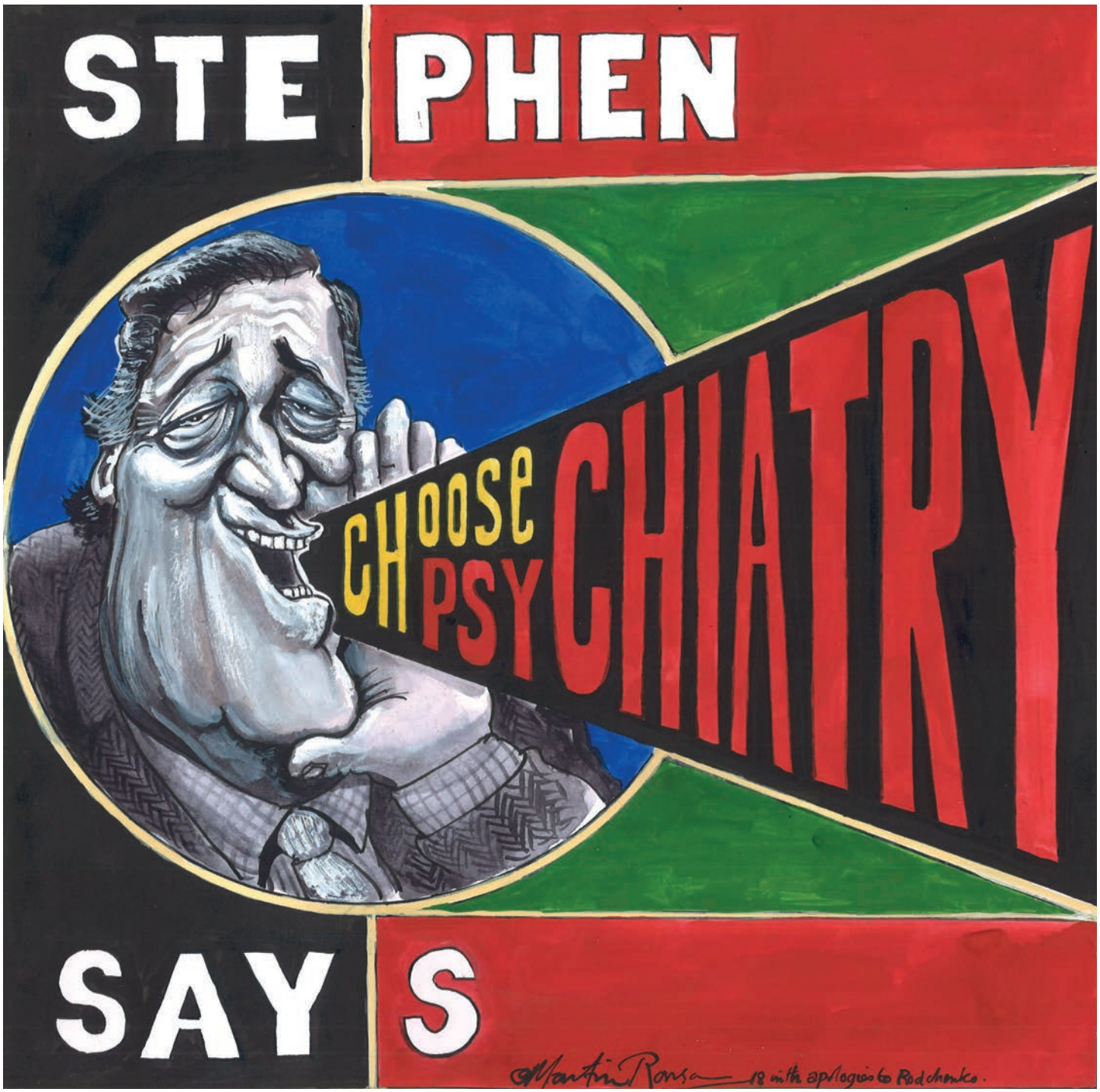
Issue 4
Summer **2018**

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT



Contents

COLLEGE ***NEWS*** IN BRIEF

RCPsych data analysis reveals fatal delays to treat eating disorders

The proportion of children with an eating disorder starting urgent treatment within one week of referral remains far higher in London than the rest of the country. This was one of the findings from our latest analysis of the NHS England Mental Health Five Year Forward View Dashboard. The figures showed that in London, 84% of urgent cases began treatment for an eating disorder within a week, but in the north of England this was true in only 67% of cases. By 2020/21, NHS England have said that 95% of children under the age of 19 with an eating disorder should access NICE-approved treatment within a week in urgent cases and within four weeks for routine cases.

The story was covered by the national media, with quotes from Professor Wendy Burn and Dr Louise Theodosiou arguing that if the start of treatment is left for longer than a week, it could prove potentially fatal. They also highlighted the urgent need to recruit more psychiatrists to tackle the lengthy waiting times that some patients face.

Psychiatrists in Northern Ireland campaign to end country's mental health crisis

Sir Jeffrey Donaldson MP, Dr Gerry Lynch, Chair of RCPsych in NI, and Alastair Campbell in parliament

RCPsych in Northern Ireland took action on the "worsening mental health crisis" in Northern Ireland earlier this year, travelling to London to petition Westminster MPs and Government. After a year without a devolved government in Belfast, Dr Gerry Lynch, Chair of RCPsych in NI declared: "It is imperative that mental health policy and service development doesn't stagnate in the absence of a devolved administration. Given the underfunding of mental health care in Northern Ireland, new policies and reforms must be driven forward as a matter of urgency."

The event in parliament, also attended by RCPsych Fellow Alastair Campbell, was publicised in the national media, highlighting the fact that more people have died by suicide in 18 years of the peace process (4,400), than were killed during the 30 years of the Troubles (3,600).

The delegation of mental health campaigners in Westminster called for release of the £50 million funding for mental healthcare over five years, pledged last year under the DUP-Conservative deal.

Find out what it's like to be an SAS doctor on p14

The Guardian investigation into the deaths of mental health patients

The College has been the leading voice for clinicians in the recent debate about preventable deaths in mental health trusts. An investigation by *The Guardian* found 271 highly vulnerable NHS mental health patients had died over the last six years due to failings in their care. Patients were reported to be not properly supervised despite being suicidal, discharged from inpatient care with inadequate support, or did not receive the recommended treatment.

Professor Wendy Burn said in *The Guardian* that NHS mental health trusts were not doing enough to adopt changes that would prevent future loss of life – but made clear that the background to the tragic deaths was an underfunded and struggling mental health system. In a comment piece in *The Independent*, she said that there were some tragic cases where a death occurs, and that the after-effects are felt by psychiatrists for a long time. Psychiatry is a judgement call – and that is why consultants' training, expertise and knowledge are invaluable. The piece explained that accountability is important, but learning from serious incidents is key. The College was clear that a no-blame culture in the health service was vital for suicide prevention strategies to be as effective as possible.

Jeremy Corbyn uses RCPsych research in PMQs

For the first time ever, RCPsych research was raised by the leader of the opposition during Prime Minister's Question Time. Labour Leader, Jeremy Corbyn said: "Why does the analysis by the Royal College of Psychiatrists show that mental health trusts have £105 million less than they had six years ago?" He also raised our concerns about the falling number of child and adolescent psychiatrists.

Jeremy Corbyn, Labour Party Leader

President's **update**

Professor **Wendy Burn**

Welcome to this issue of Insight. This year has given us much to celebrate, including the NHS's 70th birthday and the centenary of women's right to vote. Take a look at *Our NHS Heroines* – a piece which combines the two!

I love this edition's front cover. Stephen Fry has been endlessly supportive of our Choose Psychiatry campaign. You can read about our recent event at which he enthralled medical students as he talked about how much psychiatry has helped him.

Not long until Congress now and I'm following the speakers' blogs on our website with interest. Here is why Professor Simon Lovestone recommends a career in psychiatry: "Because listening to people's lives, hearing their thoughts and stories, trying to understand and to help is the most extraordinary journey and the best use of all of those attributes and motivations that made you want to be a doctor in the first place."

I hope you enjoy this issue which celebrates the journey he describes.

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Want to contribute or offer feedback?
Send in your suggestions to
magazine@rcpsych.ac.uk
#RCPsychInsight

FEEDBACK

Gr8 mag. Quick read. Makes me feel connected to the college + psychiatrists in other specialties. Well done! #RCPsychInsight

Tweeted by Dr Sabina Burza, Consultant psychiatrist in rehabilitation

I'm writing to congratulate you on Insight magazine – inspiring, well written and deftly laid out. It enthused me in my career and I hope it did the same for other psychiatrists. I also hope it has a wide circulation – beyond psychiatrists.

Dr Hugh Grant-Peterkin, MRCPsych

Could you just explain to me why it is necessary to send your magazine, Insight, wrapped in a clear plastic envelope? At a time when even the government is turning its mind to the plastic catastrophe that is overwhelming us, surely the psychiatric community could take a responsible line on this and do away with plastic?

Anonymous

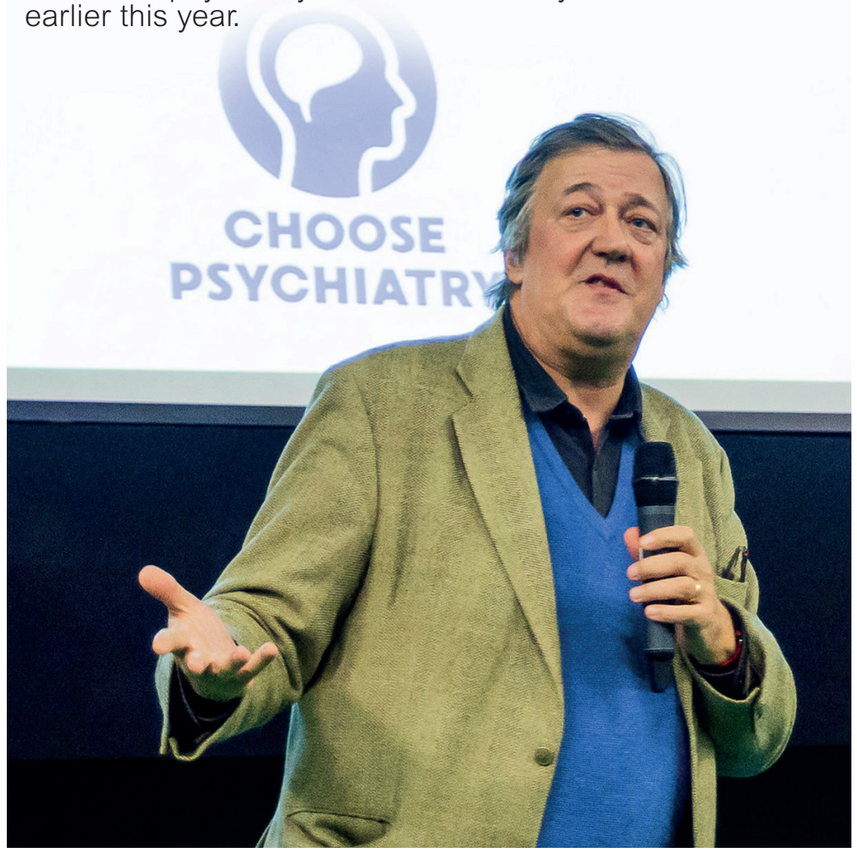
Editor response:

Thank you for raising this important issue! The College takes plastic waste extremely seriously, and has ensured that all our magazine sleeves are made of totally biodegradable material. Following feedback from College staff, we have also banned the following plastic products from Café 21, our College canteen: straws, cutlery, food containers, cups for water, bottled water, and bottled Ribena.

Please send your feedback to magazine@rcpsych.ac.uk or tweet us with hashtag #RCPsychInsight

Stephen Fry shows his support **for Choose Psychiatry**

The College's campaign to encourage medical students to choose psychiatry achieved celebrity endorsement earlier this year.



Stephen Fry, speaking at a College event for Choose Psychiatry

Hundreds of medical students crowded into Barts and The London Medical School in February to hear Stephen Fry speak about the debt he owed to psychiatry.
Fry, more used to addressing a room full of actors, actresses and film executives during one of his many stints hosting the BAFTAs, looked just as at ease when he took to the stage to address the would-be psychiatrists of tomorrow.
The event, 'Psychiatry: Brain, Mind and Body in the 21st Century', was jointly organised by the College and Barts and The London Students' Association, and was the latest in a series of free events

The event panel, including Stephen Fry (third from left)

open to Student Associates.
The College is proud to now have a record 2,773 Student Associate members and events such as these are not only hugely popular but also help showcase the myriad career opportunities within psychiatry.

Student Associates are a form of membership to the Royal College of Psychiatrists, exclusive to medical students interested in a career in psychiatry. Membership is free and offers benefits such as being invited to events like these, and is part of a concerted effort by the College to harness the exceptional talent pool of students. Members can also get discounted rates to the College's International Congress, the biggest psychiatry event in the UK attended by psychiatrists worldwide, and subscription to our academic journals *BJPsych, BJPsych Bulletin,* and *BJPsych Advances.*
Other benefits include free access to a trainee module in psychiatry.
Fry, who has had a well-publicised struggle with mental health, cut straight to the chase, urging the audience to 'Choose Psychiatry'.
"Physical health is important but nowhere near as exciting as the science of cognition and consciousness," he told them.
And he urged the students at Barts and The London Medical School: "The brightest and the best minds must join the fight against mental illness."
College President, Professor Wendy Burn had introduced the comedian as a 'national treasure' but of course to those who have followed his work and his own mental health journey, no introduction was needed.
In 2006, he fronted a ground-breaking documentary *The Secret life of the Manic Depressive* and revealed he has bipolar disorder. A decade later he followed up with another documentary, looking at changes in attitudes. Last Autumn he supported the College's #ChoosePsychiatry campaign which offered information, prizes and events for medical students and foundation doctors interested in psychiatry.
At February's event, Fry was brutally honest with the audience about his own mental health problems and credited his psychiatrist for saving his life. After his speech, there followed a lively panel discussion, with more food for thought.
Just days after the hugely successful event, it emerged that Fry had been suffering from prostate cancer.
The fact that he took time out of his schedule at a time when his own health was compromised, further solidified the seriousness of his message – that psychiatrists are vital to us all and the discipline must continue to do all it can to attract the best candidates.
The event also included excellent talks on neuroscience.
Professor Ania Korszun, from Barts and The London Medical School, set the scene with a talk which advocated psychiatry's role at the centre of medicine and medical care. Ania, who is also Chair of the Undergraduate Education Forum at the College, works to overcome stigmatising attitudes to mental health, and improving professional standards and well-being in medical students and doctors.
Dr Gareth Cuttle, Project Manager of the Gatsby/Wellcome Neuroscience Project at the College, spoke about the exciting future which beckons for tomorrow's psychiatrists, thanks to advances in neuroscience and our improved understanding of the relationship between mental health and the brain.
Finally, Dr Derek Tracy, Clinical Director at Oxleas NHS Foundation Trust, and Editorial Board Director of BJPsych, took to the floor for a lively talk about the evolution of the human mind, which had students learning and laughing in equal measure.
By the time the evening drew to a close the audience had been left with much to think about – not least how fulfilling a career in psychiatry could be.

The lecture theatre packed with medical students

RCPsych Activities

Encouraging Medical Students to Choose Psychiatry

- **The Student Associate grade** is a free membership grade giving access to great benefits to support them to network, learn, stay up to date and practise their skill.
- **Psych Socs**: We support student-run Psych Socs in all UK medical schools by providing funding, literature and materials and putting them in touch with local psychiatrists and speakers.
- **The National Student Psychiatry Conference** is held at a different medical school each year helping medical students to find out more about the specialty.
- **Pathfinder Fellowships**, worth up to £5000 each, offer unique opportunities to support medical students over three years in a critical time in their career decision making process.
- **Careers events** – we run careers events such as *Psychiatry: Mind and Body in the 21st Century* giving students the opportunity to hear from inspirational speakers and learn about developments in psychiatry.
- **The Choose Psychiatry section of our website** gives comprehensive careers information on what it's like to be a psychiatrist, how to train and more.
- We respond to individuals' **careers queries** via email at careers@rcpsych.ac.uk and by phone on 0203 701 2625. We also share information via social media using #ChoosePsychiatry @Choose_Psych
- **We support** ad-hoc initiatives and activities encouraging recruitment into psychiatry. Activities have included supporting a local mentoring scheme and the PsychArt conference.
- We promote and support **Medical Student Psychotherapy Schemes** and Balint groups.
- **Our annual conferences** including International Congress and #PsychMedEd provide students with an opportunity to meet leading psychiatrists and present their own research.
- **We campaign** to improve the teaching of psychiatry in medical schools.

International Congress
comes to Birmingham

RCPsych's annual International Congress is back and better than ever, with a theme – Psychiatry: New Horizons – that reflects the exciting programme of speakers and events.

Our International Congress returns to the ICC in Birmingham from 24–27 June 2018 for four days of unmissable sessions, inspirational keynote speakers and stimulating social events. Previous Congresses have been described as "excellent" and "not to be missed" and this year's promises to be even better, with a programme featuring talks from academics, patients, families and opinion leaders from the social and political sphere. Listen to 14 keynote speakers and 80 parallel sessions that cover an eclectic range of topics, from clinical practice to cyber-psychiatry and from cutting-edge science to the implications of Brexit.

Here, we highlight four sessions, including an unmissable discussion between award-winning mental health activist Jonny Benjamin MBE and his father. More information including the full programme and tickets can be found on our website.

Conference **Talks**

Brexit and Britain's mental health workforce: Brain drain or gain?

Tuesday 26 June 15:00–16:15

Dr Adrian James, Registrar of the Royal College of Psychiatrists, will chair a three-part session centring on the implications of Brexit. "It's probably the topic of most concern in the UK – Brexit is something that interests everybody," says Dr James. "In terms of the medical and psychiatric workforce, at the moment it raises more worries than hopes as we take a very high proportion of our workforce from the EU and any threat to our source of psychiatrists is of great concern."

The presenters may instil optimism. "We've got three excellent speakers, including Dean Dr Kate Lovett, who as college lead for trainees is obviously interested in creating an environment that attracts trainees from the EU. Dr Howard Ryland, who represents all the European trainee psychiatrists, will be offering us the European perspective alongside Dr Mariana Pinto da Costa, from Queen Mary University of London. Dr Subodh Dave, Associate Dean for Trainee Support, is going to give the global perspective on Brexit."

Dr James continues on a positive note, "Brexit is an opportunity to foster new links and we've always had those links in psychiatry. For example, a large number of Indian psychiatrists have worked in the UK. There might be training opportunities in the UK for psychiatrists from all over the world, as well as options for British psychiatrists to train in very different environments abroad which could diversify their skillset."

Addressing suicide risk in vulnerable groups

Sunday 24 June 14:15–15:30

"A decade ago, a systematic review on mental disorders, suicide and self-harm in lesbian, gay and bisexual people found a two-fold increase in risk of suicide attempts in LGB people. It was shocking at the time and generated widespread interest but little in the way of research until a recent study disseminated the risk factors and found four out of five related to the family, suggesting we need to focus on families to understand the attitudes young people face at home," explains Dr Alexandra Pitman, Senior Lecturer in Psychiatry at UCL. She'll be presenting 'Understanding risk of suicide and suicide attempt in LGBT communities', part of a trio of talks under the umbrella 'Addressing suicide risk in vulnerable groups' chaired by Professor Michael King. The second talk will focus on the suicide risk among refugees.

Part three of this session is a talk by Mx Talen Wright, MSc student at UCL, on the subject of 'Transgender and Gender Diverse (TGD) suicidality: an overview of the risk literature and addressing the clinical needs'. "Studies found that 29% of TGD adults had attempted suicide compared to 3.7% of the general population. These rates are staggeringly high and not dropping, so it's crucial to understand what's going wrong, particularly when you consider referrals of TGD people to mental health professionals are increasing."

This timely talk builds on the College's recent position statement on supporting transgender and gender-diverse people.

A conversation with mental health activist Jonny Benjamin and his father

Wednesday 27 June 14:10–14:40

Award-winning mental health campaigner Jonny Benjamin MBE will appear at Congress as a keynote speaker, in conversation with his father. "Our talk will touch on how mental health issues affect not just the individual but also those around them; something which is often disregarded," explains Jonny.

Dr Erin Turner, a consultant psychiatrist in early intervention and psychosis at Birmingham and Solihull Mental Health NHS Foundation Trust, will be guiding the session. She says, "I first became aware of Jonny when I watched his documentary 'The Stranger on the Bridge' which follows his quest to find the stranger who gave him hope to keep living; he'd been recently diagnosed with schizoaffective disorder and run away from hospital to Waterloo Bridge to end his life when a stranger talked him down. "Jonny was detained in hospital and later used social media to find the stranger, Neil Laybourn, so he could thank him for saving his life. I was so inspired by this fantastic story, I contacted Jonny and asked him to attend an event for young people with psychosis.

"Meeting Jonny's family made it clear that families are really traumatised when a member is diagnosed with psychosis, particularly if that involves a hospital admission. This is why we felt it would be really useful to hear his father's perspective."

Mental health activist Jonny Benjamin

Jonny, who published a book earlier this month documenting his experience, hopes listeners will take away how important and valuable the role of carers, families and friends are in helping to support an individual with a mental health problem. "My Dad didn't get the help and advice he needed when I was first diagnosed, admitted to a psychiatric hospital and sectioned. This had an adverse impact on him and many other family members. If he'd been given more information and support it would have helped us all greatly. I believe there's a need to involve loved ones, where possible, in the treatment and care of mentally ill patients."

The rise of the cyberpsychiatrist

Tuesday 26 June 11:30–12:45

"There are over 3.5 billion internet users worldwide but the rising use of digital technology has been weirdly neglected by psychiatry when thinking about the risks it presents to patients and the complex challenge it poses to psychiatrists," states Dr Golnar Aref from the Division of Psychiatry at UCL, who is presenting a talk entitled 'Risk assessment in the Digital Age'.

The talk is one of three in a session chaired by Gabriella Landy of the West London Mental Health NHS Trust and focuses on the concept of digital risk. "I first became aware of this about seven years ago, while working in eating disorders; lots of the girls were getting ideas from pro-anorexia websites and being motivated by cyber-bullying."

Dr Aref has worked with the other two speakers, Dr Richard Graham, who is presenting 'Digital resilience in the Cyberage' and led the launch of the UK's first Technology Addiction Service at the Nightingale Hospital, and Annie Mullins, internet safety expert of EU ICT Coalition for Children Online, who is presenting 'The world is changing…with or without you'.

"Together with Dr Graham and using results from a ground-breaking study I've carried out, we've created a framework to help psychiatrists think about the virtual world and tackle the subject of digital risk by asking relevant questions when seeing patients. It needn't be a blind spot for us."

Mental health legislation **around the world**

While the Independent Review of the 1983 Mental Health Act (England and Wales) continues, we take a moment to consider some of the acts and policies in place in the rest of the UK and across the globe.

NORTHERN IRELAND

Northern Ireland recently passed innovative mental health legislation, the Mental Capacity Act (Northern Ireland) 2016. The Act, yet to be implemented, will introduce a fusion approach to mental capacity and mental health law for those over 16 years of age. RCPsych in Northern Ireland is working with DoH in NI on developing the Code of Practice for this Act. In the meantime, the Mental Health (NI) Order 1986 and common law continue to apply.

GUYANA

Like many other countries in the Caribbean, Guyana does not have a mental health policy. It has fewer than 10 full-time psychiatrists, a shortage of social workers and psychologists, and the highest suicide rate in the world.

Mental illness is misunderstood in the country, with symptoms often attributed to witchcraft, and help mainly given by religious leaders. Some efforts to decrease the suicide rate are being taken by the Guyana Foundation, a private philanthropic institution. The Pan-American Health Organization worked with Guyana to launch region-wide initiatives that address treatment gaps in mental health.

SIERRA LEONE

Sierra Leone is one of the world's poorest countries and medical care generally isn't free. After decades of civil war, flooding, and the Ebola crisis, Sierra Leone is experiencing a mental health crisis, particularly in relation to trauma. The country is being supported by the World Health Organization, having launched its National Mental Health Policy and Strategy in 2012, as well as training its first cohort of mental health professionals the same year.

The most recent mental health act in the country is the Lunacy Act of 1902 which, as its name suggests, does not protect or promote human rights of people with mental health problems. The dominant cultural belief is that mental illness is caused by demons or evil spirits and is highly stigmatised.

SCOTLAND

Scotland's own mental health legislation, the Mental Health (Care and Treatment) Act, has seen various changes. The most recent of these, introduced in 2017, aimed to allow people with mental illness access to effective treatment quickly and easily, and improve patients' involvement in their care. The Scottish Government, through its 2017–2027 mental health strategy, plans to introduce a rights-based approach to how legislation is implemented and to review how legislation addresses the needs of people with intellectual disabilities and autism.

ESTONIA

Estonia introduced its Mental Health Act in 1997, establishing criteria for involuntary treatment and regulations for psychiatric care. It is, however, the only EU country without a harmonised mental health policy, and therefore does not have policy on many areas including mental health promotion, prevention and self-help, and organising adequate treatment. Activities and interventions taking place have not been strategically planned, interdisciplinary responsibility is unclear, and assessment of the success of various interventions is inadequate.

Estonia has among the world's highest mental health disability adjusted life years (DALYs) per 100,000 people. It was once at the top of the world's rankings for suicides, but now has improved to the level of western European countries. Another recent improvement was the opening of the country's first mental health centre for children in 2015.

CHINA

China's first mental health law came into effect in May 2013. It forbids the violation of human dignity, stipulates prevention should be the guiding principle of mental health work, and states that government and employers must promote psychological wellbeing. It also gives an important role to family members in assuming responsibility for supervision and management of care where appropriate.

However, the law reads more like general statements of goals than enforceable procedures or mandate. Many people with mental illness in China never receive treatment and it appears that there is a lot of stigma in society. Many see mental disorders as a sign of weakness or being possessed by evil spirits and regard them as socially contagious; a relative of someone with a serious disorder may find it hard to marry.

INDIA

India's new Mental Health Care Act was passed in April 2017, replacing the 1987 Act. It attempts to address many pre-existing issues by empowering individuals to have a say in their treatment, decriminalising suicide attempts, and prohibiting ECT without muscle relaxants and anaesthesia.

For the first time in Indian mental health law, the Act adopts a rights-based framework for people who have mental health problems, guaranteeing access to care and protection from cruel, inhumane or degrading treatment. It also aims to remove the stigma attached to mental illness. Implementation will be its greatest challenge due to the lack of infrastructure, resources and staff.

PHILIPPINES

The Mental Health Act of 2017, the first in the country's history, includes provisions to ensure the government provides psychiatric, psychosocial and neurological services in hospitals and basic mental health services in communities. It also integrates mental health into the country's education system.

The Act underwent extensive deliberation before eventually being passed. A particular issue was the topic of informed consent, with some questioning whether people with mental illness would have the capacity to give consent or whether doing so was even necessary. Many people in the country do not believe mental illness is real, meaning there are questions about whether the Act will be taken seriously, and concerns about implementation considering the many competing pressures for funds and resources.

CURRICULUM FEATURE

Lord Ian McColl with trainee psychiatrist Dr Susan Howson

Is there a doctor **in the House?**

Our pioneering programme, partnering psychiatrists with members of the House of Lords, is giving peers a deeper insight into mental health.

An urgent parliamentary question on emergency hospital admissions sends trainee psychiatrist Dr Susan Howson racing down the corridors of Westminster. As a parliamentary scholar, Susan has just a few hours before the debate to brief Lord McColl, often by drawing on her own clinical experience. Under the scheme set up by Baroness Hollins, Susan is spending one day a week as a parliamentary researcher to develop the skills necessary to influence policy on mental health issues. Initially, the programme was only open to psychiatrists specialising in intellectual disabilities but last year it was extended to trainees from all psychiatric sub-specialities. Each of them is teamed with a different peer from across the political spectrum.

Susan is attached to Lord Ian McColl of Dulwich, a general surgeon and professor. "Working with Lord McColl is fantastic; he's a really kind, generous and thoughtful person. It's inspiring to learn how he's developed his interests and concerns through his experiences with his patients."

For Lord McColl, the experience of working with Susan has been equally positive: "It's been great having Susan here; she's fitted in well. We've had lots of questions and answers from the experts and I have learnt a lot."

Susan's days at parliament vary; after meeting up with Lord McColl, she may go through the House's programme to identify opportunities to brief peers on issues related to mental health, attend meetings, sit in on debates and even view Prime Minister's Question Time. Highlights include meeting Dr Sarah Wollaston MP, Chair of the Health Select Committee, to discuss the children and young people's mental health provision green paper.

"Having someone who works on the frontline of mental health can have an impact on how parliamentarians shape policy change; during the meeting, I was able to get across concerns about children out of school and those with complex situations with social care involvement, which was really satisfying."

Susan, a former award-winning mathematician, has also been involved in Lord McColl's work steering a private member's bill through parliament. "It's a great opportunity learn how legislation is formed."

"Taking part in the Scholars Programme is an enriching experience and I would definitely recommend applying, especially to those living outside London who may not have such opportunities on their doorstep, as it's practical and viable. I attend parliament on my special interest day and my travel expenses are covered by the College."

Participating in the scheme has also helped Susan become a better psychiatrist; "it helps me understand the broader context and not sink into blaming lack of resources for every problem but instead try to be more constructive in thinking about how we do things. In practical terms, it's allowed me to have more compassion for colleagues in other services (particularly social care) who may be struggling to manage their caseloads. This compassion helps us all work together for the best for young people."

Ultimately, the scheme has affected Susan's career plans. "I love my patient contact but participating in the programme has made me realise that it's important to have a wider perspective."

"It's inspiring to learn how he's developed his interests and concerns though his experiences with his patients"

FACULTY FEATURE

Dr Ian Hall, Associate Dean at the Royal College of Psychiatrists

Drama in the **exam room**

Dr Ian Hall reveals his motivation for involving actors with intellectual disabilities in the assessment of trainee psychiatrists.

It's not often that the worlds of drama and psychiatry intersect. But trainee psychiatrists get a taste of this when taking their MRCPsych exams. The assessment involves a test of clinical skills, in which candidates are observed in 16 scenarios (known as stations) by assessing and treating an actor playing the role of a patient with mental health problems, or a relative, carer or professional involved in the case. During the exam, the ability to assess and treat people with intellectual disability is also tested. Prior to 2014, the person with an intellectual disability would have been simulated by an actor without an intellectual disability. But four years ago, that changed.

In 2014, Dr Ian Hall, Consultant Psychiatrist, Associate Dean and member of the Examinations Subcommittee at the Royal College of Psychiatrists, had an idea. "Why not use actors with an intellectual disability, as surely they will be able to play those with an intellectual disability more authentically?"

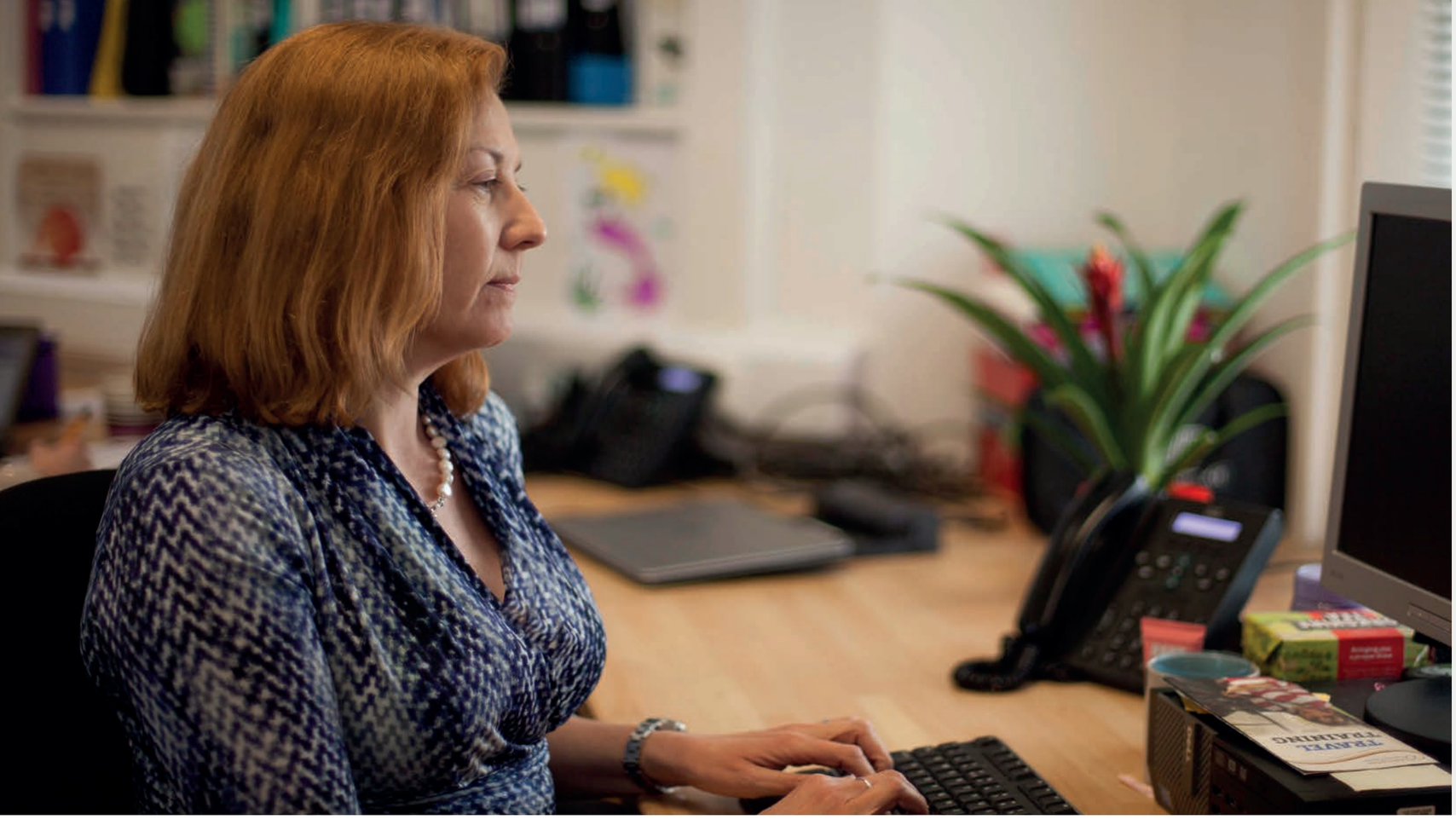
Working closely with colleagues and the director of the professional role player company that recruits actors for the exams, Dr Hall designed and piloted an examination station using actors with intellectual disabilities. "We had 64 candidates being examined at the same time and eight different stations involving an actor with an intellectual disability running simultaneously. We needed to make sure all the actors were playing the role in the same way so we did a lot of work beforehand – meeting them to discuss how the role was to be played, giving them the scenario in an accessible way by making the language simple and clear, and using pictures to support the words. The theatre groups the actors came from also did a lot of work with the actors in rehearsing them for the scenario."

The preparation paid off. "The statistics for the stations are very good – distinguishing good candidates from poor candidates better than other stations that used actors without intellectual disabilities to play people with intellectual disabilities. They were also more difficult to pass than average," reveals Dr Hall. "Feedback from the actors has been brilliant: one of the role players said to me, 'this is the best day of my year', and many were keen to perform more times," Dr Hall explains. It's a sentiment shared by George Gavasin, an actor with intellectual difficulties who has been performing for 17 years and involved in with MRCPsych exams for the last four. He says, "I really enjoy role playing in the exam because it's really interesting seeing how the candidates react to the scenario. I think it's important trainee doctors are given experience in dealing with people who give answers they wouldn't think of or expect, and are encouraged to explain things in a less clinical way."

For Dr Hall, the station goes beyond a test of candidates' communication; "it also shows candidates that people with intellectual disabilities can take on valued social roles – in this instance as actors with a job in the assessment of doctors. For me, the best thing about it is it's demonstrating something very positive about people with intellectual disabilities."

Actor George Gavasin (centre) in a previous role

In the future, Dr Hall would like to see this pioneering assessment method adopted by other Royal Colleges. "People with intellectual difficulties can and do present at any part of the health service, from A&E to oncology clinics, but sadly there's lots of evidence that they don't get the best treatment. That's why it's important every doctor is able to work with people with intellectual disabilities."



A positive **diagnosis**

"Awakened. Liberated. Validated." The words 31-year-old Sara uses to describe herself following her autism diagnosis.
"I'd spent years feeling fundamentally different, thinking I may be crazy, struggling with depression, experiencing severe food aversions and suicidal thoughts, and believing there was something inherently wrong with me."
Sara's mother had noticed there was something different about her daughter, who would chatter away to and mimic adults but wouldn't communicate with children and refused to eat or let herself be hugged. But health visitors told her Sara was very intelligent and bored.
Growing up, Sara didn't know why she needed to move, sing and tap, or why she struggled to comprehend social narratives. "I didn't understand the predominant rules and thought I was crazy, broken or abnormal. That way of thinking fed into my low-self-esteem, depression and anxiety." Sara received therapy and even saw psychiatrists but, despite her growing desperation, no one ever diagnosed autism. "They had no answers because they never once asked about my sensory aversions and that was the missing key. When I met Dr Ian Davidson, he said my sensory aversions were so obvious, he questioned how I'd slipped through the net for so long."
Sara says her autism diagnosis at the age of 27 "gave me back my sense of self. For the first time, I had an explanation of why I was having a meltdown and the knowledge of what is likely to provoke one so I can manage my lifestyle and gain self-control and emotional regulation. Although I'm still making sense of my autistic identity, I thank goodness for the team of professionals who assisted me in my self-discovery and diagnosed me. It's turned my life around."

Sara, who was diagnosed with autism

Consultant Psychiatrist and autism specialist Dr Juli Crocombe

Equality **in Autism**

Why do girls with autism often go undiagnosed?

Imagine growing up feeling you're different from your peers yet desperate to fit in. You believe you're mentally ill, but never have an explanation for your thoughts and behaviour. Shockingly, this is an experience girls with undiagnosed autism are highly likely to endure.
Currently, about 700,000 people in the UK are diagnosed with autism but just 20% of them are female, a figure disputed by autism experts.
"The number of women with autism is likely to be heavily underestimated because females are diagnosed less often than men," explains Consultant Psychiatrist and autism specialist Dr Juli Crocombe, who believes the ratio is more likely 3:2 male to female. She cites a number of reasons for the discrepancy, including the fact that "most people simply aren't looking for autism in women; they tend to have very stereotyped views that it affects only boys".
Other misconceptions, for example that people with autism don't interact with others at all, can also hinder diagnosis of females. "Autism is a spectrum on which the nature of social impairment can be very varied," says Dr Crocombe, who points out that many women and girls with autism can "interact a lot, albeit in quite bizarre or inappropriate ways".

"Left undiagnosed, autism in women typically manifests as anxiety, depression and self-harm, which can have devastating consequences"

While the majority of boys with autism are identified when or even before they start formal education because their behaviour causes concern, girls tend to slip through the net. "Quite often, girls at school are very quiet, studious and well-behaved so they don't come to the attention of teachers. Plus, girls tend to be better at mimicking and learning socially acceptable behaviour so are less likely to be perceived as unusual or to engage in behaviour that causes a problem," she explains. In short, "girls put more effort into fitting in with their peer group".
But the effort involved in the so-called masking of symptoms can be immense and come at the cost of academic work, which tends to suffer as girls spend more time learning how to fit in than studying. And it's not just school work that suffers, as Dr Crocombe explains. "Left undiagnosed, autism in women typically manifests as anxiety, depression and self-harm, which can have devastating consequences."
Dr Ian Davidson, the Royal College of Psychiatrists Autism Champion, concurs. "Autistic women whose condition hasn't been recognised are very disadvantaged as they are vulnerable to low self-esteem and all sorts of mental and physical health problems. Autistic people are more likely to have a range of physical healthcare conditions and are less likely to seek help in an effective manner because if they are in pain, they may not be showing signs of pain the person treating them expects to see because they don't communicate in a conventional way."

Dr Ian Davidson, RCPsych Autism Champion

Dr Davidson suggests another reason why women are not diagnosed with autism even when they come to the attention of professionals is that "a lot of the tools used to diagnose autism were designed to work with boys with intellectual disabilities". An example he gives is a tool which assesses communication and social interaction. "Women tend to do better on that because as girls they've learnt the social rules by rote so find it easy to get through the tasks. So if the assessment relies on diagnostic tools rather than a proper history, the signs of autism will be missed."
Fortunately, work is being done to ensure autistic females are diagnosed earlier and more frequently. "The policies I'm striving to introduce in my work as the Chair of the advisory board to the all-party parliamentary group on autism focus on increasing recognition of autism in men and women among relevant professionals in health, social care, education and employment," says Dr Crocombe.
Crucially, having a diagnosis ensures "proper understanding and support and allows people with autism to understand their own needs and gives them the opportunity to fulfil their true potential", says Dr Crocombe.
"If you know you're autistic, a diagnosis can help in identifying how best to use and manage your strengths and weaknesses, which can be empowering," states Dr Davidson. He continues, "The vast majority of people who receive a diagnosis of autism say it's beneficial. They still need help with the adjustment but they will tell you it actually empowered them to start being themselves."

Dr Monique Schelhase, Associate Specialist in eating disorders

The **SAS** life

Dr Monique Schelhase talks about life as a specialty and associate specialist (SAS) doctor.

Becoming a psychiatrist does not always mean training as a consultant. Approximately 13% of RCPsych members have chosen another valuable and hugely rewarding position within the discipline: SAS psychiatrist.
Dr Monique Schelhase, Associate Specialist in eating disorders, based in Leeds, chairs the College's Specialty Doctor Committee and thinks specialty and associate specialist doctors are experiencing something of a renaissance.
"I love psychiatry and I love being a psychiatrist and working with challenging patients but I also recognise the need to have a life outside medicine as well."
Monique, like one in 10 psychiatrists, chose to become a specialty doctor – later being promoted to associate specialist, a

"I love psychiatry and I love being a psychiatrist and working with challenging patients but I also recognise the need to have a life outside medicine as well"

role which has no new appointees since the introduction of the new NHS contract. For her this was a lifestyle choice:
"I have a long working week – 50 hours – Monday to Friday 8 until 6 – but when I am at home and with friends and family I am able to be absolutely in the moment with them. So for me, being an SAS doctor was a positive choice. It gives me the fulfilment and sense of purpose in doing a job I love without the management responsibilities that often can't be left at the clinic door."
This lower stress model appeals to some who seek greater work-life balance and to maintain their own mental health. But it also has a positive impact on patients too.
"With fewer things competing for a specialty doctor's time, he or she has more time to devote to clinical work and thus can appear more accessible to patients and get to know the patients well," explains Monique.
On the downside, there has been a historical tendency amongst some to feel undervalued and not respected by consultants and trainees. "Some used to see SAS doctors as people who lack ambition or have chosen to go into dead-end roles," says Monique.
"But this is definitely changing. Specialty doctors have found their voice and the College is hugely supportive of them. We have reinvigorated the Specialty Doctor Committee with new members, and with greater representation on other committees within the College".
Monique says there is scope for career development within the umbrella of specialty doctors, which she describes as "a heterogenous group of people, some of whom have completed consultant training but for personal reasons choose not to take up a role."
She is glad that the College is recognising the value of this dedicated group of physicians, something the public have long appreciated.
And if personal circumstances change, or a doctor later decides he or she does want to become a consultant but doesn't hold a Certificate of Completion of Training (CCT) there are other routes available. He or she can complete their training or gain a Certificate of Eligibility for Specialist Registration (CESR) by providing documentation to satisfy the College and the GMC that the applicant's practice meets consultant standard.
Monique says that whichever path you choose, there is a route that is right for you. "I would encourage people to consider their needs – both physical and mental – and identify a specialty doctor role as a possibility, particularly if they come across obstacles in the path to becoming a consultant."

Dr Afzal Javed, former Chair of the Midlands division of RCPsych and Chair-Elect of the World Psychiatric Association

Psychiatrist on **top of the world**

Dr Afzal Javed charts his journey from medical student to psychiatrist, to president-elect of the World Psychiatric Association.

When asked about his progression from newly qualified psychiatrist to president-elect of the World Psychiatric Association (WPA), Dr Afzal Javed explains, "It honestly feels like a dream. I say that as somebody who started his career in psychiatry in a department that was confined to one small room with no facilities." From these humble beginnings in Lahore, Pakistan, Dr Javed has become a consultant psychiatrist at the Coventry and Warwickshire NHS Trust, as well as an honorary clinical associate teacher at the University of Warwick's Medical School. He also holds senior roles in the WPA and other international psychiatry organisations, including the Asian Federation of Psychiatric Associations.
His achievements are even more impressive when you consider the obstacles he encountered as a medical student. "Psychiatry was not respected as a medical specialty and the stigma came from inside the medical profession. This is typical in lower and middle income countries, but I'm sure the scene is no different in the developed world." Despite these barriers, Dr Javed remained steadfast in his decision to become a psychiatrist, which was partly influenced by one of his uncles, "the first professor – and a real pioneer in the field – of psychiatry in Pakistan. Another factor was my teachers, who suggested that this field was going to be very important in the coming years."
In the 1980s, while working as Assistant Professor of psychiatry at King Edward Medical College Lahore, Dr Javed was offered a scholarship to study at the University of Edinburgh. A decade later, Dr Javed became involved in RCPsych, first as Deputy then as Associate Registrar. He was elected Chair of the West Midlands division then, in 2005, was voted onto several WPA committees. "I was again lucky to have guidance and support from the presidents, and that really shaped my thoughts on international psychiatry and more importantly about the issues and practicalities of low-income countries."
Is it really luck that has propelled Dr Javed? He concedes, "I feel that actually it was my interest in and passion for this specialty which has brought me to this position." He will bring this interest and passion to the role of president of the WPA, a post he will assume in 2020. Until then, he's honing his action plan.

"The first and most important thing to focus on is improving the image of psychiatry and psychiatrists"

"The first and most important thing to focus on is improving the image of psychiatry and psychiatrists. As an international organisation representing almost 250,000 psychiatrists around the world, the WPA needs a clear vision about how to promote psychiatry as a promising career for undergraduate medical students.
"The second thing concerns the major problems in psychiatry; by the age of 25, more than 60% of mental illnesses will have developed. To help our patients, the most important thing is to identify, support and manage their problems during the early periods of their lives, so establishing more child, adolescent and youth mental health services in all countries is going to be vital.
"The third thing is promoting the concept of public mental health. That means while we prioritise treatment, the different aspects of promotion and prevention need to be given equal importance."
Of course, he can't implement these plans alone. "The WPA gets its strength from its members and the younger generation are essential because they will be the backbone of the service and the most important pillars in promoting psychiatry."

OPINION PIECE

Dr Nuwan Dissanayaka, executive member of RCPsych's Rehabilitation Psychiatry Faculty

Taking the road less travelled: **Why I chose psychiatry**

As RCPsych gets ready to launch the next phase of our Choose Psychiatry campaign, Dr Nuwan Dissanayaka, Consultant Psychiatrist for the Assertive Outreach Team at Leeds and York Partnership NHS Foundation Trust, tells us what led him into the profession.

As a bright-eyed 21-year-old medical student, my dream was to become a paediatrician. But all it took was a few weeks of a psychiatry placement to change my mind completely.

I can trace the initial spark back to one person − a frail elderly lady who was admitted to the psychiatric ward on the day that I started. A familiar face on her local high street and well-liked by her community, over recent months she had become increasingly unwell, hiding away, tormented by fears of alien forces.

Over the next few weeks I grew to know her quite well. She turned my clumsy attempts to take a psychiatric history into an opportunity to paint vibrant pictures of bygone times. It was wondrous to see her recovery. Her consultant listened deeply to her, giving her his full attention and trying to understand the world from her perspective rather than judging her. Psychiatry was something new, something different – I was hooked!

My early years as a psychiatric trainee presented many challenges. The gravity of the job was brought home to me by incidents of suicide and homicide. Both exposed me to the tragedy that can accompany serious mental illness: the devastation it wreaks on people's lives, including our own, and the forensic rigour expected of those involved.

"She turned my clumsy attempts to take a psychiatric history into an opportunity to paint vibrant pictures of bygone times"

But in that melee, there were moments of magic. One Friday in the early hours I was called to casualty by a fraught registrar. "One of your patients is here causing chaos. You need to get down here now and sort him out!" I arrived in the middle of a stand-off: a giant of a man with wild hair cornered by a group of nurses. Already an imposing figure, the man's presence was amplified by his expansive gesticulations and deafening protests. My timid approaches towards him were met with a wall of racist profanity and I have to admit I was scared. Well out of my depth, I called the specialist registrar for help and after what seemed like an eternity he finally arrived.

What happened next was a revelation. It took a moment for the man to recognise my superior but when he did, somewhere deep in the abyss of his psychosis, a pearl of reality broke to the surface, and just seeing his friendly, familiar face brought the patient an immediate wave of relief.

I know now that the magic I saw that night was the therapeutic relationship. In an era which saw the introduction of crisis teams and time-limited interventions, I gravitated away from the quick fixes and discarded continuity, first towards psychiatric rehabilitation and later to Assertive Outreach. My passion flows from forging lasting relationships with the people I treat, and together we use those relationships as a platform to help rebuild their lives.

There is something remarkable in the interaction between people which is the lifeblood of psychiatry. It touches us deeply and enriches our lives.

And sometimes it is possible for this type of engagement to bring about transformational change. That is more rewarding than anything I know. I am glad I took the road less travelled and I will be forever grateful that I chose psychiatry.

RESEARCH NEWS

Off-label **prescriptions**

Revised College guidelines help to simplify the process of prescribing medication outside the terms of its licence.

David Baldwin, Chair of the Psychopharmacology Committee

Across every discipline in medicine there comes a time when a practitioner wants to prescribe off-label, when he or she is certain a particular drug will improve clinical outcomes for their patient.

Yet using the medication in such a way would be outside the narrow terms of its product licence.

From young female acne sufferers being prescribed the contraceptive pill, to a range of paediatric conditions treated with drugs that are only licensed for those over 18, this is an issue that affects all areas of medicine.

However, it can be fraught with perceived danger and there are still concerns about patient safety and medical liability for a clinician to contend with.

With this in mind, and following on from the GMC's 2013 publication of their guidelines into off-label prescribing, the College decided the time was right to update its own 2007 guidelines. The new guidelines, released in December 2017, are available on the College website.

"Doctors shouldn't be afraid to do this as long as they can demonstrate their actions have been logical and there is evidence to support their prescription"

David Baldwin, Chair of the College's Psychopharmacology Committee, who has helped devise the guidelines, wanted to make the recommendations simple and readily usable in everyday practice.

In psychiatry in particular, a one-size-fits-all solution is very often not practical.

"Lots of patients won't respond to a succession of psychological and pharmacological treatments that are within licence, so doctors then think about prescribing medicines outside the terms of their licence," David explains.

"Doctors shouldn't be afraid to do this as long as they can demonstrate their actions have been logical and there is evidence to support their prescription. Both things they would do anyway, whatever they were prescribing.

"For example, the drug Sertraline, although licensed for depression, can be used to treat General Anxiety Disorder (GAD) because there is a lot of evidence to show it is also effective in treating GAD. In fact NICE recommends prescribing Sertraline for GAD, so although it is technically off-label, practitioners should not worry as NICE accepts there is sufficient evidence to recommend it," he says.

The same, he says, applies to the prescribing of Venlafaxine, which is licensed for depression and GAD but is known to be effective in the treatment of PTSD.

David also recommends telling the patient – and if possible a relative or partner – of the intention to prescribe off-label, and when there is not extensive evidence basis to support prescription, obtaining the advice of another prescribing clinician or specialist pharmacist.

He goes on to advise starting any off-label medication at low dose and monitoring its effect carefully.

Adhering to such guidelines should protect the clinician from any legal action and if the off-label medicine shows no beneficial effects, or if the hazards outweigh the benefits, it should be withdrawn.

"Document the reasons why it is being withdrawn," says David, and then if treatment is still needed, consider alternatives, once more applying the same criteria of logic, evidence, transparency and input from other professionals.

As long as a patient's care is then monitored and recorded, off-label prescribing should be not only safe but sometimes preferable.

Our **NHS heroines**

As we celebrate both the NHS turning 70 and the centenary of women's right to vote, we take a snapshot of just some of the most inspiring and pioneering women in mental health. Join the conversation on Twitter and tag more leading ladies using the hashtag #MHheroines.

Dr Helen Boyle (1869–1957)

Helen was the first clinician to make mental health treatment available to patients before crisis. She also founded the Medical Women's Federation, the Child Guidance Council and the National Council for Mental Hygiene (now Mind). She was the first female president of the Royal Medico-Psychological Association, the forerunner of RCPsych.

Anna Freud (1895–1982)

Widely considered one of the founders of psychoanalytic child psychology, Anna Freud, the youngest child of Sigmund Freud, came to Britain in 1938 to escape Nazi Europe. Her pioneering work led to the establishment of what is now called the Anna Freud National Centre for Children and Families.

Barbara Robb (1912–1976)

Barbara was a psychotherapist whose passionate campaigning against the ill-treatment of older people prompted the NHS to review its complaint procedures for the first time, establish an NHS Ombudsman, and release guidance on preventing violence in hospitals.

Professor Annie Altschul (1919–2001)

Annie, a refugee from Nazi Europe, markedly improved psychiatric nursing care through her research in the field. She was eventually awarded a CBE, a fellowship of the Royal College of Nursing, and the Altschul Award for scholarly writing.

Lorna Wing (1928–2014)

Lorna was a pioneer in the field of childhood developmental disorders, and helped advance the understanding of autism worldwide. She introduced the term 'Asperger syndrome', and was involved in founding the National Autistic Society. Lorna was appointed OBE in 1994.

Dr Sula Wolff (1924–2009)

Sula conducted pivotal research into emotionally withdrawn children and mentored many other psychiatrists who made major contributions to the field. She was also one of the founders of modern British child psychiatry.

Joan Bicknell (1939–2017)

Joan was Britain's first female professor of psychiatry, pioneering the specialty of intellectual disabilities. She persistently fought against cruelty within psychiatric hospitals and was a human rights advocate of institutionalised people with intellectual disabilities.

Professor Christine Dean

Christine set up the first home treatment service as an alternative to hospital admissions for people with acute mental disorders. Home treatment services have since been adopted nationwide in the UK, and are recommended by the NHS.

Claire Murdoch

Claire's accomplishments include developing a rating system for CCG performance in mental health, and supporting moves to ensure mentally ill people, especially children and adolescents, are treated nearer their homes. She is currently National Director for Mental Health at NHS England.

Professor Sheila the Baroness Hollins

Sheila has served as President of both RCPsych and the BMA. In the House of Lords, she has worked passionately to improve the lives of people with intellectual disabilities and mental health conditions. It was her amendment to the 2012 Health and Social Care Act which enshrined in law the concept of parity of esteem between physical and mental health.

Dame Fiona Caldicott

Fiona was the first woman to become President and Dean of RCPsych, and worked closely with RCPsych's Women and Mental Health Special Interest Group. Fiona chaired the Caldicott Committee into the protection and use of patient information. Her work changed the way data is shared in the NHS and improved confidentiality.

Professor Dame Sue Bailey

Sue has served as President of RCPsych and is now Chair of the Academy of Medical Royal Colleges. In 2002, she was appointed OBE "for services to Youth Justice" and in 2014 she was promoted to DBE "for services to Psychiatry and for voluntary service to People with Mental Health Conditions".

Jacqueline Dyer

Jacqui is a passionate mental health campaigner with a focus on highlighting the mental health stigma within BME communities. She is Vice Chair of the NHS Mental Health Taskforce and was awarded an MBE for services to mental health.

Professor Wendy Burn

Wendy set up the Yorkshire School of Psychiatry and was its first Head. She was Dean of RCPsych for five years and became President in 2017. She also leads the Gatsby Wellcome Neuroscience Project at the College. Her main clinical interest is dementia and she has contributed nationally to improving care for this group of patients.

Dr Susan Mizen, Chair of the Medical Psychotherapy Faculty

Investing **in success**

Dr Susan Mizen has pioneered a therapeutic model that has saved millions in funds for mental health services in her area.

A decade ago Dr Susan Mizen, frustrated by the lack of psychotherapeutic help for people with serious mental health problems, noticed that a small minority of complex patients absorbed a huge proportion of mental health funding in Devon but did not receive the therapeutic treatment they needed. They had multiple issues and were being treated in specialist out of area placements. After studying the mammoth costs – often £200,000 per patient per year – combined with the fact that the vast spending didn't produce tangible results which were sustained outside hospital, she won funding to try another method. Susan drew on her experiences as a trainee at the Cassel Hospital in West London and devised a whole-system intervention that combined intensive therapy in county, with well-trained staff and supported housing provision. The number of out of area placements substantially reduced. By 2016, when the last figures were available, the cost of out of area placements in Devon had dropped from £7.4m to £1.4m. The total health and social care cost of treating those patients in Devon is currently being calculated, but is likely to be considerably less than the £6m saving in out of area placements.

As a psychiatrist who specialises in psychotherapy, Susan, who is now Chair of the Medical Psychotherapy Faculty at the College, based her treatment plan on a psychotherapeutic treatment model:

"We offer a three-year psychotherapy programme. The first nine months is psychoanalytic psychotherapy and psychosocial nursing offered four days a week in a day programme. This is followed by out-patient therapy for two years and three months.

"This is all offered alongside intensive housing support in which staff are trained to offer a psychologically informed environment.

"The patient group who end up going out of area are complicated for several reasons. They often have severe personality disorders and have additional issues on top of this like eating disorders, substance misuse or autistic spectrum disorder.

"These patients aren't accepted by specialist services oriented to one diagnosis and often fall through the net. So, we developed a whole-team model – The Relational Affective Model – in which everyone works to a formulation describing the underlying psychological difficulty. The medical psychotherapist, nursing staff and psychotherapy team see relationships and attachment as the driver for shifting states of mind, impulsive riskiness and other symptoms, with family roles being re-created in patient's relationships with the team, each other and their bodies. Medical and risk management are therefore part and parcel of this holistic approach."

Susan says she is planning to submit a health economic analysis of the model to *BJPsych Bulletin* soon and to begin a clinical trial of the model.

There are many examples of the effectiveness of this way of working. She cites a typical case, Miss N the daughter of a single mother with mental health problems who spent time in foster care and was self-harming and anorexic by the time she was a teenager. As an adult she worked relentlessly, but quickly became suicidal when she lost her job. It was then that she came to the attention of mental health services. As the attempts on her life continued she was detained under the Mental Health Act. A gatekeeping assessment from the medical psychotherapist followed, and Miss N, feeling she was understood and that therapeutic treatment was available, began to feel motivated to get out of hospital to attend the therapeutic programme.

She was offered highly supported housing and a Psychologically Informed Environment (PIE). The therapeutic team undertook a psychodynamic risk assessment with the housing team. This process gave Miss N further confidence that the team understood the severity of her problems and were prepared for all the risky behaviour that therapy was likely to bring. She left the hospital to embark on the three-year programme. The treatment is arduous and demanding for the patient and the team but it means that very high levels of disturbance are managed. This ultimately benefits patients but it also relieves some of the pressures on the local health economy.