

Issue 5
Autumn 2018

RCPsych

INSIGHT



Young advisers

How young experts help improve services

Fellowship ceremony

Celebrating our latest wave of FRCPsych holders

Australia and New Zealand

Indigenous mental health



President's update

Professor **Wendy Burn**

Welcome to this issue of Insight. I hope you enjoy reading it as much as I have done. Even as President, I can't always keep up with all the wonderful things that our members are doing, so this gives me a chance to catch up on some of them.

It's great to see Congress featured. There was a lovely atmosphere in Birmingham and the talks were at their usual high standard. Even better were the networking opportunities – I caught up with people from all around the world including many whom I hadn't seen for years. Another hugely enjoyable event was the evening for new Fellows held at the College. It was the first event of its kind but it definitely won't be the last. Hearing what each Fellow had written about themselves was a real highlight. They described impressive achievements and acknowledged the support of their families and friends, but perhaps one of the best quotes from the evening was simply: "I just want to say what a great career choice psychiatry has been for me."

Getting a fair share of the 70th birthday cake

As part of the NHS's 70th birthday celebrations, Theresa May announced a £20bn-a-year cash boost to its spending by 2023/24. In her speech, she admitted that over the years, "mental health was not a service that was prioritised." RCPsych is working hard to push mental health up the agenda. With a new 10-year plan for the NHS being launched in November, the College has had little time to react but is drawing up a

fully costed plan for a large expansion in mental health services. This involves over 70,000 more staff on the ground by 2028/29, of which over 4,000 would be psychiatrists. The College's proposal has been heard by the new Secretary of State for Health and Social Care and by Number 10. Other Royal Colleges have shown their support, agreeing that more funding for mental health is a priority.

06 WHO SAYS "GAME OVER"

Discussion of WHO's recent decision to officially recognise gaming disorder



08 PAVING THE WAY FOR PERSONALITY DISORDER TREATMENT

How Scotland is tackling stigma and ensuring patients receive the best care

10 STATEMENT OF INTENT

Why our recent Position Statement on racism and mental health is so important

14 AUSTRALIA AND NEW ZEALAND

Why working with indigenous mental health groups requires a specific approach

17 FOR THEY ARE JOLLY GOOD FELLOWS!

We welcome our latest wave of Fellows



18 A PASSION FOR IMPROVING INPATIENT SERVICES

Why Young Person Advisors are crucial to improving CAMHS

Power to the Nations



RCPsych in Scotland's commemorative gavel

In a major devolution of power, Scotland, Wales and Northern Ireland will establish their own RCPsych Councils. This follows a recent decision by RCPsych's UK Council and Trustee Board that the College best represents its members when decisions are made by the devolved nations. Having separate and unique devolved governments and healthcare systems means that each devolved nation needs its own robust voice for psychiatry. The Devolved Councils will have more power

and independence than the Divisions that they are replacing. This will allow them to be strong and collaborative national networks designed to cater for country-specific needs, and to influence devolved government policy. To celebrate the announcement, Dr John Crichton, Chair of the Royal College of Psychiatrists in Scotland, was presented with a gavel made from wood from a 70-year-old ash tree taken from the rebuild of the Royal Edinburgh Hospital.



Find out about how the GLAD (Genetic Links to Anxiety and Depression) study is using saliva samples to understand anxiety and depression on p20

A right Royal recognition

With the NHS's 70th birthday falling this year, it was fitting that so many of the Queen's Birthday honours were awarded for services to healthcare. Four members of RCPsych were recognised for their work in promoting psychiatry. After receiving an OBE for his work helping people with intellectual disabilities, Dr Ashok Roy said: "I hope it goes some way to raising the profile of a section of society that still struggles to receive the right support to live fulfilling lives." Dr Wendy Woodhouse was also awarded an OBE for her work setting up a new model of child and adolescent mental health

services in Oxfordshire, Buckinghamshire, Swindon, Wiltshire, and Bath and North East Somerset. She describes her job as "a joy" that gives her the chance to make an impact on mental health in children's formative years. Dr J S Bamrah, Medical Director of Manchester Mental Health and Social Care Trust, and Professor Matthew Hotopf, Professor of General Hospital Psychiatry at King's College London, were also recognised for their great work by being awarded CBEs.

Social prescribing takes centre stage

Health Minister Steve Brine spoke passionately about the value of social prescribing at a recent event in Parliament organised by the RCPsych Sustainability Committee and hosted by Rebecca Pow MP. He was joined by 48 other experts, including eight Parliamentarians, three heads of CCGs and an NHS England Deputy Director, who

discussed how to overcome the barriers which have prevented social prescribing from becoming mainstream. The meeting led to the creation of a national working group on social prescribing, who are developing an agreed policy on how to better promote the issue.



FEEDBACK

In response to last edition's article *Our NHS Heroines*:

"I feel hugely honoured to have been included here by RCPsych. I work with so many amazing women in and around the NHS who are much more deserving. But thank you."

Tweeted by Claire Murdoch

"Just read Summer 2018 Insight magazine cover to cover. Very readable yet invigorating. Feel inspired after that, and many reasons to feel pride in being a psychiatrist."

Tweeted by Leah W

I've enjoyed flicking through the articles. I was wondering could the address not be on an A5 sheet of paper instead to reduce paper usage? Alternatively, is it possible to sign up to have the Insight magazine delivered in e-form to reduce environmental impact further?

Dr David Scott

Editor response:

Thanks for your suggestion. The College is committed to being environmentally friendly. We always put a pdf version of the magazine on our website which we link to in our e-newsletter. If you only wish to receive your copy digitally, please email magazine@rcpsych.ac.uk with your name and membership number. We have looked into having A5 instead of A4 address slips for the paper copies. Our printers have informed us that using a smaller size would cause the slips to fall out of place within their sleeves (which are biodegradable). The slips themselves are made from recycled paper.

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



An image from the latest Choose Psychiatry trainee recruitment video

Big rise in students who #ChoosePsychiatry

College Dean Dr Kate Lovett discusses the big success of RCPsych's latest trainee recruitment campaign and the importance of keeping up the momentum.



Dr Kate Lovett, College Dean

Kate Lovett's face lights up when she talks about her role as Dean and her enthusiasm is infectious. "It's absolutely the best job in the world," she says, "and being able to combine it with lots of clinical involvement with patients is brilliant." In her day job, she leads a community mental health team in Devon. Clearly, she is up for a challenge; psychiatry has one of the highest vacancy rates for trainees and the number of psychiatrists in the NHS has more or less flatlined over the past seven

years. It was against this backdrop that she and President Professor Wendy Burn launched the College's #ChoosePsychiatry campaign last September.

The campaign showcases the richness and diversity of psychiatry, drawing from research into what attracts medical students to the specialty. One of its highlights is a moving film telling real patient stories and the difference that their psychiatrists are making. The response so far has been overwhelmingly positive, with high profile backing from celebrities including Stephen Fry. The campaign videos have been watched more than 18,000 times, and media coverage has reached more than 222 million people – all of this generating huge social media activity and countless #ChoosePsychiatry tweets. But the real proof of the campaign's success is the 33% increase in the number of junior doctors choosing to train in psychiatry. This year has also seen a 2% increase in the number of psychiatrists working in the NHS in England. This improvement is important not only in itself but because it shows decision-makers

Meet a new trainee

Dr John Carroll is about to embark on his core psychiatry training at Hammersmith and Fulham Mental Health Unit, with West London Mental Health Trust. When it came to choosing his elective as a medical student, Dr Carroll was not initially set on psychiatry.

"I wanted to make use of my previous qualification as a dietitian, so chose gastroenterology. But I also had an interest in paediatrics and child and adolescent mental health, so I split my time between all three." Once working as a foundation doctor in medicine and surgery, he ultimately found the lack of personal interaction with patients unsatisfying. But he was able to swap his third rotation for one in psychiatry. "It was a completely different experience," Dr Carroll explains. "Psychiatry requires strong interpersonal skills so that you can build a good working relationship with your patients. It's extremely holistic compared to medicine: you have to put the whole person into context, which is both rewarding and enriching."

Dr Carroll found psychiatry helped him grow as a clinician. "The quality of the training really appealed to me, with an excellent teaching programme and regular one-to-one supervision with a consultant. I experienced how the psychiatry setting really nurtures its trainees." He found his

adult community placement broadened his interest in psychiatry beyond child and adolescent mental health. After such a positive experience, it was a natural decision to apply for psychiatry core training. Now as a member of the College's Psychiatric Trainees' Committee, he is extremely proud of the Choose Psychiatry campaign. "The videos are moving and true to life. My hope for the future is for parity of esteem between mental and physical health, with psychiatry attracting as many students and foundation doctors as medicine and surgery."



Dr John Carroll

that recruitment is a challenge that can be met with the right resources and approach.

Kate is determined for the College not to get complacent. "Now that these trainees have chosen psychiatry," she says, "we need to make sure that every single one is nurtured, supported and encouraged." She also recognises the need to change the context that all psychiatrists have to work in by improving access to mental health services. "In the end, it is up to the Government to provide the resources so mental health services can operate, and the College is going to keep the pressure on them to make this happen." Recruiting medical students into psychiatry is just part of the picture. The College is also lobbying for better conditions for those in the workforce, and to address the immediate and urgent shortage of psychiatrists. It's embarked on a big public affairs and media push

as part of the second stage of the #ChoosePsychiatry campaign, calling on the Government to consider the needs of overstretched mental health services to recruit from overseas. There are already some tangible successes. Working with the BMA, among others, the Government is reviewing the rules on Tier 2 visas to make it easier to recruit skilled staff to work for the NHS. The College is also putting pressure on the Government to consider the specific needs of mental health in recruiting staff from abroad. So far, a dozen MPs have backed the campaign by writing to the Home Secretary, tabling Parliamentary Questions and tweeting their support. "We need to support all psychiatrists wherever in the world they come from," says Kate. "If we can get the right number of psychiatrists and give them the right support, we can change so many more people's lives."



Dr Henrietta Bowden-Jones supports WHO's decision regarding gaming disorder

When the World Health Organisation (WHO) decided to classify gaming disorder as a disease (ICD-11) earlier this year, Dr Henrietta Bowden-Jones was rather taken back. “As the College spokesperson for Behavioural Addictions and Problem Gambling, I’ve spent a lot of time trying to give gaming disorder prominence. Then suddenly the whole world was interested which was unreal.” It was the perfect opportunity for Dr Bowden-Jones, Consultant Psychiatrist in Addictions, to explain to the world the devastating impact gaming disorder can have on addicts and their families. She has seen first-hand the toll gaming disorder can have on many young people. “Very often they will drop out of or do very badly at school because of the significant number of hours – 12 to 14 within a 24-hour period – spent gaming. The disorder stems from a highly compulsive cycle of rewarding behaviours that isolates the individual more and more. As they fight with their parents and withdraw to their room, the gaming addict’s role within their family

WHO says “game over”

Dr Henrietta Bowden-Jones and Dr Stephen Kaar have different perspectives on WHO’s recent decision to include gaming disorder in the International Classification of Diseases.

starts to lessen, fracturing the healthy family dynamic.” That’s why officially acknowledging the condition is so important for Dr Bowden-Jones. “It is only when it is recognised as an illness that sufferers’ needs can be addressed correctly with evidence-based treatment services.” But the classification has sparked debate, with critics suggesting that it risks pathologising what is essentially a beneficial and sociable pastime that allows people to let off steam. This is

“As they fight with their parents and withdraw to their room, the gaming addict’s role within their family starts to lessen, fracturing the healthy family dynamic”

a view shared by Dr Stephen Kaar, Higher Trainee in General Psychiatry and co-founder of the RCPsych blog Gaming the Mind, which analyses the latest academic research and opinions from the burgeoning field of gaming and mental health. The group behind the blog firmly believes that games can be a force for good. “All games have the potential to be positive for somebody’s mental health. Even first-person shooters [which involve seeing the game from the perspective of someone with a gun] can be cathartic by releasing tension and stress,” explains Dr Kaar. “Gaming can be a great distraction from difficult thoughts and emotions and can help players to self-soothe and socialise.” Dr Kaar acknowledges that a minority of people experience problematic gaming but does not think, given the current evidence, that it warrants being classified as an illness. He also believes WHO’s criteria for gaming disorder are too vague and would like to see more specific guidance to avoid over-diagnosis and misdiagnosis of the condition. Although Dr Bowden-Jones agrees gaming disorder is unlikely to become

an epidemic, she is resolute about its severity. “With illnesses that have such a strong impact on people whose whole lives are ahead of them and whose academic performance is compromised by such an addiction, it’s vital to allow them to get treatment and sort out their issues.” She also highlights that a significant number of studies point to similar signs of addiction in patients with gaming disorder to those with other addictions. “These people are presenting with deregulated reward systems, a poorer emotional regulation, impaired prefrontal cortex functioning and poorer decision-making abilities; they are not just playing.” Dr Bowden-Jones and Dr Kaar agree that studies show young people with gaming disorder have an incredibly high presence of comorbidities, from underlying autistic spectrum disorder to ADHD. But while Dr Kaar thinks this shows excessive gaming is more likely to be a symptom rather than the cause of a condition, Dr Bowden-Jones believes this is identical to other addictions.

Further studies and objective evidence are key to resolving the academic debate over the decision to classify gaming disorder as a disease. Dr Bowden-Jones is hopeful that WHO’s recognition of gaming disorder will encourage further research to help psychiatrists understand the specific brain activity related to gaming, rather than just the ones shared with other addictions. To assist with this, Dr Bowden-Jones and her colleagues are working on a WHO-approved screening tool that covers gamers of all ages, along with prevalence studies, to determine the scale and severity of the problem. Ultimately, she hopes those with severe addiction will get help at the first ever NHS-funded internet addiction centre, which is being piloted on a small scale by the Central and North West London NHS Foundation Trust. “The clinic will be very much for the families, for advice, education and support. The treatment itself is psychological intervention and CBT – it’s inexpensive, but the NHS is providing free treatment so families can take their children and be assured of the quality.”



Dr Stephen Kaar has a different perspective on gaming disorder





"It's always raining" by artist Vicky Vaughan, capturing her experience of borderline personality disorder

Paving the way for personality disorder treatment

Dr Andy Williams explains how Scotland is tackling the stigma of personality disorder and ensuring patients receive the best care.

Even psychiatrists are not immune to stigmatising people with personality disorder. "Studies have demonstrated negative attitudes from mental health professionals towards people with personality disorder," reveals Dr Andy Williams, the lead author of the new College Report, *Personality disorder in Scotland*. "The reasons for this are complex, including lack of appropriate training and confidence among staff, as well as academic disagreement about both classification and status of personality disorder as a diagnosis." Levels of stigma may also be exacerbated by the way in which people with personality disorder engage with services. "People with personality disorder regularly present in crisis and can be challenging, as they often have severe difficulties in managing emotions and making relationships,



Dr Andrea 'Andy' Williams

including therapeutic ones. Also, people with personality disorder often have extremely variable levels of motivation towards engaging in treatment, and can leave staff feeling negative and powerless to help." The problem is compounded by gaps in treatment, with only two health boards having dedicated specialist services for personality disorder. This is troubling when you consider its prevalence which is estimated to be as high as 25% among those in contact within primary care, and up to 50% among those in outpatient psychiatric contact.

The voice of people with personal experience of a personality disorder was a key aspect of the College Report and helped shape its recommendations. Included in the report is a first-hand account from Fiona Gray, a peer worker at Scottish mental health charity Penumbra (www.penumbra.org.uk). "I found living with borderline personality disorder a real struggle when I was young. At times it felt like services had given up hope on me. It took me 20 long years to start my recovery journey. Getting to know myself and learning about my illness really helped. Having a therapist who believed in me and held that hope was the start. I realised I had to take personal responsibility and control my own destiny."

Dr Williams is confident that we can close the gap and bring Scotland's care of patients with personality disorder in line with the best in the world. "One of our aims is a national managed clinical network for personality disorder that helps to promote coordination and consistency, work collaboratively with health boards and promote good provision that then spreads across Scotland."

Raising awareness and improving understanding of personality disorder will be fundamental to making the condition part of the conversation about mental health in Scotland. "The hope is for patients to experience more consistent approaches wherever they present across Scotland and that in their engagement with services, they experience core attitudes of compassion, curiosity and empathy from staff." To ensure the Scottish Government listens, the Royal College of Psychiatrists in Scotland is planning a launch event in October to get the message out to national and regional experts. The event will include people with lived experience of personality disorder providing powerful accounts of their experiences of living with this diagnosis, and of the good and bad aspects of contact with services. RCPsych in Scotland then plans to follow this up with a sustained period of campaigning. Watch this space.



Dr Jed Boardman outside The Royal Courts of Justice, where the High Court case was heard last December

Victory at the High Court

Dr Jed Boardman talks about how his expert advice helped win a legal victory for 220,000 people with a mental illness.

Knowing your way around the welfare system can be critical for psychiatrists. No one knows this better than Dr Jed Boardman, the

College's lead for social inclusion. So, when changes to the mobility criteria for a disability benefit left people with long-term mental illnesses worse off, Dr Boardman gladly stepped in to assist in overturning the decision. Evidence submitted by him, and other experts, helped barristers successfully argue against changes to the regulations for Personal Independence Payments (PIPs) in a case heard at the High Court last December. The judge agreed with the evidence, calling the changes made earlier that year by the Department for Work and Pensions "blatantly discriminatory" and a breach of human rights.

Up to 220,000 people are now having their benefits backdated, thanks to the involvement and collaboration of many agencies and individuals, including Dr Boardman. He is the first to admit that he's not a 'legal person' but his expert medical evidence helped to secure the High Court win. "This was a startling example of a lack of parity. People living with psychosis, anxiety or depression, for example, just couldn't claim for a higher payment that others with a long-term physical health condition could, and that was truly unfair." The provision of social security

payments for people with mental health problems has long been an area of interest for Dr Boardman. "Reduction or loss of benefit payments for those entitled to them is not only unjust," he says, "but it can push people below the poverty threshold, meaning they go without the essentials which leads to hopelessness and shame." While not every psychiatrist is going to be involved in a High Court battle, they can make a real difference to patients' benefits claims by ensuring that they write fitting accompanying reports or clinical evidence accounts. "The focus needs to be on the person's ability to carry out their daily functions and tasks," stresses Dr Boardman. "This is the information that the benefits assessor is ultimately interested in."

Advice from **Money and Mental Health**

You can help patients in financial difficulty by referring them to:

- Free debt and money advice sector services, such as Advice, StepChange, National Debtline and Christians Against Poverty
- Martin Lewis' free guide to mental health and debt which is full of practical tips and reassurance: <http://bit.ly/2KROp6l>
- The Mental Health and Money Advice Service, run by Mental Health UK: www.mentalhealthandmoneyadvice.org



Professor Nisha Dogra, Associate Dean for Equality, Diversity and Inclusion at RCPsych

Statement of intent

RCPsych's recent Position Statement on racism and mental health has been welcomed as an important step in addressing the issue and improving care.

The hardest conversations are often the most important. That is why Professor Nisha Dogra, Associate Dean for Equality, Diversity and Inclusion at RCPsych, was so pleased that the College decided to publish a Position Statement on racism and mental health. "Sadly, racism is still present in society and it would be unwise to think that the NHS, as the biggest employer in the country, would be immune." The issue was pushed up the agenda when the review of the Mental Health Act highlighted that rates of detention were over four times higher for black people compared with white people, and around two times higher in the entire Black and Asian minority ethnic (BAME) population. "This situation cannot continue, and we need to understand what is going on so that we can improve access to treatment and outcomes for patients," says Professor Nisha Dogra. The statement is a personal priority for the College's President, Professor Wendy Burn. It acknowledges the wide range of inequalities that individuals

from BAME backgrounds often face. As highlighted by the Equality and Human Rights Commission, they are more likely to experience poverty, have poorer educational outcomes, be unemployed, and come into contact with the criminal justice system – all of which can be risk factors in developing a mental illness. "We need to understand racism as part of a wider discrimination issue," says Professor Dogra. "Race is a factor, but other factors must also be taken into consideration. We need to look at people as a whole, and at diversity holistically. We should be tailoring services to different individuals, not trying to fit people into a set form of provision." The statement has received support from a number of influential voices, recognising the impact this action will have. Steve Gilbert, Vice-Chair of the Independent Review of the Mental Health Act, acknowledged it was an important move by RCPsych. "It is vital that we confront the issue and related behaviours such as unconscious bias. Everyone should receive great care, regardless of ethnicity." Jacqui Dyer, Chair of Black Thrive Steering Committee, also welcomed

the release of the statement: "I fully support RCPsych's Position Statement and believe it shows a deep sign of maturity, which we need to encourage, from the College. This is what will help to promote trusting relationships with those communities that are detrimentally affected by racism, and the statement is a witness to that experience."

The statement calls for "an open and frank discussion" about how racism and racial discrimination in mental health services can be addressed, and proposes key steps to support this: leadership in implementing preventive actions to eliminate the inequalities faced by BAME groups in accessing mental health services; collecting more high quality data and evidence; increasing understanding of the impact of racism on mental health; and assessment of the impact of policies and practices on the mental health of all patients, including BAME groups. Essential to tackling racism within mental health is the consideration of diversity right from the outset when planning services. It can't just be added on at the end. "With anything we do as a College, we need to consider whether we have enough representation from different perspectives and gather enough different views," says Professor Dogra. Discussions around diversity and racism can be challenging, but they are a vital stage in engaging with the situation. "I really think things are changing. The College is committed to addressing these issues," says Professor Dogra. "Ultimately, we want to successfully incorporate diversity in positive ways across all aspects of our work, practices, service provision and care."



Cherry Pedler, Manager of Community Support Network South London

Advocating for change

How an independent voice for patients can help everyone.

It was once viewed by some as 'radical' and 'anti-psychiatry', but could advocacy be the key to addressing issues such as a lack of dignity and respect, and the rising number of detentions? For Cherry Pedler, the answer is yes. Manager of Community Support Network South London, Cherry has worked as an Independent Mental Health Advocate for almost 30 years. Her role is to make sure that the views of patients being detained under the Mental Health Act are heard loud and clear. "In the early days, there were a lot of problems. Clinical staff were distrustful of us – they thought we were anti-psychiatry and were challenging their clinical autonomy. When I worked in Tower Hamlets in the 1990s, a consultant reported me to management for taking

"There's no excuse for psychiatrists and advocates not to work in a constructive way"

notes on a ward round. We had to do a lot of firefighting.

"Now, clinicians are increasingly coming to see us as helpful because if a patient feels comfortable, they share more. And on ward rounds, it's often useful for doctors, as well as patients, to have a reference point and a record of what is talked about and when."

Cherry is passionate about the impact she can have on patients' lives. "One patient,

for example, was not engaging with his treatment – missing ward rounds, asleep in his room. After listening to him and finding out what was wrong, he has become much more active – playing football and even 'moonwalking' as part of a talent show." The need for greater advocacy and support is one of the priorities identified in the government's interim report into the review of the Mental Health Act. Cherry is confident that advocacy can play a role in developing a better Act. She recommends a system where patients under section automatically receive advocacy; there is more advocacy in the community; and, crucially, there are strong working relationships between independent advocates and clinicians.

"Having opt-out instead of opt-in advocacy for people who are sectioned would make a huge difference – it would mean that advocacy would reach those most in need of it, those who are less able to speak for themselves," she explains.

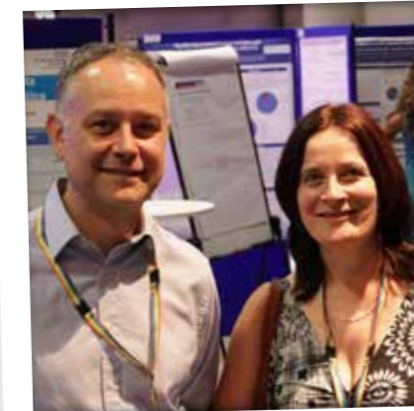
"We have a good track record of making sure people feel more listened to and involved in their care. We're there to empower them. Even patients who are articulate prefer to have us there, because it gives them confidence. For others, our support helps them to find their voice."

But it's not just people who are under section who need advocacy. In some cases, community advocacy could help prevent people being sectioned in the first place. "People often come to us for help because they're afraid their service will section them if they talk about their concerns. The most important thing is that they seek help when they need it. If that doesn't happen, they can become disengaged, stop attending sessions and stop taking their medication. This really could, in some cases, result in an episode where they might be sectioned." Cherry stresses the importance of maintaining the independence of advocacy. "The relationship between clinicians and advocates isn't always smooth, nor should it always be, due to inevitable tensions, but that doesn't mean we can't work well alongside one another. "A consultant forensic psychiatrist I know works very well with advocates and really does listen to patients. The fact that he does this in a Psychiatric Intensive Care Unit is commendable. If you can do that with such a challenging patient group, there's no excuse for all psychiatrists and advocates not to work in a constructive way."

Delegate **feedback**



Lady Hale, Supreme Court President, speaking at Congress



Tim Alnuamaani, Rehabilitation Psychiatrist, and Regine Blattner, Community Psychiatrist

“ I find Congress very informative and I like the fact that it has developed over the years to include other elements such as talks from mental health campaigners. If the whole conference was only evidence-based it wouldn't show the whole picture of what we all do in psychiatry. There's lots of great science here, and lots of good information. Adding that arts-based focus, whether it's related to writers or film etc., is equally important and refreshing. ”

International **Congress**

We take a snapshot of just some of the highlights from this year's Congress, and gather in-situ feedback from some of the delegates.

Almost 2,800 delegates descended on Birmingham to attend the College's largest annual event at the end of June. There was a strong international presence, with attendees coming from a total of 52 countries, representing more countries than the World Cup.

The theme of International Congress this year was Psychiatry: New Horizons. In keeping with this, the programme featured not just the best of international academic psychiatry, but patients, families and opinion leaders

in mental health from the social and political sphere. Over the four days of the conference, 15 keynotes and 68 parallel sessions covered an eclectic range of topics including basic sciences, clinical psychiatry, policy areas and the socio-cultural realm, all relevant to mental health. High-profile guests included Altha Stewart, APA President; Sathnam Sanghera, author of *The Boy with the Topknot* and *Marriage Material*; Dr Joanna Cannon, author of *The Trouble with Goats and Sheep* and *Three Things About Elsie*; and Lady Hale, Supreme Court President.



One of the many poster presenters, Chantel Joanne Leung, presenting her research 'A qualitative exploration of the acceptability of cognitive bias modification for paranoia'

A ceremony was also held as part of the event, presenting College Awards, President's Medals and Honorary Fellowships – the highest honour the College can bestow, with only five awardees each year.

College Award winners

- The Laughlin Prize – Dr Ruth Taylor (Winner for Diet 2 2017)
- The Standish-Barry Prize – Dr Sinead Carr
- The Alexander Mezey Prize – Dr Fatima Abubakar
- CESR Evaluator of the Year Award 2017 – Dr Muhammad Iqbal Naeem
- Morris Markowe Public Education – Dr Lydia Jones
- Margaret Slack Travelling Fellowship – Dr Carol Kan and Dr Joseph Kane

President's Medal winners

- Dr Regi Tharian Alexander
- Dr Peter Bowie
- Dr Andrew Brittlebank
- Dr Joanna Cannon
- Prof Ian Curran
- Ms Victoria Derbyshire

Honorary Fellows

- Prof Karl Deisseroth
- Prof Jacky Hayden, CBE
- Dr Laurence Mynors-Wallis
- Miss Karen Turner
- Prof Sir Simon Wessely

“ My favourite talk was by Dr Joanna Cannon – I found her explanations and motivations behind the writing of her books incredibly moving. I haven't actually read her books but, after attending her talk, I know I definitely will. ”



Rebecca Reed, medical student



Michael Birtwhistle, Community Mental Health Team Consultant (third from left)

“ I've come to Congress because I think it's critical to be engaged in the sharing of new ideas, make contact with people from different areas and specialties, and think about where psychiatry needs to go in the future. I've been live tweeting a lot of the talks and have enjoyed being able to take the information to a wider audience, including patient groups. I'd personally like to see as much service-user involvement as possible at Congress. We often talk about what we think patients experience but there's nothing better than hearing it directly from them. ”

Indigenous mental health groups in Australia and New Zealand

Working with indigenous groups requires a specific approach, say Professor Valsamma Eapen and Dr Frederick Sundram from the RCPsych West Pacific International Division.

When it comes to patients from minority backgrounds, a particular concern for Professor Valsamma

Eapen is what is known as the 'inverse care law'. Research suggests that children most at risk of developmental, emotional and behavioural problems are least likely to access health services, especially preventative and health promotion services. This phenomenon is highly pertinent to the local area that Professor Eapen serves in South West Sydney, Australia, where "roughly 40% of the population was born overseas and the culturally and linguistically diverse (CALD) community is huge."

The focus of Professor Eapen's work is addressing equity and access issues in minority populations, including indigenous, refugee, and CALD groups. For her, the common lack of engagement with services by Aboriginal and other minority groups means that it is "critical to adapt the current services to overcome these barriers." One example of doing exactly this is the Boomerangs Coolamon Parenting programme which provides culturally appropriate camps and workshops to Aboriginal parents to improve their parenting skills and care-giving capacity.

Such targeted programmes are needed to address the consequences for children of high levels of poverty, unemployment, violence, and substance abuse seen in many indigenous communities. But Professor Eapen is clear that these issues should not overshadow the strength and resilience of the Aboriginal population, and that it's important to take a strength-based approach and place emphasis on the wider family and kinship relationships.

For example, there has been considerable work using 'alloparenting', where grandparents or other members of the extended family take on the role of parents. "It's very common in Aboriginal culture that family members other than the parents, particularly the grandparents, have a very strong voice. In western cultures this can be seen to be a weakness but it's an asset in Aboriginal culture and can be extremely powerful."



Historical dispossession, marginalisation and racism, as well as the legacy of past policies of forced removal and cultural assimilation, means that gaining the Aboriginal population's trust is difficult but nonetheless crucial. "It's a long-term process rather than a one-off or once-in-a-while event. To engage with Aboriginal people, it is important to first connect with the elders and significant others in the



Professor Valsamma Eapen, Chair of Infant, Child and Adolescent Psychiatry at the University of New South Wales and Head of the Academic Unit of Child Psychiatry, South West Sydney

community that the Aboriginal people trust. Local connections with people who speak their language are vital, and collaboration and partnership are key."

Even when trust is won, people will still shy away from mental health services, explains Professor Eapen. "They may not believe in the doctor, preferring faith healers instead. It's difficult to get them to engage in mainstream services for mental health issues."

But psychiatric treatment can and should be adapted to the Aboriginal population, believes Professor Eapen. "It is important to recognise the cultural knowledge of the Aboriginal population – ensuring this knowledge is integrated into care and support programmes for Aboriginal people is vital."



Dr Frederick Sundram, Senior Lecturer at the University of Auckland and Consultant Liaison Psychiatrist at the North Shore Hospital, Auckland

Within a few weeks of moving from the UK to start his new job in Auckland, New Zealand, Dr Frederick

Sundram had enrolled on a course to learn the Maori and Pacific Island languages and about their cultures. "Without any training, it would be very difficult to work with individuals from these backgrounds as they have distinct value systems, cultural beliefs and needs from both the British-descendent population and immigrant minority groups." These distinctions are apparent when he encounters patients for the first time. "Whenever you meet people from a Maori background, they're very keen to know all about your background in order to form a connection with you because the Maori population is very focused on its ancestors and history. So, you need to take that into consideration throughout their treatment because, in terms of therapeutic engagement, it's important to understand their context." Dr Sundram, Senior Lecturer and Consultant Liaison Psychiatrist, works in a teaching

hospital where his team sees patients with a variety of conditions including eating disorders, delirium and dementia. "The Maori population often presents with significant comorbidities, both physical and mental; self-harm is very common. There are also very high rates of domestic abuse and addictions, which indicate both the level of need and the level of distress within the community."

"Services have been developed to help mental health teams understand underlying cultural needs"



Maori and Pacific Islanders also have much higher representations within prisons than other groups. "That would suggest reduced integration with society but also might indicate potential displacement. It's a very similar issue if you look at the Aboriginal people in Australia, where they were the original people of the land and through colonisation they've been displaced and their values and identity have been disrupted." To mitigate against this, New Zealand has honed its approach to treating mental health issues among the Maori and Pacific Island populations with the aim of improving access and reducing health inequalities. Unlike in the UK and other European countries, where psychiatry is focused on the individual, in New Zealand, it's also aimed at the patient's family and wider community. "Family and the community are really

important in Maori and Pacific Island culture; so you have elders and leaders to engage with to get their support and input. For example, when utilising the [New Zealand] Mental Health Act, it's a clear requirement to involve a family member or support person in discussions."

Additionally, to counteract the stigma of accessing conventional mental health provision, the Maori and Pacific Island Cultural Support Services have been developed to help mental health teams understand underlying cultural needs and to support the needs of service users going forward. "It's a partnership that works really nicely. If you look at places, for example the UK, where there are multiple ethnicities, there might be specific cultural teams within certain services but these are not widely available, whereas in New Zealand they are because culture is a really important consideration here."

Recognising that people from a Maori or Pacific Island background have different cultural beliefs and value systems is crucial. Without such recognition, "you may inappropriately place somebody under the Mental Health Act for a possible psychotic disorder. For instance, a patient might have values regarding healing properties or special abilities and special actions relating to their ancestors. It might seem psychotic in the conventional sense but, actually, it's appropriate to their cultural beliefs." Despite these improved sensitivities, Dr Sundram believes more can be done to support and treat these patients, by further targeting their specific needs and facilitating culturally adaptive services. "Conventional and western-style psychiatric services make it harder for people to engage, so trying to break down those barriers, enhance access and build networks within communities is key."



Professor Mohammed Al-Uzri, MTI Specialist Advisor

International perspective

Professor Mohammed Al-Uzri on setting up the College's successful Medical Training Initiative.

Doctors from all over the world come to the UK to gain invaluable experience working in the NHS as part of the Medical Training Initiative (MTI). They return home with a new perspective, and share the knowledge and insights they have gained. Since RCPsych established its scheme, it has grown from having five MTI doctors in 2013 to having 40 this year. Priority is given to applicants from low- and middle-income countries but there have also been doctors participating from Australia, New Zealand and America. Professor Mohammed Al-Uzri, now the College's MTI Specialist Advisor, was instrumental in getting RCPsych's MTI established. He had benefited from a previous scheme that allowed overseas doctors to train at RCPsych when he came to the UK from his native Iraq in 1995. "When legislation changed in the late 2000s, it became impossible for overseas medical graduates, like I had been,

to come to this country to further their training without a work permit." The MTI is designed to benefit both the trainee, who can access specialty training, and the NHS, which gains the experience and perspective of the doctors. "It's win-win," says Professor Al-Uzri. He and his team play a very active role in maintaining the quality of the training overseas doctors receive while in the UK and in ensuring the trainees meet the stringent criteria of the GMC. "We make no apologies for the rigorous entry requirements: patient safety is paramount and we are responsible for sponsoring these doctors." Going forward, Professor Al-Uzri hopes to see expansion of the scheme, with people from different parts of the world benefiting. "The icing on the cake is when the collaboration between trainee and host has continued after the doctor has returned home, for example through a joint research project. That's when we really feel we've achieved our aims."

Meet the MTI doctors



Dr Shivan Mahabir is from Chaguanas in Trinidad. He's a core trainee 2 at the Cwm Taf University Health Board in South Wales.

"I've been in my post for less than a year but have already learnt so much about the NHS and psychiatric training. Although basic psychiatry training is the same in both countries, it's applied differently in the UK because there are more resources and more staff in specialisations. With the support of senior doctors, I've had the invaluable opportunity to access a great range of training. Although I'm in a very beautiful setting in a rural area, culturally it can be a bit isolating. But I'd definitely recommend the scheme – you discover things you can take back with you, such as Balint, a kind of psychotherapy for clinicians. It's been almost life-changing for me."



Dr Divya Devulapally returned to Hyderabad, India, in January 2017 after spending nearly two years in Child and Adolescent Psychiatry at Leicester Partnership Trust.

"Since returning home, I work better in my team – the UK multi-disciplinary approach made me appreciate the role of psychologists and nursing staff. I have more confidence in prescribing certain levels of drugs, having learnt from UK consultants, and I'm more confident about India's new Mental Health Care Act because it's similar to what is followed in the NHS. But the most important thing I took back was the very human approach to mental health, proven in the Mental Capacity Act. The benefits of the MTI are huge and include exposure to subspecialty psychiatry, increased empathy towards psychiatric patients and vastly improved communication skills."



The first Fellowship ceremony to have been held at the College's head office on Prescot Street, London

Guests from around the UK and overseas gathered to celebrate 40 newly inducted RCPsych Fellows at a recent ceremony which highlighted their remarkable achievements.

Awarded as a mark of distinction and recognition, Fellowship is acquired by demonstrating significant contributions to psychiatry. This meant each of the successful applicants had their own inspiring and uplifting story to tell. Dr Abdullah Kraam, a refugee from Afghanistan living and working in England, said he felt "appreciated, honoured and humbled but also proud to become a Fellow."

One of his major achievements has been establishing and developing an award-winning community and secure residential forensic child mental health service in Yorkshire that has received significant local and national recognition. And this is just the tip of the iceberg: Dr Kraam has also served the College as a regional representative child and adolescent psychiatrist, been a regular examiner, and led the largest randomised trial into young people with conduct disorder. The accomplishments of the rest of the inductees were equally impressive and, to name just a handful, included leading Northern Ireland's first and only CAMHS team for children and young people with Intellectual Disability (Dr Heather Hanna), creating short films, commissioning a play and campaigning to improve suicide awareness and risk reduction (Dr Erin Turner), and becoming an award-winning and nationally recognised expert witness in psychiatry (Dr Nireeja Pradhan). Each new FRCPsych holder was commemorated in turn as part of the presentation ceremony. Celebrations then

For they are jolly good Fellows!

The College welcomes the latest wave of Fellows to its first ever dedicated ceremony.



College President, Professor Wendy Burn with new Fellow, Dr Abdullah Kraam

Becoming a Fellow

- If you're considering becoming a Fellow of the Royal College of Psychiatrists, the next window for applications will open in January 2019.
- To be successful, you need to demonstrate and evidence significant contributions to the core purposes of the College and must have been a Member for at least 10 years.
- Nominations must be supported by two sponsors, both of whom must be subscribing members of the College, and one must be a faculty or division chair.

For further information about Fellowship, please see the Grades of Membership area of the College website, or email membership.operations@rcpsych.ac.uk

continued at a champagne reception and gala dinner, all held at the College's head office. This was the first time an event had been dedicated to new Fellows, as previously such events had been integrated into the wider programme for the annual International Congress. Reflecting on the evening afterwards College President, Professor Wendy Burn, and CEO Paul Rees described it as "magical."



Imogen Voysey, mental health campaigner

It was her own experience as a CAMHS inpatient that put 19-year-old Imogen Voysey on the path to becoming a youth activist and mental health campaigner.

“My admission to inpatient services was very positive, but I was in the minority. This drives me to want to help make things better.”

Imogen began receiving treatment in community CAMHS when she was 14. After being diagnosed with depression, she was admitted to an inpatient CAMHS unit at 16, where she was detained under the Act for a month following a suicide attempt.

Now a psychology student at the University of York, Imogen has already built an impressive CV. Not only is she a Young Person Advisor for the College’s Quality Network for Inpatient CAMHS (QNIC), but she also sits on the Quality Committee for NHS Improvement as a patient representative. This is in addition to being a board member of the YoungMinds Amplified programme, which is funded by NHS England to develop the participation of children, young people and their families

A passion for improving inpatient services

Imogen Voysey and Dr Turlough Mills explain why Young Person Advisors are crucial to raising the standard of Child and Adolescent Mental Health Services (CAMHS).

“I didn’t want to pack my experience into a box and shut it away, pretending it never happened”

in the mental health system. It was after speaking about Amplified at an RCPsych event that Imogen was asked to apply to the QNIC Advisory Group as a Young Person Advisor. Set up in 2001, QNIC aims to improve the quality of CAMHS inpatient care. Services elect to join – currently over 95% of units in the UK participate – and are then subject to a yearly review against QNIC standards.

The peer review panel comprises members from various teams (the medical, nursing, multidisciplinary, and core Quality Network for Inpatient CAMHS project teams) as well as a Young Person Advisor. “The Young Person Advisor role is central to the success of the review process,” says Dr Turlough Mills, a member of the Advisory Group since 2016.



Dr Turlough Mills

“The QNIC review is intended to be a collaborative process. It allows inpatient units to improve standards through sharing ideas and adopting best practice. The standards that we commit to in inpatient services are shaped by the experiences and feedback of young people.

“Young Person Advisors bring validity to the process – I’m not sure how meaningful it would be without them. They bring a perspective that complements ours and is fundamental to the integrity of the review.”

Imogen’s QNIC role sees her helping to identify areas for improvement by offering her perspective as a former service user. This can involve challenging the service, but it’s also about reassuring staff that they are doing a good job, often in difficult circumstances.

“Working with young people can be difficult – they can be very hostile. After my suicide attempt I was furious because I thought the staff were being horrible to me, but with hindsight, what they did was entirely proportional. I think it’s reassuring for them to be told that they’re doing the best they can.

“I was part of a group of YoungMinds activists who met the Director of Mental Health for NHS England to share our experiences, and mine was the only positive story.

“Others talked about experiencing solitary confinement, not being listened to, and generally feeling that their input into their own treatment and care wasn’t important. This is detrimental to recovery.”

Dr Mills agrees that good communication and collaboration between staff and patients is essential. As a consultant psychiatrist at Little Woodhouse Hall in Leeds, the regional CAMHS inpatient unit for West Yorkshire, he says they consider themselves to be a ‘therapeutic community’ and start the day with a meeting that all staff and patients attend. “One would hope that by the third stage of admission – where young people are preparing to leave the unit – that care planning is fully collaborative. At the point of admission, young people may not have the capacity to agree to or determine all aspects of their care, but they should still have the opportunity to be involved as much as they are able.

“We have a daily community meeting where we run through who’s in the unit, who’s arriving, who’s leaving, as well as a whole host of practical and emotional issues relating to the ward. It’s a powerful experience for all of us and keeps the lines of communication open.”

As well as ensuring young people have a voice, “there are practical things that can help to improve their experience in a unit and help them prepare themselves for life when they leave,” says Imogen.

“For example, the more you restrict their access to certain objects, the harder it is to adjust when they leave the unit,” she explains. “Kitchen knives were restricted in my unit, and even now I struggle with them – it’s as if they are innately harmful. Services could get around this by arranging a cookery group activity in which knives could be used safely in an appropriate context.”

In a similar way, completely restricting access to mobile phones can be self-defeating. “It’s just not realistic to take things away that will be reinstated when the young person leaves the unit. They need to be taught about the risks of the internet in a safe setting.”

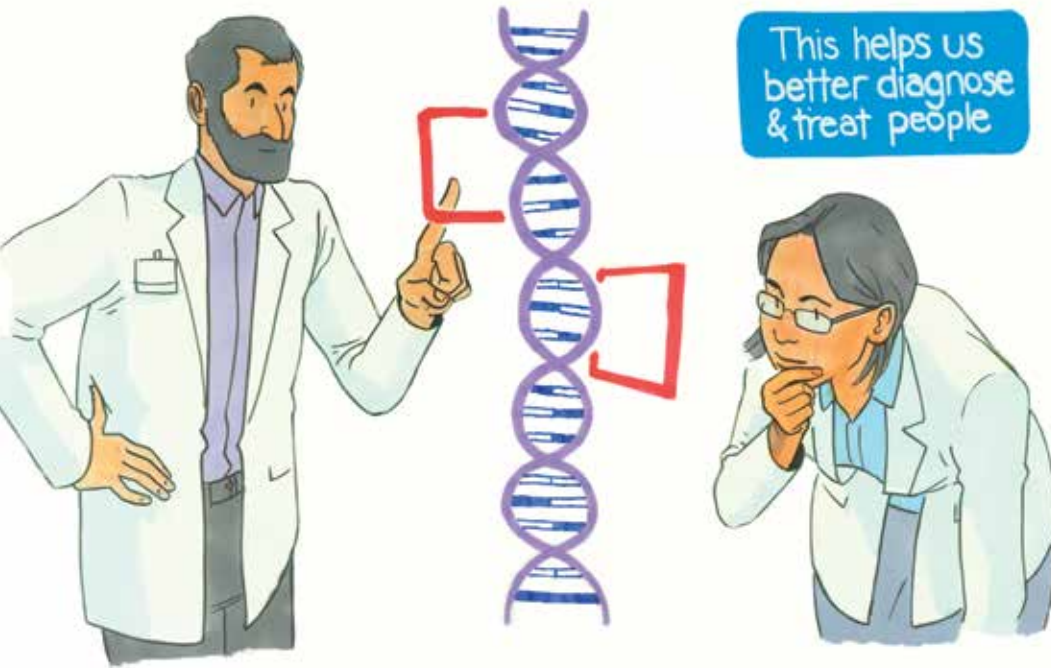
Getting outside is also important, she stresses.

“While I was sectioned, I spent a lot of time inside, and when I did go out, I was freaked out by the detail above eye level – the unit I’d been in was painted all in white. I know of someone who didn’t have overnight leave for five years, and they found it incredibly difficult to adjust to life outside. It’s so important to prepare people for going back to their normal lives when they’re well.”

Imogen plans to work in NHS management when she graduates. She credits her experiences of the mental health system with setting her on the path to helping others.

“QNIC and YoungMinds have given me the ability to talk about an experience I didn’t get the chance to discuss in other settings.

“I didn’t want to pack my experience into a box and shut it away, pretending it never happened. People expected me to do that, but it was a big part of my life and shaped me in lots of positive ways. The fact that I can now use it to help others is amazing.”



A still from the GLAD study's consent and information animation

Using saliva to understand anxiety and depression

A new study is calling on clinicians to help build the UK's largest data sample of anxiety and depression sufferers.

Genetic studies on depression and anxiety are making progress like never before, integrating information on risk factors that are not just genetic, but also environmental and social. They seek to develop the knowledge that will allow more effective selection of existing treatments and the design and development of new ones. Senior investigator and geneticist, Dr Gerome Breen, and co-investigator and anxiety expert, Professor Thalia Eley, at the Social, Genetic and Developmental Psychiatric Centre, King's College London, are leading a new study that they hope will contribute to this burgeoning area of research. Launching in mid-September this year, the GLAD study (Genetic Links to Anxiety and Depression) is the first of its kind in the UK and has ambitions to be the largest ever undertaken. It is seeking volunteers who have experienced anxiety or depression to take part by completing an online questionnaire and providing a

postal DNA sample, in the form of saliva. Each saliva sample will be stored securely and anonymously in the NIHR National BioSample Centre in Milton Keynes. Some may feel uneasy about the role of genetics in treating and studying mental health conditions, but both Dr Breen and Professor Eley are very clear that you have to consider environmental factors too. "We believe," says Dr Breen, "that it is only by



Professor Thalia Eley



Dr Gerome Breen

combining the study of both types of risk factor that we will gain information relevant to many clinical questions". Professor Eley adds: "This field is sometimes accused of being determinist but that is not the case at all. Even if you have a 100% genetic risk, this can be massively reduced with environmental factors or interventions." With genetics, sample size is key. "For a long period, even when we had the newest methods and technology, we still weren't really finding anything out," explains Professor Eley. "Now, we've discovered that when you get to a sample size of around 40,000, you start to see patterns emerging." Each addition to these large data sets increases knowledge exponentially. A collection of 135,000 case studies already exists for depression, but only about 30,000 of these have detailed information on participants' environmental risk factors. Importantly, the GLAD study will considerably advance genetic knowledge of anxiety. As they often occur concurrently, anxiety and depression will be looked at together. "By recruiting for both at the same time, we hope to disentangle them and understand the differences between them. Existing studies have not been at the scale to allow us to understand their comorbidity," says Dr Breen. What's particularly exciting about the GLAD study is the fact that it will create a substantial and comprehensive collection of data that can be reused for other research purposes in the future. "We will be able to increase our understanding of treatment, aiding drug discovery, knowing who gets treatment and what barriers there are to getting it," says Dr Breen. This information can also inform public health strategy by, for example, targeting groups who are not receiving treatment or not taking up the provision available. While the study may not be able to assist individual participants with their current conditions, it will help to improve care and treatment for future generations. Professor Eley explains, "It's going to be of real social benefit, offering the potential for better mental health outcomes in the future."

How clinicians can help

The GLAD study is open to all UK residents aged 16+ who have suffered from depression, anxiety or both, regardless of whether they've received any treatment. You can support the study by encouraging patients to take part and sign up online at the website www.gladstudy.org.uk when it launches this September. The more people who take part, the greater the impact of the study.