Issue **23** | Spring **2023**

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT

The next leader of our specialty

Contents

COLLEGE **NEWS IN BRIEF**

Getting heard

RCPsych called on the government to step up investment into the recruitment and retention of the psychiatric workforce during Eating Disorders Awareness Week, which ran from 27 February to 5 March.

Ahead of the awareness week, the College sent out a briefing to parliamentarians, and was subsequently mentioned three times during a debate on eating disorders in Westminster.

RCPsych's press release, 'Children and young people with eating disorders face treatment postcode lottery', issued on 2 March secured a reach of 5.1m on the day of release. The topic was covered by more than 150 outlets online, including *The Times, Daily Mail*, *Independent* and *Evening Standard*, and in over 16 print publications.

It is critical to raise awareness on this issue. "If the Government is serious about dealing with this ongoing crisis, they must produce adequate funding for the impending NHS Workforce Plan," says Dr Agnes Ayton, RCPsych's Chair of the Eating Disorders Faculty. "Specialist services should be supported with the same level of focus given to elective care."

Royal advisor

Dr Trudi Seneviratne OBE, College Registrar and perinatal psychiatrist, has been appointed to an expert advisory group to assist the Princess of Wales, Kate Middleton, on her most recent campaign 'Shaping Us'. Aiming to promote the critical importance of the first five years of life in determining future outcomes, the campaign is being launched through the Princess's Royal Foundation Centre for Early Childhood.

As part of the advisory group – which consists of eight childhood experts from different sectors – Dr Seneviratne will support the centre in drawing from existing best practice, commissioning new research, and raising awareness on the subject. The group met with the Princess at Windsor Castle at the end of January to discuss further.

"Our experience in the earliest years lays the foundations for the rest of our lives," says Dr Seneviratne. "Policy in this area needs to be embedded in education, in healthcare, in maternity care, in post-natal care, in all of health and social care that supports families."

Critical translations

To support survivors of, and anyone affected by, the recent earthquakes in Turkey and Syria, RCPsych has translated its mental health information resource for patients and carers on 'coping after a traumatic event' into key languages: Arabic, Turkish and Kurdish.

This work was carried out with the support of non-profit organisation CLEAR Global and their community of more than 100,000 language volunteers called 'Translators without Borders'.

RCPsych is highly appreciative of all College members who helped review these translations to ensure they were as clear and accurate as possible.

The English version of the resource can be accessed here: **https://bit.ly/3lbfNQo**

The Arabic, Turkish and Kurdish versions are also available through our translated resources page: **https://bit.ly/33fxMGv**

To find out more about EPSIG – the College's Evolutionary Psychiatry Special Interest Group, see page 17.

Ending sexism in medicine

In early March, RCPsych joined several other medical royal colleges and organisations in signing up to the British Medical Association's (BMA) 'Ending Sexism in Medicine' pledge. This sets out 10 goals which provide measures for combating sexism and promoting the value of gender diversity and equality in medical work and education.

The pledge follows on from previous work the BMA has carried out in this area, including its 2021 'sexism in medicine' survey which highlighted the prevalence of sexism in medicine and the NHS. In this survey, 91% of female participants reported experiencing sexism at work within the previous two years, and 74% of all respondents said that sexism is a barrier to career progression.

RCPsych President Dr Adrian James commented: "We wholeheartedly agree with the goals of the pledge, which our members have also told us are key to challenging sexism in medicine and will be doing all we can to embed these actions alongside our own Equality Action Plan."

Vote in our College elections

You can now vote for the next member representative to sit on the RCPsych Trustee Board, to replace demitting member Professor John Gunn. The two nominees are Dr Billy Boland and Dr Lenny Cornwall. The successful candidate will help shape how the College is run for the next four years.

Voting – which also includes ballots for some of our Faculties and the Psychiatric Trainees' Committee – closes on 19 April. Eligible voters will have received a link via their registered email address. More information, including statements from the candidates, is available on our website: **https://bit.ly/3lug7tn**

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President's **update**

Welcome to a particularly dynamic issue of *Insight*, which features moments of celebration and reflection, while allowing us to confront some challenging topics.

I would like to start by congratulating Dr Lade Smith CBE, who is set to take over from me to become RCPsych's 18th President in July. With Lade at the helm, the College is sure to continue effectively championing psychiatry and improving the profession for all. In this issue, she shares some of her goals for the next three years.

While looking to the College's future, we also take a moment to honour the memory of those who came before us. Last year, we lost two of our past presidents, Dr Thomas Bewley and Professor Andrew Sims. Both pioneers in their respective areas of interest, they had a significant influence in shaping the College and the specialty.

We also have an extended feature on gender identity, where we have created a platform for the sharing of different voices on this subject. I appreciate that many will have strong reactions to the thoughts and opinions expressed, but I ask that all members strive to keep our core value of 'Respect' in mind when engaging in this discussion.

Dr Adrian James

Your *Insight*

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

Your comments on *Insight* issue 22:

Commenting on 'Cutting through stigma', an article about a mental health training initiative that builds on the trusted role that barbers play in Black communities.

BRIGHT IDEA

Cutting through **stigma**

Building on the trusted role that barbers already play in Black communities, a mental health training initiative is helping to encourage open and more emotionally vulnerable conversations among Black men.

"It gave us a community base – people we could go to for advice"

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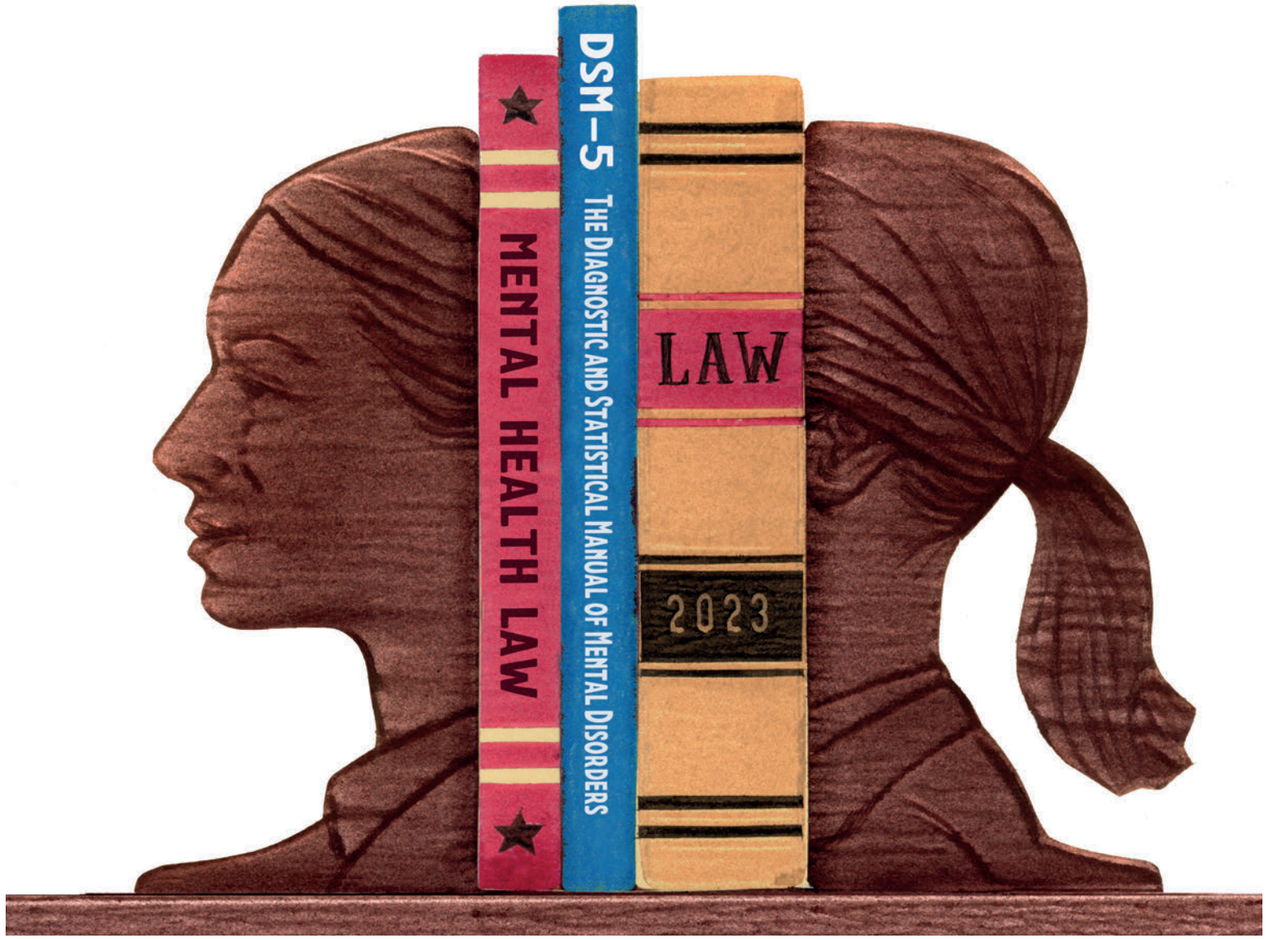
"It was an absolute pleasure to work on this article. I am truly impressed by the impact we are making in raising awareness about mental wellness within our community, particularly amongst Black men.

Though it may not always be easy for Black men to open up and share their thoughts and feelings, I believe that by continuing to create safe and supportive spaces for conversation, we can help break down the barriers that may make it challenging for them to do so.

It's important to remember that all of us, including Black men, are under constant pressure and it's important to take the time to take off our capes and take care of ourselves."

Mitch Momodu



Law in **practice**

Planned changes to mental health law will not only affect the statute books – they will also influence the practice of psychiatry.

For Dr Gareth Owen, psychiatry and law feel like complementary areas of focus – perhaps even more so since he recently became the College's new special advisor on mental health and capacity law in England and Wales.

Before becoming a doctor, Dr Owen studied the "conceptual areas" of philosophy and physics. When he became a psychiatrist, he discovered there were few concepts more intriguing than mental health law.

Crucially however, he also believes psychiatry *necessitates* an interest in this area.

"It is not just a matter of principle or concept, but also of application"

"We're doing things that bring up big issues around deprivation of liberty and decisional authority," says Dr Owen. "So psychiatrists have got to know more law than most doctors."

With mental health legislation under review in all four UK nations, keeping that knowledge current is particularly challenging. Adding to the complexity is that nations are taking different approaches to reform, with proposals having made different amounts of progress. In all instances, it remains unclear which changes will be implemented and when.

That said, the rationale behind change remains fairly consistent. Fundamentally, there is a desire to modernise the way law understands mental illness and capacity, to ensure respect for human rights, and to reduce disparities.

There is also a view to simplifying existing legislation. This is most notably seen in Northern Ireland, where the Mental Capacity Act combines mental health and mental capacity law into a single piece of legislation.

Dr Gerry Lynch, the College's former chair in Northern Ireland, explains the rationale behind this: "The idea is it reduces the stigma of mental illness, because the only grounds you would have for depriving somebody of their liberty and enforcing treatment is if they lack the capacity to make decisions – the same as for physical illness."

Full implementation has been slowed by Northern Ireland's political situation (the country has had prolonged periods with no working government). The only part of the Act currently in force relates to deprivation of liberty in those who lack capacity but do not require treatment for mental illness.

Even so, Dr Lynch says the profession has been impacted. "It's been resource-intensive, especially from the perspective of consultants in old age psychiatry and learning disabilities who complete the medical reports for the Act."

It's an example of the multiple ways in which changes to law can be viewed. There is the matter of what is said in the statute books, but these words have far-reaching implications. It is not just a matter of principle or concept, but also of application.

Often it comes back to resources and expertise. "There's an ongoing discussion about how you link mental health law to the necessity to ensure provision for services," says Dr Owen.

For example, in England and Wales there are recommendations for 'advance choice documents' – which allow individuals to express their view on the care and treatment that works best for them – to be made statutory under the reformed Mental Health Act. "People are going to need to be supported by professionals to create these. That will put an interesting emphasis on services to do more co-production."

The resources situation is more complicated still in Wales. The government there will have to implement reform based on decisions from Westminster. Yet, health is a devolved matter, so the Welsh NHS has developed in a different way. (And to complicate the situation further, crime and justice law – which closely links to mental health law – isn't devolved.)

"We have to work out how to take forward the reforms within our health system," explains Ollie John, the College's manager in Wales. "But those changes are likely to come at a financial cost to Welsh government, so it's looking at what finance and budgeting will need to be in place."

In Scotland too, it's anticipated there will be difficult funding decisions. A review of the country's mental health law recommended wide-ranging reforms, including expansion of human rights considerations. "The government is balancing that undoubted need for reform with consideration of costs and with other legislative priorities," explains Dr Roger Smyth, chair of the RCPsych in Scotland Legislative Oversight Forum.

Ultimately, then, the devil is in the detail. That's not just for governments, but for psychiatrists too. In Northern Ireland, the College is pushing for training and resources to help psychiatrists negotiate the new act. "There are several complex clinical issues that we need to get agreement and consistency on," says Dr Lynch.

It's a theme which unites all countries: yes, there need to be conversations on what the legislation says. But if the laudable aims of reform are to be met, there also needs to be wider conversation about what it means for the practice of psychiatry.

UK mental health law reform: a summary

England and Wales:

2018: Professor Sir Simon Wessely publishes review of Mental Health Act.

2021: Government white paper.

2022: Draft bill; goes into scrutiny by joint committee of parliament.

January 2023: Committee reports. Government response now awaited.

Scotland:

2022: John Scott publishes final report of Scottish Mental Health Law Review. It contains 202 recommendations for reform.

Early 2023: Report remains with ministers, who are considering their response.

Northern Ireland:

2016: Northern Ireland assembly enacts Mental Capacity Act, which fuses mental health law and capacity law.

2019: Small aspects of act come into force.

Early 2023: Full implementation of act remains dependent on renewal of government.

Dr Shubulade Smith CBE

Meet your next **president**

Dr Shubulade Smith CBE talks about her ambitions and priorities as she prepares to take on her new role as leader of the profession.

Shubulade (Lade) Smith is set to take over the RCPsych presidency from Dr Adrian James in July. Following a decisive win in the College's election, which saw the highest voter turnout (39.4%) since 1996, her initial euphoria has given way to anticipation of the task ahead.

As RCPsych's leader, Lade will make history by becoming the first Black woman to be president of any UK medical royal college. She was persuaded to run for election so she could "speak truth to power" and improve mental health services and the working lives of psychiatrists in the UK and beyond. This is certainly no small feat; "I'll tackle world peace and sort out Brexit next," she quips.

"If we don't nurture our academic psychiatrists, then all is lost"

She enters the role with considerable achievements already under her belt. She is Clinical Director for forensic services at South London and Maudsley NHS Foundation Trust (SLaM) and leads the acute forensic pathway. She has worked there and at the associated Institute of Psychiatry for 30 years and has written more than 70 research papers. She also teaches and has key roles at the College, including Presidential Lead for Race and Equality, Clinical and Strategic Director of NCCMH and Council member.

The former Psychiatrist of the Year award winner (2019) has been involved in writing NICE guidance and the Patient Care Race Equality Framework as part of the Mental Health Act review – a competency framework designed to improve outcomes for people from minoritised ethnic communities – the Advancing Mental Health Equality resource, and the Community Mental Health Framework. Her own trust is implementing these changes. "It makes me proud," she says. "It means the system is changing."

Lade describes her time as a trainee at the Maudsley as like being at Oxbridge – having tutorials with prestigious psychiatrists. She enthuses over this collegiate approach, explaining that she wants all psychiatrists to feel part of the group and wants to create opportunities for members to meet face to face to spark ideas off each other. As she mentioned during her election campaign, she would like to explore the idea of creating a Northern Hub, motivated by a desire to see younger psychiatrists feel "part of something important – a family of psychiatrists". She also plans to have organised debates for members and has a vision of them being exemplary counterpoints to the mainstream conversation. "We don't have to be reductionist, simplistic or binary. We can show that it's possible to have a reasoned debate with a good evidence base, boundaries and ground rules," she says.

Having never experienced a boring day in her career, Lade has boundless enthusiasm for the profession and loves the way psychiatry "embraces complexity". "It's not easy," she says, "but it is endlessly fascinating, and intellectually and emotionally challenging." Despite this, she feels the profession is often disparaged. She wants to change this by raising its profile and boosting psychiatrists' self-esteem. "Feeling that you are doing something really worthwhile can sustain you through the hard times," she says. This, in turn, will aid recruitment and she hopes there will be "a heap of medical students fascinated by the intellectual rigour of psychiatry".

Research is essential to improving services, but a lack of investment has led to a dwindling number of professors. "If we don't nurture our academic psychiatrists, then all is lost," she says. "They need to be properly supported with a career pathway where wages don't flatline and they don't have to lurch from one grant application to another." During her presidency, she wants to work towards creating "a sound, viable academic pathway" and more research opportunities.

As an intensivist, Lade says she is well-suited to working in emergency psychiatry. But her wider view of the way mental health services should be run is more long term. She says the shift away from continuity of care is storing up problems for patients, the profession and wider society. The current model cannot work for relapsing-remitting conditions, such as schizophrenia and bipolar disorder. "Patients are being discharged prematurely and will only return with greater needs," she says. Covid has added to this and the "tsunami of health needs that is coming will be difficult to handle without the staff and resources to deal with it," she says.

She intends to challenge the short-termism of successive governments by telling them "gently but persistently" that the lack of investment is a false economy. "If you want a productive population then you have to pay attention to mental health," she says. With so many people retiring early or being on long-term sick due to mental health problems, she thinks the financial benefits of investing in mental health services are obvious.

She talks about an "institutional disregard" for mental illness and uses CAMHS as an example. Treatment targets for all young people with mental health problems is 35% because of a lack of appropriate funding. With evidence showing that children are more responsive to treatments and are more likely to progress to adulthood without the need for further treatment, a 100% goal would be more appropriate.

Lade grew up in inner-city Manchester during Thatcher's Britain, where unemployment, deprivation and riots were commonplace. She laughs remembering her school, saying she did not realise how violent it was. "It was like the film *Kes* – there was always a teacher holding someone up by the neck," she says. She talks about a student interrupting her French lesson by throwing desks at the other pupils – a quick Google of his name shows he is now a notorious criminal with a history of violent offences.

School gave her a good grounding to cope with others' aggression. "I don't have a problem being in a room with people who others find scary," she says. And on choosing to work in intensive care and forensic psychiatry, she says: "It was about how to look after people who are the most marginalised."

Looking to the next few years, she says: "My role is to support psychiatrists to do their jobs properly in terms of training, education and standards." She wants to make College processes more transparent and create clear standards for mental health services, working with employers to improve working conditions for psychiatrists. She also wants to work with the College's international partners to influence global mental health change and has innovative ideas about how to do this – "Wouldn't it be great if the World Bank made mental health provision a condition of loans?" she says.

Her energy, fearlessness and humour bode well for her presidency. There is a lot to be done, but Lade is more than equipped for the job.

The First Lady of Pakistan (centre) with Dr Shahid Latif (second from left) at the roundtable in February

First port **of call**

How Pakistan's mental health crisis is set to be tackled with an awareness campaign and national helpline.

Pakistan's President and First Lady, Dr Arif Alvi and Samina Alvi, and the government of Pakistan are taking important steps towards the prevention and treatment of mental illness in their country. By launching a freephone mental health helpline, which will complement a major national mental health awareness campaign being launched by the country's Prime Minister, they are hoping to increase knowledge and reduce the stigma associated with seeking help.

To discuss the context and develop their plans, the First Lady attended a roundtable event hosted by the British Asian Trust in February in London, with her husband joining via video-link. Among the attendees were Dr Shahid Latif, chair of the British Pakistani Psychiatrists Association (BPPA) and RCPsych's Trent Division; representatives from the Caretech Charitable Foundation; and other members of the BPPA and Pakistani diaspora in the UK.

Setting the scene, the First Lady explained that mental health remains one of the most neglected areas of Pakistan's healthcare system. An estimated 24 million people in Pakistan experience mild to moderate mental illness, but the country only has around 400 to 600 psychiatrists, most of whom live in the main cities. "We know many mental health conditions can be effectively treated at a relatively low cost, yet the gap between people needing care, and gaining access to care, remains substantial," she said.

"The helpline is a good starting point in giving people much needed access to support"

With mental health provision so limited, particularly in rural areas, and financial costs and stigma being further barriers to accessing support, it will be a huge step forward to provide people access to a free, confidential mental health helpline, wherever they are located. Counselling and basic signposting to mental health information will be available on the other end of the phone and, for younger people, there are plans to extend this offering to the Smartphone messaging app WhatsApp, which will use a chatbot to determine whether the individual should be signposted to information or be put through to speak to someone.

"The helpline is a good starting point in giving people much needed access to support," said Dr Shahid Latif, addressing the roundtable event. But, it can go beyond that.

"It can also assist with education and awareness as well. The data we will be able to collect from the types of calls we receive will be absolutely invaluable. It will help us to formulate the support offer as well as help to drive changes in policy."

Dr Latif also spoke about the importance of developing understanding of the biopsychosocial model of mental health and embedding it into healthcare in Pakistan. Given the importance of spirituality in the country's culture, he added that this important context needs to be taken into account as part of whole-person care.

Addressing the meeting virtually from Islamabad, President Alvi emphasised that mental health is a big issue that people "can't sweep under the carpet" any longer. "It is a volcano waiting to burst," he said.

These words are not dramatic: Pakistan has a suicide rate that is 1.5 times higher than the worldwide average. But societal factors mean there is a very real risk of under-reporting. Legislation to decriminalise suicide was only passed in the country last year, but the stigma lives on, meaning the true extent of these figures is likely to be significantly greater.

President Alvi drew parallels with breast cancer, which is still a relatively taboo subject in Pakistan. But, a campaign led by his wife has made huge strides since its launch in 2020 to promote awareness and encourage early detection and treatment. In addition to running initiatives like public service messages and seminars in schools, the campaign set out to normalise discussing the subject as much as possible through the use of television drama storylines and by getting celebrities and influencers to talk about it. This has led to a significant increase in earlier-stage diagnoses of the disease.

The President and the First Lady expressed their optimism in being able to achieve a similar level of success in raising awareness about mental illness. "The importance of education cannot be overstated in creating a balanced message and breaking down stigma and fear," said Dr Latif.

If the campaign is successful, it may also provide a template for other countries dealing with similar mental health challenges.

RCPsych President Dr Adrian James

My perspective

by Dr Adrian James

In this extended feature, RCPsych's President provides a platform for sharing different opinions on gender identity, and stresses the need for open and respectful conversation.

"**The** topic of gender identity is one of the most hotly debated issues across society – and within RCPsych.

As a College, we have a clear position that, in line with the 11th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD11), when an individual's gender identity or role is different to the sex they had at birth, that is not a mental illness but rather a condition related to sexual health.

As a result, we believe that a psychiatrist's role in the care of individuals seeking support and treatment is solely to help with any co-existing mental health problems.

However, this is an evolving landscape, and the College will be keeping its position under review, considering emerging evidence.

When Dr Hilary Cass OBE – who is conducting the Independent Review of Gender Identity Services for Children and Young People for NHS England – published her interim report last year, RCPsych put out a clear statement.

We said: "It is important to recognise that gender dysphoria is not a mental health disorder, though psychiatrists may be asked to be involved in a patient's care to help with co-occurring mental health problems.

"The College will continue to support psychiatrists in fully exploring their patients' gender identity, involving their families where appropriate, in a non-judgmental, supportive, and ethical manner.

"While gender-affirming medical interventions improve wellbeing and mental health in transgender and gender diverse adults, more evidence is needed on the management of gender-diverse children, particularly those who have not gone through puberty."

Our stance has been supported by many members including those who work in gender identity services. However, with 20,500 members, we are a broad-church organisation. And a number of members have opposed our stance – exemplified by two letters criticising our perspective having been published in national newspapers.

We are a democratic organisation and, naturally, our members will have all manner of views, including on topics that fall outside of psychiatric illness or disorder.

We embrace diversity of thought and – as some of our members have asked us to promote a conversation on the topic of gender identity – we have decided to give people with different views on this matter the opportunity to put forward their opinions in this issue of *RCPsych Insight*.

That doesn't mean we have changed our stance. We haven't. However, it does mean we believe that, as an organisation with many members who have different views, we should create the opportunity for a sharing of opinions.

I appreciate that some members will passionately agree with some of the views expressed over the following four pages, and that other members will disagree just as passionately.

In line with our College value of 'Respect', I hope that our members will treat all the authors in a respectful manner.

I particularly ask that if members take to social media to comment on any of the articles, that they do so in a compassionate way, in line with our College values and social media policy.

The first article in our feature is written by Dr Hilary Cass herself – and I am very grateful to her for sharing her thoughts on this matter with *RCPsych Insight* readers. The other two articles are written by psychiatrists who hold different perspectives from each other, Dr Elinor Hynes and Dr Stephen Westgarth.

I hope you enjoy the feature and that you find some of the answers to questions you may have on the topic."

The views expressed over the next four pages do not necessarily reflect the views of RCPsych.

If you have feedback on this extended feature or any of our other articles, please send it to: **magazine@rcpsych.ac.uk**

Changing the **conversation**

Dr Hilary Cass OBE explores the challenging nature of developing holistic person-centred services for children and young people with gender dysphoria, and reflects on the need for respectful and constructive discussion around this topic.

"Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen."

– Winston Churchill

Dr Hilary Cass OBE

"**Through** the latter part of my clinical career, I had the privilege of combining my job as a paediatrician specialising in neurodisability with the role of President of the Royal College of Paediatrics and Child Health, having previously held a number of positions in medical education and management. Throughout that period, there was a heightened sense of fear among paediatricians when it came to child safeguarding. In the years before my retirement from clinical practice in 2018, I saw colleagues becoming increasingly anxious and demoralised by the high-profile media coverage of the Charlie Gard and Alfie Evans cases, both of which involved debate over whether to continue life support for children with life-limiting conditions, as well as the lower-level conflicts and moral dilemmas experienced in managing an increasingly complex patient population.

Around the same time, the whole medical profession was rocked by the manslaughter conviction of Hadiza Bawa-Garba – a paediatrician who had made a serious clinical error while working in an over-stretched service with multiple system failures. The backdrop to all these events was the emergence of a social media environment of discourse where there is no grey– only harsh black and white – and where health professionals can feel demonised.

Through my independent review of gender identity services for children and young people, I am encountering echoes of these challenges, which are interfering with our ability to provide holistic person-centred services for young people. Across the NHS, we have inadvertently 'othered' young people with gender dysphoria so that many of them are on a distressingly long waiting list to be seen at the Gender Identity Development Service at Tavistock and Portman (GIDS), and yet have not had co-occurring developmental, psychosocial or mental health problems addressed locally. If we are to serve them better, we need to understand why this is the case, have more open discussions about the barriers to good care, and work together across professional, societal and cultural divisions to find solutions. So, how have the current service dilemmas arisen?

My starting point is that children and young people with gender-related distress are a very heterogeneous group. Some may go on to develop a stable trans identity and may benefit from medical intervention whilst others may resolve their gender-related distress in different ways. Many of those presenting to GIDS have complex mental health problems and/or neurodiversity and need a holistic package of care. Helping every young person find the right pathway for them as an individual is an essential role for professionals in this field.

Early in the review process, we set up a panel of children's healthcare professionals to understand their perspectives on working with this patient population. We fully expected workload to be a barrier for many. Interestingly, although this was flagged as an issue, the greater challenge was the lack of a consistent view about the nature of gender dysphoria and therefore the role of assessment for children and young people experiencing gender-related distress. Some felt that they were expected to take an unquestioning affirmative approach but did not feel comfortable doing so. There was also concern about the lack of evidence or guidelines to support treatment decisions. For many, the path of least resistance was a direct referral to GIDS. On a more positive note, many felt that they already had the transferable skills to work with this patient group, but they required some specific additional training, support and guidance.

GIDS were established as a sole specialist provider at a time when there were only about 50 patient referrals a year. Since then, referrals have increased exponentially, the case mix has changed, and a single provider is no longer a viable option. NHS England has responded to the recommendations in my interim report by starting an expansion into regional centres, but these will only be successful if we can attract and engage the workforce – both within the regional centres and then in networked secondary services. This approach has already worked very effectively in Finland, but how do we address the anxieties of professionals across the children's healthcare workforce in the UK?

Firstly, drawing parallels with safeguarding, the fear for any professional is that a wrong diagnosis in either direction – either missing an abused child or wrongly diagnosing abuse – can have catastrophic consequences. At the height of some of the worst safeguarding failures, the evidence and guidance to support decision-making was wholly inadequate. The confidence of the profession was increased through better research and evidence, followed by a defined training curriculum and clear guidance. We need to do the same for gender identity services for children and young people. The research group commissioned by my review is currently conducting a formal review of the evidence underpinning assessment and management, and also has a qualitative and quantitative research programme under way. These will help reduce, but cannot eliminate, uncertainty and risk. To make further progress, we will need a national clinical and research network, and an ongoing programme of research; I am currently working with NHS England to ensure these are established. I have also recommended conducting a prospective research study to fully understand the risks and benefits of treatment with puberty blockers, and this will need careful study design and attention given to the ethical considerations.

Secondly, regardless of the polarised debates playing out in the media, as clinical professionals we must find ways to debate this difficult topic respectfully, with curiosity and open minds. There will not be black and white answers. We are seeing a generational shift in attitudes to the meaning and mutability of gender, and away from unhelpful gender stereotyping. However, the question of whether and when to intervene medically in young people, who are in a dynamic developmental state, is challenging and will not be resolved without thoughtful discussion and the ability to listen to and understand opposing views.

Finally, we have to ensure that professionals feel safe to ask questions in an open, curious and non-directive way, as they would when exploring any other aspect of a young person's thinking and identity, without fear of legal challenge. The planned conversion therapy bill needs to provide clarity on what conversion therapy is, and what it is not. I have already raised these points with ministers and officials and will continue to do so in the coming months.

I strongly believe that with more open discussion, research and clinical collaboration, we can transform this topic from one which causes anxiety and controversy to an interesting and rewarding area for clinical innovation and research, and significantly improve the NHS offering to these children and young people. I would like to applaud RCPsych for providing a platform for different views in this issue of *Insight."*

If you have feedback on this extended feature or any of our other articles, please send it to: **magazine@rcpsych.ac.uk**

First, do no harm
(Primum non nocere)

Two of our members give their views on providing care for individuals with gender dysphoria.

Dr Elinor Hynes, consultant general adult psychiatrist:

"As doctors, our job is always to weigh up the possible harms and benefits of interventions and attempt to offer patients informed opinions in order to *reduce* overall harm to them.

The debate around the care of trans people has devolved into unhelpful, sometimes harmful, territory. The inflammatory rhetoric used in these debates often detracts from crucial questions – in this case, how we can best provide gender care to children.

Key discussions relate to ethical and philosophical questions around parenting and autonomy, specifically, at what point a young person, with sufficient support, can make decisions about their own body. As a psychiatrist, it is a fundamental philosophy that underlies my work to support people to make their own decisions.

Harm associated with being trans is thought to derive partly from negative social forces and partly from the persistent sense of the trans person's body being misaligned with their gender. Olson (2016) found that "socially transitioned trans children who are supported in their gender identity have developmentally normal levels of depression" indicating that harm can be mitigated by such approaches.

Trans people of all ages experience discrimination, either directly or indirectly, within society. In response to these cues, trans people learn that it is not desirable, if it is even acceptable, to be themselves. Such internalised rejection is not unique to gender minorities, but relates to most marginalised groups surrounded by a hostile community or environment. Sadly, as medical professionals, we can contribute to this sense of alienation through ignorance or pathologising trans-identities, and we should, therefore, endeavour to seek suitable training.

Within this context of wider discrimination, significantly increased rates of depression, anxiety, self-harm, drug and alcohol use, and suicide occur in the trans community (Ellis *et al.*, 2015).

We do not always know the point at which medical interventions are most appropriate in a trans person's life. The evidence we have shows that, among adolescents with gender incongruence who receive puberty blockers, the majority experience improved wellbeing as a result (Graham, 2022). It is vital that our decision-making regarding the best interests of individuals is guided by the best available evidence as to what is most likely to improve wellbeing on a case-by-case basis.

Besides noting gaps in the evidence base, The Cass Review Interim Report (2022) calls for equity of access to assessment and treatment and indicates that a new service model is needed. Ensuring timely and adequate care will enhance capacity for good decision-making, and better enable clinicians to weigh up arguments for or against medical interventions, as appropriate.

We know the harm is already there. If specialists delay treatment to young people, many of them will suffer (Drescher, 2022). Equally, if specialists rush treatment or fail to provide necessary opportunities for exploration, many will suffer.

Gender is not binary – women and men come in all shapes, with all possible facets of character, as do those who do not identify with, or simply fit within, those binaries, despite others thinking they should.

Gender care is not binary either – it is not medicine *or* psychology but medicine *and* psychology, and psychiatry is well placed to be at the forefront of providing care.

Primarily, we must not fail to treat people with the best available evidence. But at the very least, we must ensure that our avenues to discovering the paths of *least* harm through research are not precluded by thoughtless bans on aspects of care driven by prejudiced people."

Dr Hynes works for Gloucestershire Health and Care NHS Foundation Trust.

Dr Stephen Westgarth, consultant child psychiatrist:

"We are increasingly asked, as clinicians, to assess and offer treatment for young people with gender dysphoria (GD). I have much empathy for this group who suffer and feel discriminated against. However, there are many challenges to addressing their suffering.

We frequently see patients with a disconnect between their perception and reality. Anorexic patients may consider themselves obese. Phobic patients consider the phobic object to be threatening. Patients with body dysmorphic disorder think their healthy body is in need of surgical change. We never affirm that a person with anorexia is fat, first, because the claim is not true; second, to do so would likely cause harm; adolescents with GD present many similar challenges and we should apply similar principles in treatment.

We stand by the fundamental ethical principle of non-maleficence as captured in the maxim *'primum non nocere'*.

There has been an increase in late presentation of GD in adolescents, often with comorbidities, including ASD, self-harm and emotionally unstable personality traits. The sufferer's body is usually unambiguously healthy and, although rarely tested, so is their genotype. Distress arises from incongruence between normal gene expression and self-perceived gender. The body is healthy, but self-recognition and acceptance are disordered.

Yet, young people with GD too often receive 'affirmation' that their dysphoria stems from the wrong socially assigned gender, as though their body were irrelevant. Simplistic 'affirmation' of their self-identified gender can be highly problematic; a short-term placation and collusion may generate profound damage on both personal and social levels.

The affirmation model is internally inconsistent. On one hand, GD is described as *not an illness*, and yet medical treatment with hormones and surgery is sought. This inconsistency perhaps reflects the disconnect from reality present in GD.

Unacceptable delays in care create impatience and distress. Meanwhile trans support networks may coach sufferers to give responses likely to obtain desired physical treatments.

A September 2021 Cochrane review found insufficient evidence to support the use of hormone therapy in helping transgender women transition (Haupt *et al*., 2020). Similarly, a Cochrane database search I conducted for 'gender transition', 'surgery efficacy', 'sex change' and 'surgery efficacy' revealed no results. There is a lack of evidence to support radical surgical and hormonal intervention in children.

In a Swedish total population review, Bränström and Pachankis (2019) eventually, after correction, reported no benefit of gender reassignment surgery in relation to mood, anxiety-related health care visits, prescribing, or hospitalisations from suicide attempts.

However, where psychological exploration is used, the results are positive. A substantial 70–95% of gender incongruent young people, supported psychologically *without* the affirmation model, return to being gender congruent with their natal gender (Steensma *et al*., 2011).

Too many have leapt to facilitate social transition, puberty blockers, hormones and surgery, despite lack of evidence of efficacy, and counter to the probability of ultimate gender congruence. The interim report from the Cass Review (2022) highlights that even social transition is not a neutral act but it is '*an active intervention'* and yet this often takes place in schools before any assessment by medical or mental health services.

I do not dispute the distress inherent in gender incongruence. However, I do dispute that evidence supports the benefits and ethics of the affirmation model. First, do no harm.

I suggest some solutions as follows: Approach GD with empathy; recognise the many influences on our child and adolescent patients, society and ourselves; explore the psychological and social aetiology of GD in children and adolescents; educate patients and the public that surgical and hormonal treatments for psychological problems lack evidence of efficacy and can cause harm; emphasise that other evidence-based treatments compel us to give psychological treatment; help society understand and resist the simplistic affirmation model; and pursue research in GD aetiology, treatment and long-term outcomes."

References: The full citations for the studies referenced in these articles can be found on the College website.

If you have feedback on this extended feature or any of our other articles, please send it to: **magazine@rcpsych.ac.uk**

Turning **the tide**

Specialty and associate speciality (SAS) doctors are a key part of the psychiatric workforce, but their skills often go unrecognised and they can have fewer career development opportunities. A new College strategy aims to change this.

Dr Kathryn Naylor

Specialty and Associate Specialist (SAS) doctors make up almost a quarter of the UK's psychiatric workforce. They are neither trainees nor consultants, but are a diverse, highly skilled group of practitioners, many with extensive and wide-ranging experience. Yet they are under-represented in senior leadership positions and many experience a lack of recognition and respect, along with higher rates of bullying and harassment than other groups of doctors.

Taking action to support this significant part of the workforce, the College's SAS Committee has recently produced an SAS psychiatrists' strategy. Calling for a 'flexible and personalised approach' to meeting the needs of this diverse group, the strategy identifies four areas where SAS psychiatrists most need help in accessing opportunities and improving their experience of the profession: becoming educators and researchers; involvement in improving quality of care; leadership and influencing system-level change; and belonging to the College.

Dr Kathryn Naylor, associate specialist in forensic psychiatry at Ashworth High Secure Hospital in Merseyside, is the SAS Committee's North-West representative.

"Over the past four years or so, we've had incredible support from the College's President Dr James, and now from the President-Elect Dr Smith," she says. "It's absolutely fantastic to have people rooting for us and trying to improve people's understanding of who we are and what we do."

Some of Dr Naylor's many achievements exemplify the strategy's aim to support experienced, skilled SAS doctors as educators as well as all avenues for career development. To name but a few of her additional roles, she is the appraisal and job planning lead for Mersey Care NHS Foundation Trust, an undergraduate tutor for a local medical school, and part of a team working with men with personality disorder. She is also an approved clinician with her own caseload and she runs a monthly community clinic. "It's a portfolio career," she says, "where I ended up doing lots of different things because somebody would say, 'there's this thing happening; do you want to get involved?'"

She credits her trust for enabling her to diversify her career. "I've had incredibly supportive medical directors all the time that I've been here," she says, "and they've let me have the time to go into external roles. All the trust's leadership roles are open to SAS doctors, so there are opportunities out there, but we've still got a long way to go. We know there's a huge group of SAS doctors who haven't particularly chosen this route and feel that their skills are not recognised and that they can't make progress. The jobs that I've been lucky enough to get are just not open to them."

Dr Nick Barnes

Dr Nick Barnes, the CAMHS representative on the College's SAS Committee, works part time for a CAMHS service in the Scottish Highlands. During the rest of his week, he does research and works on service development projects at Aberdeen University. "I chose to be a specialty doctor," he says, "because it allowed me much greater flexibility in my practice."

Sustainability is one of Dr Barnes's key interests. "I'm the joint sustainability champion for the Child and Adolescent Faculty of the College," he says. "I lead the EcoCAMHS workstream within the faculty with my colleague, Dr Catriona Mellor, who is also a specialty doctor. And I feel that's a statement that the faculty leadership is respecting us for our knowledge."

As a member of the College's Planetary Health and Sustainability Committee, Dr Barnes was also part of the RCPsych delegation to the UN climate change conference, COP26, in 2021. "It was a real honour," he says, "because it was a recognition of what I contribute to the field, not because I have any particular qualification."

This speaks to the heart of the SAS strategy's aim to develop SAS doctors as leaders and involve them in College activities and influencing networks. "If we just focus on people following careers according to qualifications, we're shooting ourselves in the foot," says Dr Barnes. "We're missing out on the leadership skills, knowledge and experience that specialty doctors bring."

Specialist psychiatrist Dr Deepak Swamy is the SAS Committee's intellectual disabilities representative, and works at the Sheffield Adult Autism and Neurodevelopmental Service. Like most SAS doctors, he took his first medical degree outside of the UK, in India. He moved to the UK in 2003 and, after passing the necessary examinations to allow him to practise in the country, he embarked on a training rotation in psychiatry. His first SAS post was in Lincoln in old age psychiatry and in 2010 he moved to Nottingham as an intellectual disabilities specialist.

Like Dr Naylor and Dr Barnes, Dr Swamy soon became involved in a multitude of additional roles. He is a senior clinical teacher at Sheffield Medical School and a supervisor for higher trainees with a special interest in neurodevelopment – examples of educator roles that the strategy wants to help make more commonplace for SAS doctors.

But it's through his involvement with the College that Dr Swamy has really broken new ground. He is the first and, to date, only SAS psychiatrist to be involved in a quality improvement network, as a peer reviewer and accreditation committee member for the Quality Network for Learning Disability Services (QNLD), part of the College Centre for Quality Improvement (CCQI).

"This was something new for me, a type of work I hadn't done before," he says. "The idea of looking into and providing an opinion on quality standards for learning disability units across the country appealed to me. Speaking to professionals, patients and carers is something I enjoy, and it complements my clinical work and keeps me interested in it."

Dr Deepak Swamy

Considering that is an aim of the SAS strategy to involve more experienced SAS doctors in service development and improvement, quality improvement and accreditation, Dr Swamy's achievement simultaneously demonstrates the possibility and the challenge at hand. It also speaks to the profound effect that fulfilling the strategy might have on others:

"Working with the College has given me more respect for what I do and has really boosted my confidence," says Dr Swamy.

While he acknowledges that many SAS doctors might feel stymied in their career progression, he urges them not to be disheartened and to keep pushing forward. "Say 'yes' to any new opportunity that comes along and you will surprise yourself."

Aiming to make opportunities, such as those described here, more accessible and commonplace among SAS doctors, the strategy will be published at the end of March. Laying out tangible activities, a linked action plan will soon follow suit.

Resources for SAS psychiatrists are available from **www.rcpsych.ac.uk/members/support-for-specialty-doctors**, including details of the Startwell and Staywell initiative.

Focused **findings**

In-depth qualitative research with a small group of members reflects an unvarnished truth of an exhausted workforce facing challenging circumstances.

"I am tired and exhausted, and my work is only ever increasing." This is a quote from a College member who participated in a focus group conducted by RCPsych towards the end of last year.

This captures a very real and sobering situation on the front line, which was echoed in the responses of all participants who took part in this small but in-depth qualitative study of 15 members across three focus groups. The participants were carefully selected to represent a range of ages, ethnicities and gender identities from different workplaces and geographical regions.

The research aimed to keep RCPsych up to date with members' concerns and was carried out by Research by Design, the same company who conducted the College's first-ever membership survey in 2021 (as well as an initial set of focus groups earlier that year).

The most recent findings suggest a continuation of a previously identified trend: notably, every participant spoke about how, not only have they continued to struggle with heavy workloads, but conditions have worsened over the past year. Some of the reasons given for this included rising patient numbers, bed-related pressures, staff shortages and poor retention. Members often spoke about these issues in relation to the pandemic.

The cost-of-living crisis was cited as further contributing to the situation, affecting both psychiatrists and patients negatively, and increasing service demand. "We have patients who can't afford to heat their houses and can't afford to feed themselves...Those issues then become very significant and impact on their mental health," said one member.

Some participants detailed how extreme work pressures were damaging their own wellbeing, with one saying: "The way we have adapted is to sacrifice our own mental health and our own special interests just to keep up." Another described "feeling overwhelmed all of the time." Trainees and SAS doctors, in particular, appeared to be suffering as they pick up the extra workload due to staff shortages.

Against this backdrop of mounting work pressures, the need for the College to successfully listen to, engage with, and support its membership has never been more pressing. It is also important to reflect on and discuss the true extent of the challenges – a theme that the focus groups themselves brought up.

There may be some clues as to how to improve day-to-day experiences found among some of the more hopeful sentiments expressed in the research. For example, support currently received from the College was viewed positively. That said, SAS doctors were less positive and felt 'othered', with less sense of belonging to the College. [See pages 14–15 on a specific strategy being launched to improve SAS doctors' experiences.]

Appreciation was shown for RCPsych's promotion of Equality, Diversity, and Inclusion through its organisation of topical events and activities, speaking out about these issues and making "very strong statements compared to other colleges," but still maintaining transparency and being led by a strong evidence base.

In addition, it largely seems that members look to the College to uphold the values and standards within the profession as one of its primary roles.

RCPsych has demonstrated its commitment to acting on the concerns of its members as reflected in the continued roll-out of its action plan, drawn up following the College's membership survey in 2021. The commitments in the plan include increased support for overworked members through the Psychiatrists' Support Service (PSS), promoting the role and importance of SAS doctors across the College, and delivering events for members through online, face-to-face and hybrid platforms in the post-pandemic era.

Perhaps most importantly, the College continues to prioritise campaigning vigorously for more resources and a larger workforce for psychiatry and mental health services across all four nations – and, last year, secured high-profile coverage for its messaging in this important area.

Addressing **the root cause**

The Evolutionary Psychiatry Special Interest Group is encouraging us to change the way we think about mental health problems by learning more about evolution and asking 'why?'

Evolutionary science can shine much light on our understanding of mental illness, but it remains overlooked in psychiatry and wider medicine. Keen to change this and raise awareness for this discipline, a small group of RCPsych colleagues founded the College's Evolutionary Psychiatry Special Interest Group (EPSIG) back in 2016.

The key contribution of evolutionary theory to psychiatry is the recognition that many psychiatric disorders are not necessarily the result of individual pathology, but can be rooted in adaptations that were once advantageous for survival and reproduction.

"It's a framework for thinking about mental illness in a richer way, highlighting the importance of context," says Dr Riadh Abed, EPSIG's former (and founding) chair.

"Let's take depression for example," he says. "The current mainstream view is that it is a disorder, disease or chemical imbalance. But, taking an evolutionary view, psychic pain or distress doesn't always equate with a disorder; it can sometimes be a signal that something's wrong in one's life or environment."

Evolutionary theory views depression and anxiety as defence mechanisms to protect us from risks. Like the experience of pain, they work by causing distress and discomfort to ensure the risk of greater harm is reduced. So, to always equate distress with disorder is to fundamentally misunderstand the function of our emotional defences. "Therefore," says Dr Abed, "we advocate for a greater exploration of the context of a person's life."

Dr Annie Swanepoel, child and adolescent psychiatrist and a founding member of EPSIG, explains what the evolutionary perspective means to her:

"It can help psychiatrists see what is normal, what is an adaptation to a harsh environment and what is pathological. By asking not just 'what' happens, but 'why' it happens, we can we suggest meaningful changes," she says.

Many people associate evolution with 'survival of the fittest'. "But did you know that this is not quite what Darwin meant?" says Dr Swanepoel. "The truth is more complicated and elegant. Organisms that fit best into their environment are most likely to survive and reproduce. As a case in point, people with neurodevelopmental conditions are able to outperform neurotypical individuals in certain environments. For example, the single-minded determination in autism and the ability to be active and willing to take risks in ADHD can be real assets in research and entrepreneurship respectively." For Dr Swanepoel, recognising neurodivergence as variation, rather than disorder, will go a long way in helping people reach an acceptable 'goodness of fit' with their environment.

Understanding the evolutionary roots of behaviour, Dr Abed believes, has potential implications for the future of mental health care. This might include introducing interventions which change an individual's environment, rather than offering them treatment designed to help them 'cope' or 'manage'.

More in-depth insights into how evolutionary theory can transform our understanding of mental health and mental disorder can be discovered in EPSIG's recently published book *Evolutionary Psychiatry*. Edited by Dr Abed and Dr Paul St John-Smith, current chair of EPSIG, it is complemented with a podcast series *Evolving Psychiatry*, created by executive committee member and PhD student at the Zurich Institute of Evolutionary Medicine, Adam Hunt. Each episode is dedicated to exploring one of the 20 chapters of the book.

Part of EPSIG's remit is to provide a forum to discuss evolutionary ideas and further promote awareness of evolution's role in psychiatry across the UK. To that end, it is in the process of creating a Trainee Committee, giving a specific platform to trainees to influence the next generation of psychiatrists to consider mental health through a Darwinian lens.

This March, EPSIG hosted its fifth International Evolutionary Psychiatry Symposium, with speakers from across the world covering topics such as eating disorders, paranoia, obsessions and compulsions, and child development. "The more psychiatrists realise that it's helpful for their area of work," says Dr Swanepoel "the more impact it can have in terms of helping patients."

Find out more about EPSIG by visiting **www.epsig.org**

EPSIG's book, *Evolutionary Psychiatry: Current Perspectives on Evolution and Mental Health* is available to College members at a 30% discount from Cambridge Core.

Dr Thomas Bewley (official RCPsych portrait)

Honouring our past

A reflection on the pioneering professional lives of two past RCPsych presidents – Dr Thomas Bewley and Professor Andrew Sims – who passed away last year. Both advocates of the whole-person approach, they each leave behind their own unique legacy.

Dr Thomas Bewley CBE (1926–2022)

Dr Thomas Bewley was a trailblazer in the treatment of people with drug and alcohol addiction, and his research influenced national policy and transformed care. He also left a lasting impact on RCPsych.

A proud Dubliner who lived most of his life in London, Dr Bewley came from a well-known family of Quakers, describing himself as an "atheist Quaker". After gaining an MD in alcoholism in Cincinnati in the late 1950s, he started working with people with alcohol and drug addictions in south London in the early 1960s. At the time, this was not thought to be part of psychiatry's remit – and there was a prevailing moralistic attitude to addiction.

He opted for a whole-person approach, addressing patients' social, physical and intellectual needs. "I had the simple belief that much of what one does is care rather than cure," he said of his work.

One of Dr Bewley's peers, current Trustee Board member Professor John Gunn, recalls: "He was not fazed by the fact that most of his patients relapsed because he understood that psychiatry is partly about relapsing disorders."

A revolutionary aspect of his work was his emphasis on harm reduction – advising patients to stop using needles, and dispensing sterile equipment and oral methadone.

His ground-breaking research formed the basis of the influential second *Brain Committee Report* in 1964, which recommended that people with addictions be treated in specialist drug dependency units. He went on to set up and run one such unit – the UK's largest – in Tooting, and served as an advisor to the WHO on drug dependency for many years.

He also identified that private doctors were over-prescribing opiates, causing a rise in heroin use. This ultimately led to the 1971 Misuse of Drugs Act requiring doctors to have a licence to prescribe controlled drugs.

Involved in the formation of RCPsych as a young psychiatrist, Dr Bewley described being one of the "keen missionaries with a great zeal to do good and take on the whole business of training psychiatrists".

After serving as Sub-Dean, and then as Dean, Dr Bewley was RCPsych President between 1984 and 1987. His contributions to the College were far-reaching – notably setting up its research unit despite the idea meeting resistance. He also established a dependence/addiction group, which eventually went on to become today's Faculty of Addictions Psychiatry.

Among his other innovations was an ahead-of-its-time office smoking ban and an end to alcohol at lunchtime meetings. As a fan of the bow tie, he also introduced one featuring the College crest.

A voracious reader and chess player, he also wrote a satirical column, Ezra the Scribe, for *RCPsych Bulletin*. In retirement, his enthusiasm for the College led him to write *Madness to Mental Illness* – a comprehensive history of RCPsych.

His wife Dame Beulah Bewley was a distinguished epidemiologist and they were married for 63 years until her death in 2018. He was said to be prouder of her achievements than his own, with their daughter Susan commenting: "We, his surviving family, were struck by just how modest, prescient and influential he was while keeping humane and holistic care of the most disadvantaged patients at the forefront of his thinking."

At a memorial, held at the College, the impact he had on his colleagues was evident. Professor Sir John Strang said: "We owe a broad-based debt of gratitude to Thomas Bewley for his vision and determination for our profession, and for his compassion and care to patients who are among the most disenfranchised and stigma-bound in our society today."

Professor Andrew Sims (1938–2022)

Professor Andrew Sims saw psychiatry as his calling, dedicating his life to positively changing the profession for patients and practitioners. Through his work as an academic and teacher, as well as a champion of spirituality in psychiatry, his impact lives on.

For over 20 years, Professor Sims was a consultant psychiatrist at St James's Hospital, Leeds, and Professor of Psychiatry at the University of Leeds. He wrote extensively on psychopathology, including the landmark textbook *Symptoms in the Mind*, first published in 1988 and translated into Spanish, Italian, Portuguese, Korean and Japanese. The updated version now called *Sims' Symptoms in the Mind* remains the standard text on the subject.

Reflecting his strong commitment to postgraduate education, Professor Sims lent his name to the Andrew Sims Centre in Leeds, which provides CPD courses in mental health. He also worked with overseas medical graduates to improve standards in psychiatry around the world – travelling to Sri Lanka, Zambia, Kerala, Nepal and Pakistan to teach psychiatry, as well as working with international graduates in the UK. His son David says: "It's apparent from meeting psychiatrists from around the world that his respect for them and his encouragement to show respect to our patients came through in all his interactions."

Professor Sims was President of RCPsych between 1990 and 1993 after having been College Dean for three years. He was one of the founder members of the Spirituality and Psychiatry Special Interest Group (SPSIG) and was its chair between 2003 and 2005. His wife of 58 years, Dr Ruth Sims, also a psychiatrist, said he was happy to be in a position to campaign for change, but that he always remained humble.

Strongly influenced by his Christian faith, Professor Sims wrote extensively about spirituality in psychiatry, finding it unfairly maligned. He co-edited the first edition of *Spirituality in Psychiatry* and wrote two books for a lay audience – *Is Faith Delusion? Why Religion is Good for Your Health* and the co-authored *Mad or God? Jesus: The Healthiest Mind of All*.

Professor Chris Cook, current chair of SPSIG, remembers Professor Sims as "warm-hearted and generous" and "inspirational for a whole generation of psychiatrists".

"Andrew was a leading psychiatrist who appreciated the importance of spirituality in psychiatry and got it onto the agenda," says Professor Cook. "He challenged a prevailing prejudice about religion in the profession and opened up discussion about spiritual and religious matters in a constructive and patient-centred way."

A member of the Christian Medical Fellowship for more than 40 years, Professor Sims strongly believed in the benefits of religion on mental health and expressed dismay that this wasn't widely accepted despite a strong evidence base, writing: "The advantageous effect of religious belief and spirituality on mental and physical health is one of the best-kept secrets in psychiatry and medicine in general."

Very much a psychiatrist of the whole person, Professor Sims was also ahead of his time in championing the importance of history-taking and consideration of a patient's spiritual beliefs in the context of care. "Obtaining a patient's story opens a window on her beliefs, values and aspirations," he wrote, believing that "understanding a patient's religious orientation greatly increases the practitioner's ability to effectively heal".

Writing in 2007, he said: "What I greatly respect in a spiritual person is the sense of yearning – for a better world and a better self." And through his work and his family life, this is exactly what he achieved.

Professor Andrew Sims (official RCPsych portrait)

Filming on location for *Nexus*

Lights, camera, **co-production**

How co-production turned a research study into *Nexus*, a film backed by the British Film Institute, exploring the impact of Covid-19 lockdowns on young people's mental health.

In December 2020, Dr Lindsay Dewa, an Advanced Research Fellow at the Institute of Global Health Innovation, caught the attention of Inner Eye Productions. The film production company wanted to make a film based on her research into the impact of the Covid-19 pandemic on young people's mental health.

Dr Dewa's research embeds co-production principles, whereby she works with young people with lived experience, sharing power and responsibility throughout. Inspired by this approach (and with the support of Burdett Trust and West London NHS Trust) Inner Eye Productions collaborated with Dr Dewa and four young co-producers to create *Nexus*.

"Nexus means the joining or connecting of two or more things," says Dr Dewa. "The film centres on a young man with an eating disorder and how his condition worsens during lockdown due to digital poverty and lack of connection with his friends."

"*Nexus* isn't only meaningful because of its content, but also because of how it was made"

The young co-producers made decisions about each stage of the film-making process, from deciding on the script and actors to the filming and post-production edit. After discussing Dr Dewa's research and the co-producers' lived experiences of the pandemic, the film's key themes emerged: disrupted mental health services, problems associated with housing and poverty, the use of eating-related coping mechanisms, and (lack of) social connection.

"We wanted it to be authentic to what life was," says Pelumi, 23, a recent graduate and *Nexus* co-producer. "We had conversations about how certain scenes would look, how the movie would start, how it would end."

For Pelumi, a key part of authenticity is diverse representation. Together, the diverse group of young co-producers decided to depict a male protagonist with an eating disorder, Black characters whose stories didn't focus on trauma, and explorations of digital poverty and social isolation.

"I've never seen these stories explored. And because Covid really exposed what was going on within society, we wanted to make the film in a way that highlighted the issues that already existed."

Nexus has garnered significant attention since the British Film Insitute (BFI) hosted the film's in-person premiere in December 2022 and agreed to archive the film for posterity. Screenings have been held in Birmingham, Manchester and Middlesbrough, and there were over 200 registrations for an online premiere, which was hosted on YouTube in early March. The film has since had around 900 views on this platform (at the time of writing). Dr Dewa has also been interviewed about the film by BBC World Service, BBC Radio Tees and BBC West Midlands.

In addition to capturing how young people experienced this unique period of history, Pelumi says *Nexus* speaks to broader experiences. "The cost-of-living crisis, the crisis going on within the health system; we're seeing different communities of people fight for their rights in a way that is important. When you're living something, you don't always fully grasp it until you see it. That's why cinema, and films like *Nexus*, are so important."

"It's about the value of social connection," adds Dr Dewa. "It's such a protective factor for people's deteriorating mental health, and we need to make that an important part of our planning for the future, for a potential new pandemic."

Dr Dewa also hopes *Nexus* will encourage other researchers to think about creative ways of disseminating research. "Many young people in the public don't necessarily hear about research, and film is a different way of getting it out there."

"*Nexus* isn't only meaningful because of its content, but also because of how it was made: co-production throughout all stages is really key. There are people that have more lived experience than yourself, so it makes sense to work in partnership on these things. All my research is better because of it."