mental health of the nation is to get rid of this virus. I understand that. But it's a little frustrating if you're in our world. The main funding bodies are still focusing on the short-term priorities, which is correct, but with some of the medium- to long-term priorities, you need to start now. We'll regret it if we don't."

The position paper sets out a range of immediate actions, such as improved monitoring and reporting of the rates of anxiety, depression, self-harm, suicide and other mental health issues, alongside a slew of longer-term strategic programmes, including the development of novel interventions to protect mental wellbeing. "It's utopian to think we can counsel our way out of this problem," says Professor Wessely. "The existing systems are just not going to cope. A much broader, community-based approach, locally led, is the way forward."

The involvement of patients, people with lived experience, and the public is identified as a key element of future research. The paper itself was informed by two online surveys of public concerns about the impact of COVID-19 on mental health and the expert group's members included three people with lived experience of mental ill-health.

Collaborative, interdisciplinary working, harnessing the existing research infrastructure, is also highlighted. "It's very important that we get our act together," says Professor Wessely, who, as a member of both the Medical Research Council and Economic and Social Research Council will be doing all he can to keep mental health high on the research agenda.

There is a sense that things are already starting to happen. Professor Wessely points to a recent call for the submission of coronavirus-related mental health research proposals by UK Research and Innovation and the National Institute for Health Research. And Dr Helen Munn, MQ's CEO, reports that her organisation has been talking to England's Chief Medical Officer and the UK's Chief Scientific Adviser about mental health research priorities. MQ is also helping to recruit people to take part in a range of online COVID-19 research studies through its Participate website.

As the lockdown eases, we will start to see the true extent of the pandemic's impact on the nation's mental health. "Even if there's only a 1% increase in mental health problems," says Professor Wessely, "given the fact that whole populations have been locked up, that's a lot of people."