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RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT

Her Majesty Queen Elizabeth II

1926 – 2022

COLLEGE **NEWS IN BRIEF**

Her Majesty Queen Elizabeth II

Paying our respects

We are deeply saddened by the passing away of Her Majesty Queen Elizabeth II. As a medical royal college, we continue to feel the nation's loss of one of the most significant and influential figures of the last century. The Queen leaves behind a legacy of tireless, dignified public service and we remember her as an inspirational figure for healthcare workers and the NHS. Earlier this year, she awarded NHS staff the George Cross for their compassion and courage over the last 74 years, with special recognition of the challenging circumstances of the pandemic.

We also remember the Queen for her strong sense of duty and courage, as well as her warmth and compassion – evident from her devotion to voluntary services and the recognition she gave to the value of community. Her eldest son, King Charles III, is our Patron and we send our heartfelt condolences to His Majesty, The Queen Consort, their families and friends.

As a mark of respect, all RCPsych offices were closed on Friday 9 September, the day after the Queen's passing, and on Monday 19 September, the day of her funeral.

EGM cancelled

The College abandoned its extraordinary general meeting (EGM) on Thursday 8 September, following the announcement of the death of Her Majesty The Queen.

The meeting was being held concurrently at nine locations across the UK to debate proposed rule changes to allow the College to hold virtual general meetings and extend voting rights to Affiliates.

President Dr Adrian James had given his opening speech and members from Belfast and Birmingham had just given their views when the news came through and Dr James made the difficult call to cancel proceedings.

The College will publish plans as to how to take forward the proposed changes in due course.

Your diversity data

The College is seeking to learn more about the diversity of its membership. This is so that we can provide the best support possible and deliver on our commitments, as set out in our Equality Action Plan, to promote equality and equitable outcomes for members, College staff, mental health staff, exam candidates, and patients and carers. To make this possible, we need to ensure the information we hold about our members is detailed, accurate and up to date.

Following a review last year of the information we were already collecting, we have expanded the demographic information categories and, in some cases, expanded the multiple-choice answer options available to the questions. These updates have also helped us ensure we are consistent in our approach to equality, diversity and inclusion data gathering.

We are therefore asking our members to take a moment to fill in the new demographics form and review any existing answers. To do this, log in to your RCPsych web account or go to: members.rcpsych.ac.uk/demographics

Cost-of-living survey

The stresses resulting from the cost-of-living crisis, such as financial uncertainty and anxiety around paying increasing energy bills, are widely understood to have a significant impact on people's mental health. To help us gain a better understanding of the situation and track the resulting demand on mental health services, we are asking College members to complete a short survey.

The survey can be filled out here: **www.surveymonkey.co.uk/r/QYD9GDQ**

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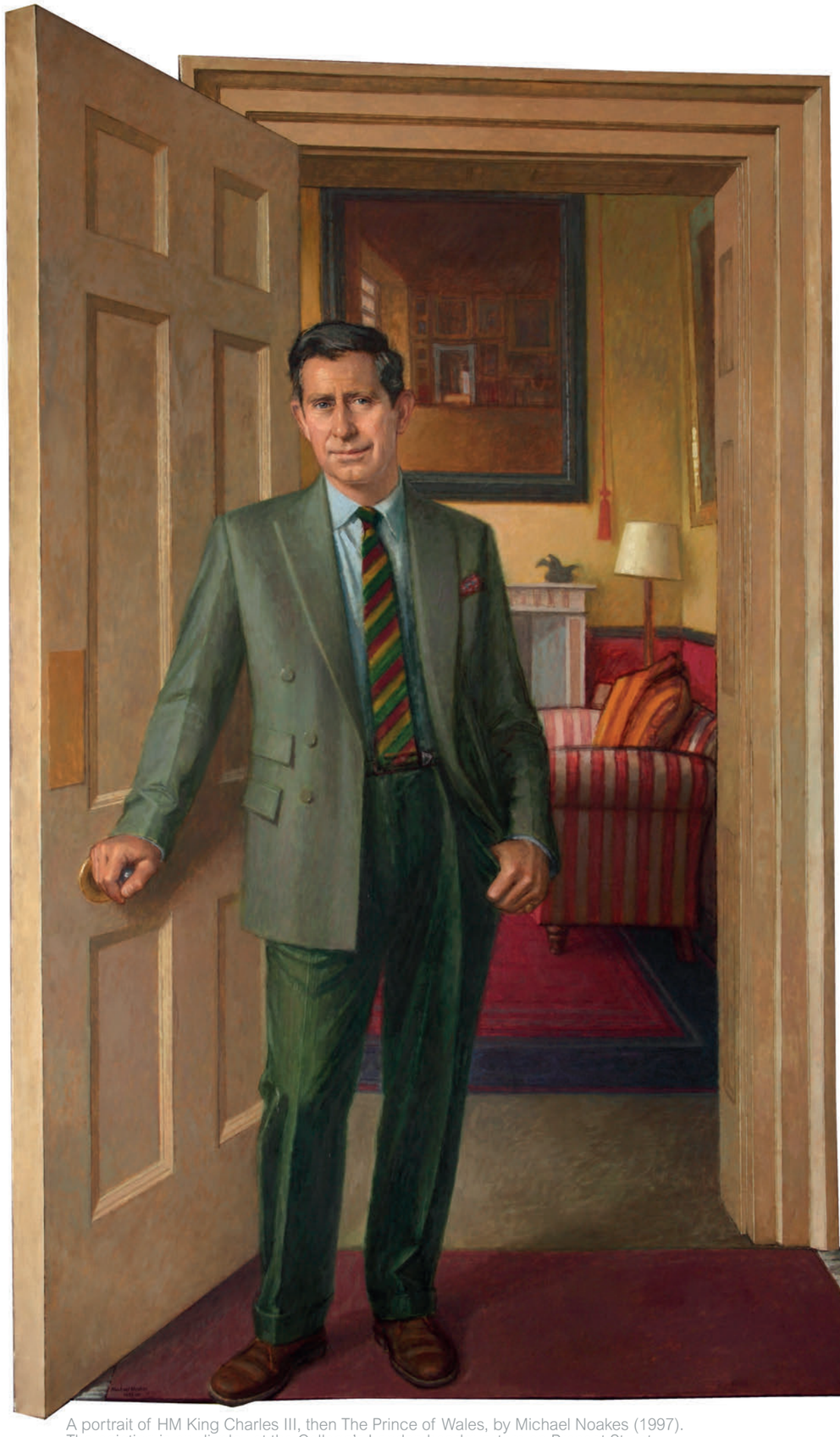
President's **update**

First and foremost, I would like to express my sadness at the passing of Her Majesty Queen Elizabeth II, and my heartfelt condolences go to the Royal Family, as well as anyone else who has been affected by this news. In this issue, we have taken a moment to remember the Queen and reflect on the College's relationship with her heir, His Majesty King Charles III, as our Patron.

In addition to having a new Monarch, the UK also has a new prime minister and Government for which the College has been preparing throughout the summer.

As I'm now firmly in my final year in office, I look forward to spending this time establishing good working relationships with key decision makers, ready to pass on the baton. To that end, the College has been preparing for its own presidential elections. I would encourage you all to take the time to read about our candidates Dr Kate Lovett, Professor Russell Razzaque and Dr Lade Smith – I wish them all the best of luck in their campaigns.

Dr Adrian James



A portrait of HM King Charles III, then The Prince of Wales, by Michael Noakes (1997). The painting is on display at the College's London headquarters on Prescot Street.

Royal **support**

Following the passing of Queen Elizabeth II, RCPsych reflects on its relationship with her heir, King Charles III, Patron of the College.

At an RCPsych Council meeting in January 1984, the College President in office at the time, Dr Thomas Bewley, made an announcement: HM King Charles III, then The Prince of Wales, was to become Patron of the College.

Gaining a Royal Patron serves an important purpose – it helps raise vital public awareness for an organisation, as well as elevating its stature and achievements. This milestone, therefore, was perhaps particularly poignant for a membership body for psychiatrists. While stigma around mental health continues to this day, it was arguably more widespread back when Charles took on this charitable role with the College.

"I know that the Royal College of Psychiatrists aims to try and remove this stigma altogether and is working to lessen its effect," he said in a speech seven years later at the College's 150th anniversary celebration in Brighton. That same year, 1991, he was made an Honorary Fellow.

Charles also made an appearance at the second significant chronological landmark in the College's history during his patronage. To mark RCPsych's 180th anniversary, which fell in 2021 in the midst of the coronavirus pandemic, he sent a video message of both celebration and support. This followed a more solemn letter he had sent to the College earlier that year, expressing his sympathy for the unprecedented difficulties being faced, while expressing his pride in RCPsych's members in doing their "utmost" to provide essential elements of care to so many vulnerable people.

The 180th anniversary message, while still acknowledging the devastating impact of the pandemic, also brought into focus the wider appreciation the nation had gained of the value of looking after the mental health of those around them. "The College says: 'no health without mental health'," he said, "and this is becoming increasingly clear."

Charles' message went on to mark some of the achievements of the College and some of its prominent members, but also looked to the future. "I could not be more pleased to know that as the College continues to grow and develop, it has pledged to promote the delivery of patient care in a way that is green, ethical and sustainable – that surely is a sign of true holistic health," he said, words that chime with one of the College's current priorities of sustainability.

These words exemplify Charles' long-standing support of holistic healthcare and, in turn, social prescribing. He has also advocated for the conservation of historic buildings and the importance of architecture in society. Combining these passions, he led in the purchasing and restoration of Dumfries House in Scotland in 2007. In 2019, he formally opened a new, purpose-built wellbeing centre on the estate. Open to the local community, the centre houses the Prince's Foundation's Integrated Health and Wellbeing Programme, which places emphasis on healing the mind and body as a whole.

That same year, 2019, the College threw its weight behind efforts to support the growth of social prescribing, including helping NHS England nurture a network across the country of social prescribing leads within mental health organisations. As part of his role as Patron, Charles addressed the first national social prescribing conference, run by RCPsych, providing a video message of support. He conveyed being impressed at the College's exploration "not only of the role of social prescribing, but also the role of lifestyle as a means of tackling many of the pressing challenges in mental health we now face".

It is this appreciation of everyday suffering that is perhaps something we see depicted in the College's official painting of its Patron [left]. Completed in 1997 by Michael Noakes and on display at RCPsych's London headquarters, it is a significant portrait. Charles is portrayed in a humble manner and is shown opening a door – possibly welcoming someone in. This is an unusual and very human depiction of a member of the Royal Family, who would more commonly be painted in a more elevated way and, if anything, be shown with a door being opened for them. It is therefore a very fitting portrait to have in the College – one with connotations of reaching out and offering support and compassion.

Earlier this year, after becoming concerned by the number of asylum seekers he had seen, especially from Afghanistan, Charles met with RCPsych President Dr Adrian James, alongside presidents of other medical royal colleges. The meeting was set up to explore ways of supporting health professionals displaced by war and conflict and how they could be mentored and eased into employment in the UK. The meeting's second purpose was to discuss the provision of medical services for asylum seekers and opportunities to improve their access to treatments for both physical and mental health conditions. Dr James also gave a briefing on RCPsych's work to provide guidance for health and social care professionals who encounter displaced people.

Over the years, the College's connections with the Royal Family have expanded, with The Duchess of Kent and The Princess Royal becoming Honorary Fellows in 1995 and 2004 respectively. In 2017, RCPsych had the privilege of welcoming Prince Harry to the College's London headquarters on Prescot Street to discuss the mental health of those serving in the armed forces. In championing this and similar work, he has helped to normalise everyday conversations on this topic and bring more attention to this important area.

It is this normalisation of mental health discussions that is something the younger generations of the Royal Family continue to champion, with Prince William and Kate Middleton, now The Prince and Princess of Wales, and Prince Harry having set up their own mental health initiative, Heads Together.

While King Charles III assumes new responsibilities as Monarch, the College looks forward to strengthening its relationship with him and the wider Royal Family.

Your Insight

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

Your comments on *Insight* issue 20:

Commenting on 'Navigating neurodivergence', a feature on autistic and neurodivergent doctors and psychiatrists:

Huge thanks to *RCPsych Insight* magazine for a great feature on neurodivergent doctors. Our members around the world and across all specialities are hugely encouraged to see this!

Autistic Doctors International @ DoctorsAutistic

Pleased to wake up and read this today *RCPsych Insight* – great work Dr Tahleel Javed and Dr Conor Davidson. 'There is a huge disconnect between the lived experience of neurodivergent people and the way it is presented in medical training.'

Dr Shevonne Matheiken

Fantastic to see *RCPsych Insight* recognising autistic doctors and the qualities we bring to medicine. May this news spread far and wide.

Doctor Beckie @anxious_doctor

Commenting on 'Global health partnerships in action', an article exploring a collaboration between a London trust and Ugandan mental health services:

Fantastic spotlight on the West Uganda Mental Health Project delivered with East London NHS Foundation Trust (ELFT), Makerere University, Ministry of Health Uganda and RCPsych!

The health charity, Tropical Health Education Trust (THET)

Prime Minister Liz Truss

Prepared for **change**

During the summer, while the Conservative Party was electing a new leader, the College was hard at work getting its message across and preparing for a change of government.

While the College's political influencing work is a year-round activity, ordinarily it is more focused on behind-the-scenes work during the summer months. But the summer of '22 was no ordinary summer. Heatwaves notwithstanding, it was a period of extraordinary political upheaval, best characterised as a protracted change of government. And for the College, it became an unusually intense interlude of networking, lobbying and preparing for an uncertain future.

On 7 July, Prime Minister Boris Johnson announced his intention to resign as soon as his successor as leader of the Conservative Party was chosen. Two months later, on 5 September, the then foreign secretary, Liz Truss, was elected by party members and became the new PM. In between, the College worked hard to get its message across to the leadership candidates' teams. RCPsych issued a joint statement on 21 July, with seven other royal colleges and the Academy of Medical Royal Colleges, backed up with a letter to *The Times*, calling for health and social care to be top priorities for the next leader. Supporting the statement, RCPsych President Dr Adrian James said: "It is vitally important… that whoever enters 10 Downing Street recognises the country needs a plan of action."

None of the candidates responded publicly. "But," says Peter Hand, RCPsych's Public Affairs and Stakeholder Manager, "we had links with the candidates' teams and made them aware of our concerns, particularly around the joint statement." He also adds that the leadership campaign was aimed at the fewer than 200,000 members of the Tory party rather than the country at large, and "health broadly was not as prominent an issue as it could have been".

As a member of the Mental Health Policy Group (MHPG), the College also contributed to a Mental Health Manifesto, calling for the new Government to address key issues to improve the challenges faced by the NHS in the delivery of mental health services.

Many Conservative backbench MPs were receptive to the College's overtures.

"In parallel to our work with the leadership candidates," says Peter Hand, "we also made contact with many of the Conservative MPs who we have formed quite strong links with, to put our concerns on their radar. We also engaged with some of the internal interest groups within the Conservative Party, such as the Conservative Disability Group (CDG), the Conservative Mental Health Group (CMHG), the Tory Reform Group, the One Nation caucus and the LGBT Tories."

As a non-party-political organisation, RCPsych works with all parties and helps coordinate the All-Party Parliamentary Group (APPG) on Mental Health, whose co-chairs are Conservative MP Dean Russell and Labour MP Rachael Maskell and whose officers include the Lib Dem MP Wera Hobhouse and the Crossbench Peer Baroness Hollins, a professor of psychiatry and former RCPsych President.

"Our work this summer hasn't been a one-off flash about the Tory leadership election," says Peter Hand. "Now that the leadership election is over, all our hard work really begins. We've been putting the foundations in place as part of our political engagement as part of a broader journey."

Where that journey takes us is, at time of writing, uncertain. Since the new Government was formed, we now have a new Health and Social Care Secretary – Dr Thérèse Coffey MP – along with other changes in the Ministerial team in the Department of Health and Social Care. The College will be working with the Ministers and their officials. An emergency budget or 'Fiscal Event' is imminent. After that, possibly a speech from the new Monarch, King Charles III, which would outline the new prime minister's legislative priorities. Regarding Parliamentary Bills, Peter Hand suspects that not all of them may survive the new Government. The Mental Health Act (Reform) Bill is quite advanced, with a cross-party consensus building up behind it, and it is currently odds-on to receive Royal Assent by the end of next year. The Online Safety Bill, says Peter Hand, "has been quite controversial on the Conservative benches. I think it will go ahead in some form but will probably be watered down".

The Conversion Therapy Ban Bill, which was a commitment made in the Conservative Party manifesto at the last general election, is very much hanging in the balance. To the dismay of RCPsych, among many others, transgender people were removed from the scope of the proposed legislation. "There's lots of uncertainty about where we're going to be with this," says Peter Hand, "and I suspect it could be reviewed."

All of the above is subject to one huge caveat: will there be an early general election? Regardless of the odds, the College is taking no chances. Work on its manifesto for the next election is already well under way and could be brought forward if necessary. "We'll be engaging with senior College members about what they want in that manifesto," says Peter Hand. "But until the election is called, there are plenty of opportunities for members to be involved, from taking part in e-actions, writing to their MPs or getting involved in the APPG."

- For more about the College's political engagement work and how you can be involved, contact Peter Hand at **peter.hand@rcpsych.ac.uk**
- The joint statement to the candidates for the Conservative party leadership is available in full from: **https://bit.ly/3ScVqwO**

Continuing to CHOOSE PSYCHIATRY

2022's Choose Psychiatry campaign aims to boost recruitment and retention by celebrating the richness of a career in the profession.

'**Choose** Psychiatry' has become a familiar message since the annual recruitment campaign was first launched in 2017. It has had tremendous success in attracting medical students and foundation doctors to the profession by emphasising how rich and fulfilling a career in psychiatry can be. By 2020/2021, the fill rate for trainee psychiatry posts was nearly 100%.

The campaign has included personal stories, blog posts, films and practical information about training. RCPsych Dean Professor Subodh Dave sees the messaging as "energising and empowering – enabling people to achieve joy in their work".

With a staffing crisis in healthcare, the 2021 campaign expanded its focus to include retention. The message became 'Choose psychiatry – and continue to choose it'. This year's campaign will build on this and its UK-wide multi-platform launch in October will include a film, videos showcasing each faculty, blog posts, advertorials and messages on social media – all focusing on the richness of the profession.

The film features four psychiatrists at different stages of their careers. One participant who has never doubted his career choice is Dr Oluwatomilola Olagunju, a foundation year 2 trainee who is about to make psychiatry his specialty. He says: "Psychiatry is probably the only place where you can have a prolonged period of time with patients and have that depth and impact on their life. It is difficult to put that feeling into words, knowing that you have that impact."

Dr Fiona Duncan

The film emphasises this connection, by telling realistic stories of people who have benefitted from psychiatric care. Professor Dave sees this as an important part of the campaign: "Nothing can beat the gratification you get when you directly make a difference for someone through your clinical encounter – resolving their problems or doing something to relieve their pain and distress."

Dr Olagunju found that psychiatry was not presented as an option early on in his medical training and he is keen that medical students get the message as early as possible.

Dr Oluwatomilola Olagunju being filmed for the campaign

Retention of staff has been a problem across medicine, with fewer people continuing with training from foundation years onwards, and the past few years have seen more vacancies at higher specialist training levels. Although the core training places are being filled – and there has been funding for extra places – it is important that people filter through to the higher specialist training. The reasons behind the loss of staff are multifaceted, not least because of increasing levels of stress and burnout after the added pressures of the pandemic. But another factor is the need for flexibility – and the campaign is keen to tackle this.

"People are taking a less direct route to becoming consultants, or they meander away and come back. Some choose to stay in specialist non-training grade positions. Our message is that if you are working in psychiatry and you are supporting patient care, then we will support you in whatever career path you take. In the past, the traditional route to consultancy has been prioritised but, increasingly, we are seeing learners opt for more flexible working patterns," says Professor Dave.

There is also a focus on the breadth of opportunity and experience that is on offer in psychiatry by showcasing the subspecialties and their unique features. There will also be targeted campaigns for areas where there are particular recruitment issues, such as intellectual disabilities.

"Whatever your circumstance or disposition, your personality and temperament, and personal and professional goals, you can find a pathway that works for you," says Professor Dave. "Whatever your niche interest in psychiatry, from molecular genetics to psychotherapy or public mental health, there will be a home for you in psychiatry."

Dr Fiona Duncan returned to training after a long gap. She began the higher trainee scheme in 1999, but after having her daughter in 2001 she found that there wasn't the flexibility to enable her to continue. She took a part-time staff grade role, stepped off the programme and didn't step back on until over a decade later. The course had changed so much that she had to start from the beginning, but with the support of her colleagues she took the necessary exams and secured a higher trainee post in 2017. She will be taking up a consultant post this autumn.

This time around, the support and flexibility she needed was there without question and a less-than-full-time trainee post allowed her to spread the required three whole-time-equivalent years across five. Her enthusiasm for her training is contagious. "The quality of the teaching and the opportunities to do research and special interest sessions, for example with the adult autism team, have been fantastic. I have learnt so much," she says.

She encourages medical students who are thinking of psychiatry to go for it: "Look at how interesting and varied it is. The opportunity to spend time with patients and get to know them is such a privilege. What they are telling you can be deeply personal – things they might never have told anyone else before. It is challenging but in a good way."

To people in a similar position to her, she says: "The changes have taken place and the support for people is now there. It is important that people know it is possible. If it all fits, I would encourage you to do it."

While the campaign can be seen as a celebration of the profession, Professor Dave is keen to emphasise the need for it to be successful. With the backdrop of a cost-of-living crisis and with the country trying to recover after the shock of the pandemic, there has been a "seismic shift in demand for mental health services," he says. And with one in 10 consultant psychiatrist posts remaining unfilled in England, the need for improved recruitment and retention is evident.

"We cannot afford to have gaps in the workforce. We can't produce psychiatrists overnight and investing early on is so important," says Professor Dave. "I am keen to make sure we have a more secure workforce that is ready and prepared, and this campaign will help us achieve that."

Meet the **Presidential candidates**

The race is on to succeed Dr Adrian James as the President of the Royal College of Psychiatrists. Three candidates – Dr Kate Lovett, Professor Russell Razzaque and Dr Lade Smith – have thrown their hats into the ring to take over from Dr James next June and become the 18th President of RCPsych.

The successful candidate will be the leader of the profession and, among other things, will represent the specialty of psychiatry with politicians, the media and other key stakeholders.

As part of the presidential campaign, the College will hold an online presidential hustings webinar on Thursday 20 October at 6pm, allowing each candidate to present their vision for how they would lead as president. A full recording of the event will be made available on the College website for those who cannot attend live. Throughout November, there will also be a Q&A process on the College website allowing members to put questions to the candidates and receive responses.

On this page, the three candidates present their presidential statements. Longer versions of these statements are available on the College website, as well as short videos of each candidate – allowing you to get more of a feel for them as people.

You will be able to cast your vote for your chosen candidate this winter between **14 December** and midday on **18 January**.

Dr Kate Lovett

I would be honoured to be your President. Psychiatrists make a critical difference to patients. The therapeutic relationships we forge and stories of recovery inspire. But sadly, the experience of underinvestment and non-evidence-based service change is too familiar.

My priorities are:

PUTTING PEOPLE FIRST

- ✓ relentlessly focusing on a sustainable mental health workforce
- ✓ supporting psychiatrists start and thrive well
- ✓ breaking down barriers between training and early career SAS doctors
- ✓ involving more members in shaping College policy

FUNDING TO THE FRONTLINE

- ✓ influencing sufficient national funding for reforms
- ✓ increasing support for divisions and devolved councils to have greater local policy impact and track promised monies

PROMOTING PREVENTION

- ✓ influencing policies on primary prevention
- ✓ equality, diversity and inclusion in mental health services
- ✓ increase in evidence-based treatments to intervene early and promote recovery

SETTING STANDARDS

- ✓ increasing core services accessing College clinical quality improvement programmes
- ✓ promoting "twinning" between UK and international divisions to facilitate exchange of best practice
- ✓ ensuring strong College representation in developing mental health legislative reform

As a general psychiatrist in a deprived part of Plymouth, I know our job is tougher than ever. Our patients and our profession deserve better.

When you elected me Dean, many said full recruitment to training was impossible. But together, we transformed our future with 100% fill to core training and influenced government investment to train more psychiatrists. I have proven change is possible and that I have the drive, vision and experience to lead it.

Professor Russell Razzaque

I am standing for President because I sincerely believe we need change. The role of Psychiatrist has been gradually reduced to a tick-box exercise with our remit narrowing to a sliver of what it once was. Despite this, the responsibilities we carry are higher than ever and too many colleagues are burning out and leaving early.

Relationships are at the heart of what we do as psychiatrists. Yet our services have been so thinned that we are left unable to spend enough time with patients. Indeed, the mounting bureaucracy means that we often spend more time with computers.

I have worked in a variety of Consultant roles and currently as both a clinician and an academic, and the focus of my research has been on integrative and relational ways of working. I have promoted these in the College over the last decade, sitting on College Council as well as the London Regional, Spirituality SIG, General Adult Faculty and Academic Faculty Executives.

It is clear that increased investment is key to better care but, in the past, this has always come with increased demands.

What we need, however, is more resources to do what we do now but with more time and thus more attention for our patients. This is what I will fight for as President, as well as continuing the vital work on sustainability and the struggles against racism, gender inequality and for LGBTQ+ rights. Only if we create a more person-centred College, can we lead more person-centred services.

Dr Lade Smith CBE

Psychiatry is facing unprecedented challenges. I am running for President because strong leadership is needed to fight for resources so psychiatrists can deliver the quality, person-centred, therapeutic care we were trained to do.

My priorities are:

1. Nurturing and Supporting Psychiatrists: to retain and strengthen our workforce
2. Addressing the Treatment Gap: fight for resources to deliver therapeutic care
3. Fairness for all: tackling inequality for patients and staff

I will campaign for better working conditions: proportionate pay; pension tax relief; accessible exams and CPD; portfolio careers for consultants and SAS doctors; support working beyond retirement and support part-time doctors.

I will champion research; it improves outcomes.

I will push for every psychiatrist to have the infrastructure they need to do their job: an office, IT, admin, sensible caseloads, workable job-plan.

We need adequate resources to deliver quality care.

We have the evidence to make the case. Investing in mental healthcare is cost effective, saves lives and enhances our economy. I will campaign for mental healthcare to have parity with physical healthcare.

Inequality leads to mental illness, impairment and poorer outcomes.

I will promote equality of care and outcomes. Workplace inequality faced by women, ethnic minority doctors, LGBTQ+ doctors and doctors with disabilities must be addressed.

As your President, I will campaign for resources to address the treatment gap; nurture psychiatrists so they can fulfil their potential; address mental health inequality; and raise the profile of psychiatry for the public, for patients and for psychiatrists.

"Supporting Psychiatrists, Supporting Our Services"

The future of **our journals**

How the model for accessing College journal content is changing, starting in January 2023.

Academic publishing is in the midst of a significant shift affecting how readers consume journal content. While there may be some exceptions, the industry as a whole is moving towards a future where research papers are openly accessible to everyone and all journal content is made available in a more sustainable way. As part of this, the College is also making changes in how it provides its journals.

RCPsych's Council and Board of Trustees have signed off a proposal to move to an opt-in model for print copies of College journals. This decision has been driven by two main factors: the need to fulfil its commitments around sustainability and the need for the College to manage the financial disruption caused by the industry flux as effectively as it can.

"Ultimately, the true value of the journals has always been in the high-quality content"

This means that, as all the College's world-leading journal content is already available online via the CUP website and will soon be available via a new journals app (due to be launched next summer), it will no longer be the default assumption that members want to receive print copies of *BJPsych*, *BJPsych Bulletin* and *BJPsych International*.

If you'd like to keep receiving printed copies of the journals from January 2023 onwards, you'll need to proactively let the College know by 'opting in'. No action is currently needed, but in due course, we will create a way for members to opt in, should they wish to, via their RCPsych web account.

Under the current system, approximately 320,000 journal copies are printed and sent to College members every year, with some being distributed by air to members overseas. "But inertia may be leading to some of these print copies being unnecessarily produced and distributed," says Professor Kam Bhui, College Editor and Editor-in-Chief of *BJPsych*.

Past membership survey results suggest that some members already prefer reading journals online, but have not notified the College that they no longer want print copies. "We'd rather be sending print copies to members who we know are definitely choosing to receive them," says Professor Bhui.

"Switching to an opt-in model, therefore, encourages everyone to take a proactive review of their reading habits and preferences," says Professor John Crichton, RCPsych Treasurer. "This is something members will be asked to re-assess on a yearly basis, to make sure the College is up to date with their needs."

Consulting editorial board members and other College members, represented by their faculty chairs, has been a key part of moving forward with the new opt-in model. Engagement will continue to be key as the project progresses.

With digital access soon becoming the default, the College is developing an excellent user experience, including a journals app for smartphones. "We want to achieve a high-quality look and feel that emulates the ease of reading a print copy, but also integrates the additional online content we have already started to offer, such as author videos and podcasts," says Professor Bhui.

Ultimately, the true value of the journals has always been in the high-quality content. This will not change, whatever format they are read in. "But," says Professor Crichton, "by moving to opt-in model for print, we are asking members to think about how they best engage with and absorb the valuable content within the journals and apply it to their practice."

Over the coming weeks, more details will be shared on the College website and in emails, e-newsletters and *Insight* magazine about this change to the provision of journals. In due course, there will be instructions on how to opt in to printed journals – but, for the moment, no action is needed.

Dr Parvinder Shergill

Cultural **context**

Exploring the importance of taking a mental health patient's cultural background into account while being careful to avoid assumptions and stereotyping.

"**When** a young patient from a similar background to myself said they believed in what sounded like a Jinn, it was suspected that they were psychotic. I remember I had to step in and say… this isn't pathological; it's part of a cultural belief."

As a London-based psychiatrist with a South Asian background, Dr Parvinder Shergill has seen how the UK's mental health service can misunderstand individuals from different cultures. This can be due to things like "language barriers and cultural presentations of symptoms".

She draws attention to the dominant Western-centric perspective of the UK's mental health service – a serious limitation, considering the strong influence cultural and societal factors can have on an individual's understanding and expression of a mental health issue, and whether they choose to seek help and from whom.

As an example, Dr Shergill talks about mental health stigma in some South Asian communities: "People still don't feel comfortable enough to actually talk about [a mental health problem] … so it can be very difficult for them to access help or even to recognise an issue."

Likewise, cultural and societal factors can affect the care a patient receives. Patients may be misunderstood or misdiagnosed by practitioners due to cultural differences, and in some cases, they may experience racism. Such incidents can unsurprisingly discourage them from wanting to return. Dr Shergill believes extensive change is needed to help address these issues.

For instance, greater cultural diversity should be encouraged in the healthcare workforce, so it is more understanding of, and approachable to, individuals from different backgrounds. This might also help create an environment where "professionals can educate each other on different faiths and cultures". Discussions about culture, she believes, should also be introduced as early as possible in both medical and psychiatric education.

Additionally, to reduce language barriers and raise awareness about mental illness across communities, she believes vital correspondence – like clinical letters and educative resources – should be made available in different languages.

While change on this scale may take many years, RCPsych Dean Professor Subodh Dave talks about some of the small steps the College has already taken. For example, the new curriculum, which was rolled out last month, puts emphasis on a person-centred approach and public mental health.

A person-centred approach is invaluable, according to Professor Dave, as it recognises the importance of culture, yet cautions against stereotyping. "A person's upbringing will certainly play a role in who they are," he says, "but every individual should be treated as an individual."

Similarly, public mental health encourages "care for the community that an individual comes from as well as the individual," increasing awareness of the nuanced social factors that might affect them.

In the meantime, Dr Shergill urges psychiatrists to start conversations about race, culture, and mental health in any way they can. Alongside her psychiatric career, she owns a production company, Pinder Productions, where she creates film, theatre and other media challenging stigma against mental illness and the South Asian community.

When handling mental health in her own projects, she is always careful to feature a South Asian lead "so people recognise themselves in it" and see how someone from a similar cultural background might experience a mental health concern.

South Asian History Month

As part of a webinar for RCPsych's South Asian History Month (SAHM) in July, Dr Parvinder Shergill discussed the topic explored in this article as part of her presentation 'Reducing stigma in South Asian communities to address health inequalities'.

Other presentations given were 'Exploring structural racism in the NHS through the lens of British Empire' by Dr Santosh Mudholkar and 'The impact of gender inequality on mental health in Sri Lanka' by Dr Sayuri Perera, following the common thread of increasing awareness of racism and discrimination.

Currently in its third year, RCPsych's SAHM has already grown in terms of engagement and interest. The webinar had 650 registrations and saw 250 live attendees compared with 60–80 in previous years.

The changing face of **psychiatry in Ghana**

The College is working with psychiatry trainees in Ghana to support a move towards greater specialisation.

Dr Esinu Akosua Agbeli, one of the trainees enrolled in the Ghana Future International Workforce Programme

Ghana is home to 32 million people, making it the second most populous country in west Africa. This means reaching people in need of psychiatric support is an enormous challenge of scale.

However, things are changing fast. The number of psychiatrists working in the country is now 70. While this number may seem unimaginably small, it needs to be put into context – this is actually a near threefold increase in just three years.

Psychiatrists in Ghana are trained to be general adult psychiatrists and this is reflected in the mental healthcare system. There are currently no specialist psychiatric services for children and adolescents, the elderly or those with addictions. Forensic psychiatry services do exist but are under-developed to the extent that the World Health Organization (WHO) estimates that fewer than two per cent of Ghanaian prisoners have any contact with a mental health professional. But all this, too, might be on the cusp of change.

This summer, as part of an innovative collaboration between RCPsych and the Ghana College of Physicians and Surgeons (GCPS), the College delivered a six-week programme of lectures to 50 psychiatry trainees in Ghana. It was the first of a series of four modules, each covering a subspecialty of psychiatry, which form part of the Ghana Future International Workforce Programme.

"It's been quite mind-opening to what is 'out there' "

Consultant psychiatrist Dr Augustina Pinaman Appau is the director of Accra Psychiatric Hospital in southern Ghana and the Training Coordinator for the GCPS Faculty of Psychiatry. "One of our issues," she says, "is that we did not have that many psychiatrists. So, the faculty took the decision to train more general adult psychiatrists first. But now, even though we still do not have that many, we do have quite a number and we decided it was time to start thinking about subspecialties."

With that in mind, last year, GCPS approached the Tropical Health and Education Trust (THET), a UK charity that works to improve access to healthcare in Africa and Asia, which had just launched a new programme of work in Ghana. RCPsych agreed to collaborate on the project with GCPS, and THET provided a grant of £15,000 to support the work.

The collaboration began with RCPsych reviewing GCPS's newly updated curriculum for psychiatry training to ensure that it meets international standards. Next, the Ghanaian trainee psychiatrists received pre-membership psychiatric trainee (PMPT) grade membership to RCPsych, granting them access to journals, publications, TrOn (Trainees Online, the eLearning hub for mental health professionals), the digital library, and the wider College community.

"One of the difficulties that we face here," says Dr Pinaman Appau, "is getting access to articles, journals, and so on. As well as the trainees, RCPsych also registered 20 of our senior psychiatrists, which gives us access to those articles and journals. I, myself, am a beneficiary."

The core of the collaboration is the subspecialty training programme, whose topics were chosen by GCPS. The first module covered child and adolescent psychiatry. The next module is scheduled for the autumn and will cover forensic psychiatry, with old age and addiction psychiatry to follow.

Retired Glaswegian consultant psychiatrist and College Fellow, Dr Ama Addo, led and facilitated the online child and adolescent psychiatry training module. She delivered two of the lectures, the first in Kumasi, Ghana's second city, with students from other parts of the country connecting via Zoom, and the second from the UK.

Dr Addo was previously a specialist working with children and adolescents with intellectual disabilities. She has taught psychiatry students in Ghana on and off for the best part of 20 years, having been contacted in 2002 by a Ghanaian psychiatrist who was finishing his training in the UK and was looking for people from the Ghanaian diaspora to provide some training in Ghana.

"There were very few trainees when I started out," she says. "The first teaching I gave was in about 2004 and there were maybe half a dozen trainees at most in psychiatry, none of whom were women. Since then, it's been lovely to see a significant increase in people choosing psychiatry and in the number of women joining."

Dr Pinaman Appau is something of a trailblazer in that respect. "After I graduated, most of my consultants were discouraging me from going into psychiatry," she says. "So, my first residency was in surgery. But I returned to psychiatry and became the first female psychiatrist trained by the Ghana College of Physicians and Surgeons and the first female Fellow. After that, I think, other females started sitting up a bit and taking notice. So, currently, we have more females in psychiatry in Ghana than males."

Dr Esinu Akosua Agbeli, Medical Officer at Korle-bu Teaching Hospital in Accra, is one of the trainees enrolled in the Ghana Future International Workforce Programme. "During my rotation in family medicine while at medical school," she says, "we had a patient who presented with anxiety symptoms that, at the time, we found difficult to understand. My peer and I made all sorts of diagnoses, including brain stem pathologies, only for our consultant, in a matter of minutes, to ask questions in the right way and diagnose a mixed depressive and anxiety episode. I decided right then I'd do my fourth rotation during housemanship in psychiatry, with the aim of getting the basics so that I'd never miss any mental health condition in future. I found myself loving my psychiatry rotation and now here I am training to be a psychiatrist!"

She says that the training she has received so far from RCPsych has been very useful, as has the PMPT membership: "It gives us access to an array of resources, and the various training sessions so far have been quite mind-opening to what is 'out there' beyond the scope of Ghana."

Dr Agbeli finds the idea of specialising appealing. "I have a particular interest in child and adolescent psychiatry," she says, "mainly because I want to understand the varied behaviours of my kids and to be able to parent in a better way. It is, however, not a firm decision as I'm still exploring the other subspecialties as well."

"I'm just glad we had the opportunity to be part of this programme. It's been insightful so far, and I look forward to the upcoming training sessions."

Evolving **Congress**

A look back at this year's International Congress hosted in Edinburgh. Held as an in-person event for the first time since 2019, it was further brought to life with digital enhancements and a revamped social schedule.

Dr Geoffrey Reed delivering his keynote

"**Thanks** to all involved for putting on a world-class event," commented a College Fellow after attending this year's International Congress. Held in Edinburgh from 20–23 June, the pre-eminent annual event in the College's calendar returned to a face-to-face format for the first time in three years.

As ever, the schedule of talks was packed with diverse content which, in some cases, was also incredibly moving. Ms Ajibola Lewis gave a poignant presentation about her son, Seni Lewis, who died in a mental health unit following excessive restraint by police officers. For years, Ms Lewis and Seni's father campaigned vehemently against excessive restraint in mental health services, contributing to the introduction of the Mental Health Units Use of Force Bill, also known as Seni's Law. In response to Ms Lewis's presentation, one attendee tweeted, "powerful keynote... audience in tears and a standing ovation. We all need to do better at protecting our patients."

Ms Ajibola Lewis speaking at a rally in 2021

Another significant talk was the keynote given by Dr Geoffrey Reed on the ICD-11 classification of mental, behavioural or neurodevelopmental disorders, the first comprehensive revision of the ICD in 30 years. As well as giving an overview of the ICD-11 and describing important innovations relative to the ICD-10, he delved into the purpose and development of the Clinical Descriptions and Diagnostic Requirements (CDDR), which offer guidance for proper use. He also discussed the careful planning required to transition to the ICD-11. The College, among other stakeholders, will play a crucial role in implementing this transition and assist with training on the new classification for the healthcare workforce.

Delegates travelled from 49 different countries, including Australia, Ireland, New Zealand, Canada and USA, which were the most represented after the UK. As one attendee expressed: "[It was] lovely to meet and spend time with so many friends, role models, mentors, and inspirational people". The opportunity to travel to the lively, culturally rich city of Edinburgh and to admire the beautiful landscape was a bonus, with more than a few scenic photographs making their way to attendees' Twitter accounts.

Although the event marked a return to a real-life venue, the International Conference Centre in Edinburgh, it also drew from some of the innovations created from last year's virtual Congress. For example, all sessions were recorded for those who could not watch them live or wanted to revisit them at a later point.

The digitalisation of the poster hall is another notable evolution. Instead of the traditional printed set-up, members could use screens to browse and interact with over 600 ePoster presentations on various subjects, exhibiting the most recent developments in psychiatric research. 'Pitch Your Poster' was also a new addition, which offered authors the chance to give a live presentation on their poster using one of the bookable digital screens.

To maximise on face-to-face activities, the revamped Congress Fringe programme included yoga, poetry, one-to-one coaching, mindfulness and a series of lunches for examiners, retired members and SAS doctors. There was also the opportunity to socialise at a Congress party, complete with ceilidh dancing. A newly introduced 'Mindmaster' quiz also took place, drawing inspiration for its format from the television show *University Challenge*. Congratulations go to the teams from Scotland, Northern Ireland, Wales and London Green, who all won their heats and will be returning for the finals at the College's headquarters this November.

Responses from delegates of the newly evolved Congress were very positive, with 90% of those who completed the feedback form rating their experience as either excellent or good.

Looking to the future, RCPsych is pleased to announce that 2023's International Congress will be held in person again. Planning has already started for the event which, this time, will be held in Liverpool from 10–13 July. Watch this space for announcements.

Catching up on Congress

Did you miss out on this year's Congress? All sessions have been recorded and are accessible from the College's eLearning hub, so members can re-watch any favourites or view sessions they missed during the live event. Attendees who purchased tickets for the whole of Congress automatically have access to these webinars for one year from the date of purchase, while those who purchased a day ticket are entitled to a 25% discount for the Congress webinar package.

For those who did not attend, access to all available recorded sessions can still be purchased and viewed from the Congress webinar library on RCPsych's eLearning hub: **http://elearninghub.rcpsych.ac.uk**

Recovery after a **patient suicide**

When a patient dies by suicide, the impact on healthcare staff can be devastating. New guidance aims to help organisations provide pastoral support to staff to reduce stress, anxiety and burnout after this traumatic event.

(Illustration: Owen Gent)

In 2008, in her first three weeks as a consultant, Dr Rachel Gibbons had two patients die by suicide. Nothing had prepared her for the effect this would have. "It annihilated me," she says. "I was in a state of abject panic. I was frightened of seeing patients, frightened of working and terrified of making decisions. You hope to bring something good and therapeutic into psychiatry and when someone dies by suicide, it blows that away and makes you feel toxic."

Yet, she found there was little support on offer. It was only when she began to talk about the experience with clinicians who had been through similar situations that she began a process of recovery for what she now recognises as post-traumatic stress disorder (PTSD). She realised there were many doctors dealing with similar trauma who were unable to speak about what had happened.

It is estimated that mental health clinicians will experience between one and four patient deaths by suicide during their careers. Until recently, patient suicide was not widely discussed and there has been no guidance to help organisations support staff who experienced mental distress as a result. Without this support, recovery can be delayed and some clinicians will develop depression, anxiety and PTSD.

Having run a support group for 14 years, Dr Gibbons has heard about more than 200 cases of patient suicide/homicide. During this time, she has also worked extensively in the area of suicide, covering its philosophical aspects and its impact on clinicians. She has been supported by RCPsych's Patient Safety Group to set up the Working Group on the Effect of Suicide and Homicide on Clinicians (ESHC) and has worked on collaborative research with the Centre for Suicide Research at the University of Oxford (OCSR).

"People so often talk about being traumatised twice"

The initial study came about after CAMHS consultant Dr Anne Carbonnier approached Professor Keith Hawton, the Director of OCSR, to find out how other psychiatrists coped when a patient died by suicide after she was strongly affected by the death of a patient. Her colleagues and trust were very supportive, but she could not find much information about what might help. "People don't expect doctors to ask for help and they did not know what to do with me," she says. Her natural response was to look for proven ways to aid her recovery – and yet there was little research out there.

This led to a survey of psychiatrists, with findings published in *BJ Psych Bulletin* in 2019. What was discovered was that some psychiatrists had been through appalling experiences where the initial trauma of the suicide was compounded by the stress of the sometimes "persecutory" legal process that kicks in afterwards. This involves serious incident investigations and an inquest. The psychiatrist must write a report and then later attend Coroner's Court. This process can exacerbate feelings of shame and being blamed, especially in the absence of appropriate support. "Some people talked about being traumatised twice: traumatised by the death and then by the process or by being scapegoated, blamed and isolated," says Dr Carbonnier.

Stress and burnout are also common, leading some doctors to leave the profession. "These events are powerful in terminating or determining careers," says Dr Gibbons, and many doctors choose to work in areas that are less high risk – or leave the profession altogether.

The findings led to the creation of a support booklet for psychiatrists led by Professor Hawton (with another booklet for other healthcare staff in production) available on the College website. There was also an RCPsych conference on the effect of patient suicide on clinicians and the soon-to-be published 'Guidance for mental health organisations regarding staff support following the death of a patient' created by the College's Working Group on ESHC in collaboration with the OCSR.

The guidance provides best practice recommendations to help organisations provide pastoral support for all staff affected by patient suicide – helping them to prepare for this possibility and, if it happens, to work towards recovery. Its aims are to improve awareness of the impact of patient suicide; help organisations mitigate the impact; improve patient care by reducing the anxiety around treating people who may be suicidal; and encourage openness and reflection after a patient dies by suicide, allowing there to be true learning from the event. It also recommends practical support for legal processes, time to write reports, and the provision of peer support.

It amounts to a cultural transformation, aiding systematic understanding of the complexities that surround a death by suicide so that staff do not feel isolated or blamed. This is the most important part, says Dr Gibbons. "We're trying to put in place systems where the whole organisation can think compassionately about staff after incidents like this, so it is built into systems and processes." One of its prominent recommendations is for the appointment of a suicide lead, a pastoral position to coordinate support for patients' families and staff and to facilitate post-traumatic growth and reflection.

The guidance includes quotes from the surveys – bringing it back to individuals and their unmet needs. "It's not a 'one-size-fits-all' approach," says Dr Carbonnier. What works for one clinician will not work for another, and the guidance makes it clear that the psychological support provided should accommodate differences in need.

With a staffing crisis hitting healthcare hard, never has compassionate leadership made more sense. "If we don't think compassionately about staff and look after them, then staff can't think compassionately about their patients," says Dr Gibbons, and unaddressed trauma will see many walking away. This guidance is long overdue, and it is hoped it will be positively received. As Dr Gibbons says: "I have seen whole services laid low by deaths by suicide – collapsing because people won't talk about it. Implementing this guidance is a no-brainer."

It is hoped that the guidelines will be extended to other professional environments and that other staff will benefit. In the meantime, RCPsych provides online support for psychiatrists affected by a patient death by suicide, with a group that can be accessed through the College's Psychiatrists' Support Service. More information and support for those who have been affected by these issues can be found on the RCPsych website.

The College's guidance for mental health organisations will be available from the website in October and the 'If a patient dies by suicide' booklet is available now from: **www.rcpsych.ac.uk/members/workforce-wellbeing-hub**

The Psychiatrists' Support Service (PSS) provides free, confidential support and advice. Email **pss@rcpsych.ac.uk** or call **020 8618 4020.**

Open **Dialogue**

Peer-supported Open Dialogue, an approach being trialled across six NHS trusts, offers a progressive way of working which some believe holds the key to transforming mental health services.

Few would disagree with the value and importance of patient-centred care. In recent years, it has formally appeared in healthcare guidance across national mental health services, but it doesn't necessarily permeate down to the ground and into patients' experiences.

Various approaches have sought to put it into practice, and one significant example of this is Peer-supported Open Dialogue, an approach currently being trialled across six NHS trusts as part of a large-scale programme of research called ODDESSI (Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness).

"I got involved in the trial because I thought that the principles underpinning Open Dialogue are actually the principles that underpin good community psychiatry – issues about continuity of care, working with networks and tolerating uncertainty," says Professor Stephen Pilling, Chief Investigator of the trial and Head of Clinical Psychology at UCL.

Based on a Finnish model that many may have heard of, and some may even be dubious of, the Open Dialogue approach takes a social network perspective from the start, meaning the practitioner builds strong therapeutic relationships not just with the patient, but with the people around them. Peer workers, a key component of the Open Dialogue model in the trial, can facilitate patient engagement with the service, support culture change and help form links with local communities, especially if the patient has a limited social network.

Once the network has been forged, continuity of care is fundamental – the relationship is maintained across the whole care pathway. This is where the approach aims to create a space for patients, and those around them, to feel safe enough to share their own personal perspectives, which may vary. Many voices might come out and tolerance of uncertainty is key, to avoid jumping in too early with a solution. All kinds of interventions can come as a result, but the difference is the initiative is more likely to come from the network and the patient, often leading to more engagement, better collaboration and higher adherence to treatment.

Pre-existing studies indicate positive outcomes and falls in relapse rates using this approach, but Professor Pilling stresses the importance of running a randomised control trial. "Existing studies, although promising, are not randomised and we need to build up an evidence base," he says. The six NHS trusts that the trial is spanning are also "good in terms of generalisability as they have very different demographics," he says.

"We've developed robust measures for adherence to treatment as well as for fidelity, that is, whether the system is set up to support it. I've always seen Open Dialogue as not only a therapeutic intervention but as an organisational one too. It's about how you deliver services and then what you do when you're delivering them."

By prioritising continuity of care and development of therapeutic relationships, a certain organisational challenge was created: How should services be structured? Answering this required conversations with management in each trust, who needed to allow some 'porous boundaries' between teams, so that staff could follow the patient. "So, a crisis team worker could follow a patient out of the crisis team and into the recovery team. And vice versa, if needed."

The ODDESSI trial completes in September 2023, and while clinical outcomes are yet to be seen and analysed, "one thing we've clearly found is improved staff retention rates among Open Dialogue teams. We've seen this across the trial and across different specialties; they form a stronger affinity for their team because they're learning to work in a deeper way with people and forming relationships with the networks and patients," says Professor Pilling.

Depending on the results, there could be significant implications for structuring services – which would be no simple task. Meanwhile, the compassionate nature of the approach might already speak for itself. "Even if research was to demonstrate that Open Dialogue showed no better outcomes than treatment as usual," says an attendee of an Open Dialogue patient and carers conference in London in May, "it would still be preferable because of the more humane and ethical approach."

Rachel Bannister, carer representative and Open Dialogue champion, led a presentation on this topic at RCPsych's Council meeting in July. If you are interested in joining an Open Dialogue special interest group, contact Rachel at: **mhtimeforaction1@gmail.com**