

RCPsych

# INSIGHT



YOUR VOTE  
MATTERS!

CHOOSE  
OUR NEXT  
RCPSYCH PRESIDENT

## Contents

4-5

### A complex emergency

The impact of pressures in urgent and emergency care on mental health services

6-7

### Prioritising person-centred care

A look at the soon-to-be published update of the Good Psychiatric Practice standards

8

### Shifting cultures

How toxic cultures in mental health care can be prevented

9

### Climate change for young people

Giving young people in Wales a platform in the climate change debate

10-11

### Extending your expertise

New challenges that members can take on as SOADs and expert medical witnesses

12-13

### Awards season

A reflection on recognition given and received by RCPsych, as well as its staff and members

14-15

### Community action

Efforts to supply Sri Lanka with crucial psychotropics

16

### Getting involved

Increasing membership engagement and implementing the membership survey action plan

17

### An interesting exercise

Exploring physical activity as a possible outlet for those with addictive personality traits

18-19

### Redefining retirement

Three psychiatrists discuss their choices in working after retirement

20

### Cutting through stigma

An innovative mental health training initiative for barbers

# COLLEGE NEWS IN BRIEF

## Cast your vote

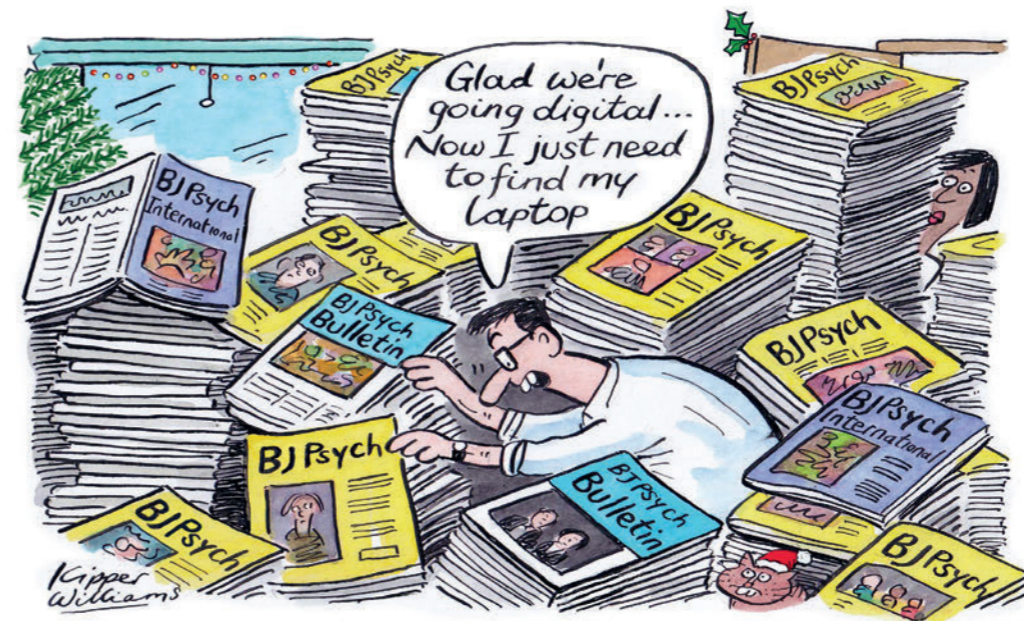
Voting to elect the next RCPsych President is now open until midday on 18 January. Three candidates are standing – Dr Kate Lovett, Professor Russell Razzaque and Dr Lade Smith CBE – and the winner will take up the mantle of leader of the profession when current President Dr Adrian James demits office next July during the International Congress in Liverpool.

As part of the election campaign, the three candidates have been answering

questions posed by members in an online election Q&A. They have also recorded election videos, posted manifestos and taken part in a recorded hustings at the College in October. All of this content is available on the 'Presidential elections' section of the College website:

<https://bit.ly/3VOQyQr>

To vote, please look out for the election emails being sent directly to you by the College and our partners, Civica Election Services, over the next few weeks.



## Opt-in begins

RCPsych has now shifted to an 'opt-in' model for printed copies of its prestigious journals, such as *BJSych*. Members, Fellows, Specialist Associates, Affiliates and International Associates can opt in to receive up to two of the journals in print, but PMPTs do not have this option included in their membership. Full online access to the entire journal portfolio is still

available to everyone.

The deadline to opt in to receive printed copies in January has now passed, but you can update your preferences at any time via your online membership account to see these preferences put into effect in future months. You can use your RCPsych web account to manage your journals preferences: [members.rcpsych.ac.uk/BJSych](https://members.rcpsych.ac.uk/BJSych)

## Virtual AGMs

All College AGMs and EGMs will now be held as virtual events following a unanimous vote, held at a face-to-face Special Meeting of the College on 28 November, in support of the change. The decision overturned the old-fashioned wording of the College constitution, which had said that all AGMs and EGMs had to be held in person.

The proposed change was put forward by President Dr Adrian James and the rest of the Officer team, following discussions at Council and the Board of Trustees.

Assuming the change is ratified in time by the Privy Council, next year's AGM in July will be held as a hybrid event, meaning it can be attended both in person – at the International Congress in Liverpool – and online. This will allow members to take part in the AGM wherever they are in the world.

The proposal for permanent online AGMs and EGMs had been made at the College's last AGM in June, and at the EGM in September, which was abandoned due to the death of HM Queen Elizabeth II.

## Join our Board

There is currently an opportunity to join the RCPsych Board of Trustees as its member representative, a post with a four-year term starting next July.

The Board of Trustees is a key committee of the College and is held to account by the Charity Commission for the way the organisation is run. The Board – which delegates day-to-day management of the organisation to the

Senior Management Team – is responsible for the College's strategy, the way it spends its money and other matters such as governance, risk management and employee matters.

The College is accepting nominations until 27 January. If there is more than one nomination, an election will be held in the spring. For more information, visit: <https://bit.ly/3UwpXqe>



## President's update

A warm welcome to this winter issue of *Insight*. For many, this may be a cherished time of year to connect with loved ones, while for others it may serve to highlight existing difficulties. Either way, I know almost all of you will continue to face professional challenges.

This issue has an array of articles focusing on navigating some of these obstacles, from the tough situation in urgent and emergency care, to the mindset needed to shift away from toxic work cultures.

The New Year is a time for renewal, and this issue also covers some great opportunities open to psychiatrists, including the roles of SOADs and expert witnesses. We also speak to some retired members who have opted to continue working in a different capacity. Perhaps there will be something new for you in 2023?

This is my last Christmas as President, and voting is now open to elect my successor. The final decision will be entirely down to you – your vote really does matter – so I encourage you all to take the time to make your choice. Voting closes at midday on 18 January.

Finally, I want to wish you all well in the festive season and all the best for the New Year.

**Dr Adrian James**

## Thought for the day: Reflections on 2022

Professor Chris Cook, chair of the Spirituality and Psychiatry SIG, reflects on the past year:

"2022 has been the year of permacrisis. Quite apart from the wider issues of climate change, war in Europe, and the escalating cost of living, we have faced challenges as a profession. The introduction of new College curricula, mental health challenges experienced by refugees, emergence from a pandemic, transformation of community services and more, may all leave us wondering "What next?!"

We have much to celebrate and be thankful for, but also much to grieve.

At Christmas time, while many are celebrating with family and having a well-earned rest, others find themselves embraced by loneliness, addiction, and despair. Psychiatrists are more acutely aware of this than are many others in our society, but we also have the opportunity to provide a compassionate and caring response.

As a new year begins, it will bring new challenges and the continuation of others. Our vocation to care for those who struggle and are marginalised will be put to the test. Courage, innovation, respect, collaboration, learning and excellence, are not just College values, they are the perma-qualities that are required in the age of permacrisis."

**Editors:** Gemma Mulreany and Frances Wotherspoon

**Membership Engagement Advisors:** Dr Lenny Cornwall and Dr Anand Ramakrishnan

**Writers:** Colin Richardson, Rebecca Harrington, Claire Read, Gemma Mulreany and Frances Wotherspoon

**Design:** Lee Braithwaite

**Illustration:** Rebecca Strickson (front cover) and Kipper Williams (p3)

**Photography:** Grainge Photography, Anna Fairs, Simon Hadley, David Levene and Elaine Hill

# Your Insight



To send us your insights, email [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk) or tweet using #RCPsychInsight

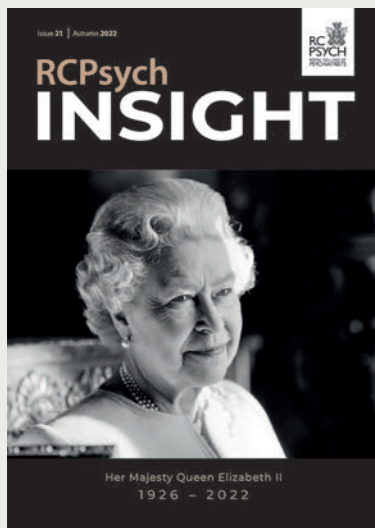
Your comments on *Insight* issue 21:

**Commenting on 'Continuing to Choose Psychiatry', an article about this year's campaign to boost recruitment and retention in psychiatry:**

"This article was inspirational for me personally. Shining the spotlight on Dr Duncan returning to training after a long gap gives me hope. Huge thanks for this piece."

Dr Sadaf Asif

**Commenting on the tribute to Her Majesty Queen Elizabeth II and 'Royal support', a feature on King Charles as RCPsych's patron:**



"Definitely going to keep this copy. Love the cover and piece honouring the Queen. (May her soul rest in peace.) Great article and inspiration."

Dr Seshni Gourika Moodliar Rensburg  
@DrSeshni



## A complex emergency

As winter pressures bite harder than ever, how might care for mental health crises be bolstered?

**C**ommenting on the current pressures in urgent and emergency care through the prism of mental health need, Dr Annabel Price, Chair of the College's Liaison Faculty, uses a phrase reminiscent of *Animal Farm*; one that suggests that some people are being treated as "more equal than others".

"Emergency departments (EDs) are very busy," says Dr Price "and when emergency departments are very busy, everybody waits a long time. But people with mental health problems wait longer."

If you attend an ED in England with a

**"[In busy emergency departments], people with mental health problems wait longer"**

mental health need, there's a one in eight chance you will have to wait 12 hours to be seen. But looking at all ED attendances, that rate is one in 16.

Amid extreme pressures across the whole

of the health and care system and across all mental health services, why is care for mental health crisis particularly challenging? Interestingly, it's not because there are more patients presenting at EDs in this type of distress. In England, the absolute numbers have remained largely static. This group also represents only a small part of the whole – less than 3% of attendances.

"It's a small proportion," says Dr Price. "But that small proportion has significant needs that, currently, the mental health service as a whole is struggling to meet."

"If you don't establish strong scheduled care, the pressure on unscheduled care is going to be proportionately higher," says Dr Prakash Shankar, Chair of RCPsych in Scotland's Liaison Faculty.

"Things are now getting picked up much later, which means that in EDs we are seeing more chronicity, more acuity, more

comorbidities which could have been managed better if there had been the resources available to intervene at an earlier stage," says Dr Shankar, who is also a consultant liaison psychiatrist at Forth Valley Royal Hospital in Scotland and, until recently, was the hospital's clinical director of unscheduled services.

The pandemic has also played a role in increasing the complexity of need, he reports. "The crisis caused acute changes to people's experience of their mental health. And the consequences of those traumatic experiences are now starting to come to fruition."

And this is not the only external force influencing mental ill-health. The cost-of-living crisis, for example, is also likely to compound need. "Homelessness is impacting on our services," reports Dr Akhtar Khan, Chair of RCPsych in Wales's Liaison Faculty. "And in winter, more people turn towards A&E with mental health presentations, to spend the night in a safe setting, than they do in summer."

This illustrates the broad range of need. "I think when people think about a mental health crisis, they imagine someone

quite young, acutely distressed, who's perhaps self-harming," says Dr Price.

"But a mental health crisis could be an incredibly wide range of things. It might be somebody who's having a relapse of their chronic mental illness; somebody with dementia who has an acute infection and has become very distressed; it might be a child who has an emerging psychiatric illness." (Earlier this year, data from Northern Ireland showed a 24% increase in the number of children attending EDs in mental health crisis.)

As across all health and care services, the central issue in meeting this range of need is "a stark discrepancy between the demand and capacity for us to deliver," says Dr Shankar.

This notably occurs in liaison psychiatry. In England, the aim is for all hospitals with an emergency department to have an adequately staffed liaison psychiatry service available around the clock. The most recent College data shows only 35% of hospitals met that standard. In Scotland, fewer than 5% of EDs have such services.

Increasing the resources for liaison psychiatry in ED could be one important way to improve emergency care. But Dr Price also speaks of the need to ensure adequate onward services are available, including mental health beds. In England, the College has welcomed a £75m fund to help systems with acute bed pressures. But it is also pushing for a fund to cover support when patients are discharged from acute mental health services.

Such increased funding would help, yet the ultimate solution to these pressures is likely to be a multi-faceted one, implemented over several years. NHS England is planning a new urgent and emergency care strategy; in Scotland, work to reorganise urgent care is already under way. In both instances – and indeed in the two other UK nations – the College is pushing for mental health to be a central emergency care consideration.

For Dr Price, this sort of integrated approach is crucial. She rejects, for instance, the notion that separating mental health A&E services from those for physical health is the right way to go – suggesting it may compound staffing issues, further the fragmentation between physical and mental wellbeing, and potentially exacerbate stigma.

"With crisis services, we have to also think beyond specialist mental healthcare," she says. "It's thinking about social services, about homelessness, about poverty, about disability, about physical illness."

"We know that this winter is going to be very tough, tougher than ever. And all of those things will play into people's mental health."

# Prioritising person-centred care

The updated 'bible' for practising psychiatrists is soon to be published and it is set to distil the College's thinking on person-centred care, complementing the new revised curricula.

**A** lot can change in healthcare in 13 years – and in psychiatry there has been a major shift towards person-centred care, with RCPsych advocating a prominent values-based approach.

*Good Psychiatric Practice* (GPP) is the psychiatrist's companion to the General Medical Council's *Good Medical Practice* (GMP) – the set of standards that all doctors, regardless of speciality, must follow. GPP is also a distillation of the values of the College and has long been overdue for an update as the previous version was published in 2009.

Dr Mayura Deshpande was chair of RCPsych's professional practice and ethics committee when COVID-19 hit. She had been working on an update to the GPP with the committee which includes patient and carer representatives and people with lived experience of mental ill-health. Although the pandemic halted this work, it was later put back on track and the update will be published soon.

The document, says Dr Deshpande, "puts the GMP in the context of psychiatry, making it alive for us." The College hopes that the update will be more useful and help to guide daily practice. And that is why it is important that it now reflects the College's core values. "We have tried to make the document more relevant to psychiatry as we think it should be practised in terms of person-centred care, ethics and values," she says. "It would be reductive to interpret person-centred

**"Unless we think more about families, then we are only doing half our job"**



Professor Subodh Dave

care as simply doing what the person in front of me needs now – that's basic medical practice. It is the ability to think beyond the individual and think about their context – their family, carers, social network and community."

There is now a new section on working with families, friends, carers and advocates, which encourages psychiatrists to recognise the entirety

of a person's context. "Unless we think more about families, then we are only doing half our job," says Dr Deshpande. It is important that this expectation is now set out in the core standards, she says. "The College is the key professional body for setting standards. If there was a dispute about the right course of action, employers can look at GPP to see what good practice looks like in the context of mental health."

The revised GPP also acknowledges the wider role of psychiatrists. "Proper person-centred care involves thinking about what we can do in terms of prevention and health promotion," says Dr Deshpande. College Dean Professor Subodh Dave agrees: "People will have vulnerabilities that will make them more likely to develop illness. We need to recognise those risk factors and proactively manage them so we can intervene before things develop to a higher level. Psychiatrists also have a role in addressing health inequalities in their communities to stop the most vulnerable being left behind."

The document sits alongside the GMP to describe medical professionalism in action. "We cover the practicalities,

but we have tried to situate that in the context of values. We have avoided saying 'you must do this'. Instead, we explain why it is important," says Dr Deshpande. She gives the example of record-keeping. "The GMP may talk about the need for it to be legible and contemporaneous. And of course, it must be. But it should also be a record of your clinical positions and the reasoning behind them, because psychiatry is more than just what we do – it's also about why we do things – and our records need to reflect that."

Another area that needed an update was teamwork and working with other agencies and disciplines. "The challenge was to respect the autonomy and experience of psychiatrists while making it clear that we work within the managed system of health where there are flattened hierarchies," says Dr Deshpande. This raises ethical issues about accountability and decision-making. "There will often be decisions made about patient care and allocation of resources that are not within the individual psychiatrist's gift. We must do everything we can to ensure that the patient's needs are met and be quite

clear that psychiatrists are accountable for their own practice and not for decisions made within the service."

The GPP will be published on the heels of the updated curricula which have been in place since August. The revised curricula complement the GPP as both reflect the values of the College with two key College reports at their heart: '*Core Values for Psychiatrists*' and '*Person-centred Care – Implications for Training in Psychiatry*'.

"The GPP comes to life because of the changes to the curricula as it distils the standards to competencies. You need to operationalise the standards – and the curricula do that beautifully," says Dr Deshpande.

Professor Dave worked on the curricula alongside a wider team including patient and carer representatives. He says: "The curricula are the bible to training new psychiatrists and the GPP is the bible for all practising psychiatrists. The consonance between these documents is what reinforces the person-centred values of the College."

The use of language in the curricula and the GPP has been a big consideration. "Language is

a manifestation of the values we espouse," says Professor Dave. "Our new curricula are more inclusive and collaborative and talk about learning with patients and carers, not doing things to them. It's a subtle change."

"Language matters," he continues "and having our language in sync with our values is important and we have made sure that it always reflects that person-centred approach."

The curricula are, and the GPP will be, available online for anyone to view – further reinforcing the College's transparent person-centred values.

"People have a right to know what psychiatrists are learning, and how they are learning it. As lay people have an investment in how psychiatrists are being trained, it is important that we spell out our values clearly," says Professor Dave.

Dr Deshpande says it will also make things easier for members as they will now have a document that tells you what GPP looks like that links seamlessly with the ethics standards and the core values, and signposts you to the curricula. "It feels fantastic that it will soon be a reality," she says.



Dr Mayura Deshpande



Isaac Samuels giving a talk as a lived experience and co-production coordinator

## Shifting cultures

Toxic cultures lead to poor health care for patients, but what leads to toxic cultures?

**T**om Ayers, Director of the National Collaborating Centre for Mental Health, recently learnt of a mental health ward where staff believed they had found a way to improve patients' sleep. They instituted a rule that, come midnight, the Wi-Fi was turned off.

"They had good intentions," says Tom. "But, if you think about it, that is the sort of thing you might do with a teenager or someone whose behaviour you're trying to control. You're taking basic agency away from someone and relationships become oppositional."

And that, Tom suggests, can be a symptom of a wider problem. Unnecessary restriction of people's liberty without adequate review and oversight can, in extreme circumstances, lead to the sort of toxic environments and appalling care failures that are the subject of headlines and investigations.

**"We need to start sharing some of that power"**

Numerous factors contribute to that snowballing effect, some of which are outside of the control of those working on wards, such as staffing levels. But Tom says other factors are in the gift of staff to change – including the biggest contributor to culture issues.

"Things go awry when the main focus of the ward moves away from the relationship between staff and patients. When you see really poor care, it's when that relationship doesn't have equity at its heart."

Isaac Samuels, a lived experience and co-production coordinator, has experienced

that sort of relationship. In the 2000s, Isaac – whose pronouns are they/them – was admitted to a mental health ward where they say they experienced abusive treatment.

"I had nurses swearing at me, taunting me, pushing me. I'd never been on a mental health ward. I'd never had my liberty removed from me. And then I had all of this."

"I don't think any psychiatrist or nurse wakes up thinking they want to do a terrible job," they continue. "I think lots of little things build up. They can't see that what they're doing is shifting the ethical boundaries, and then sometimes it just goes too far."

As RCPsych's president Dr Adrian James puts it: "It doesn't just suddenly happen that you have a bad culture on a ward. It's incremental. It creeps up."

So, the important question is: what measures can help avoid that sort of slide? The National Collaborating Centre for Mental Health's quality improvement programmes are, it is hoped, part of the answer.

Already, Tom and colleagues have explored reducing the use of restraint, of seclusion and of rapid tranquillisation. They've also looked at improving sexual safety on wards.

"They're the symptoms of a bad culture," says Tom. "But when, for example, use of restraint is reduced, you can almost see it as a byproduct of improving culture."

Dropping 'blanket rules' is another way of delivering that improvement. So, too, is reducing boredom on wards – instituting activities that patients and staff can do together, encouraging a more equitable relationship.

"We need to start sharing some of that power," says Isaac, who has worked on the quality improvement programmes. "We need to have that discussion about how we see people, even when they're hard to manage."

For Dr James, such service user involvement is vital. He argues that "good cultures are learning cultures". And that includes taking lessons from patients.

On the ward with the blanket Wi-Fi rule, staff did just that. They ultimately ditched a rule which had served not to improve sleep but to increase patient resentment. And, in so doing, further reinforced defences against the sort of culture that, it is accepted, should be banished from psychiatry.

"You can create policies and procedures and evidence-based practice," says Dr James. "But unless you get the culture right, the rest just falls away."



Poppy Stowell-Evans, one of the Youth Climate Ambassadors for Wales

## Changing the climate for young people

In Wales, young people have been put at the heart of the climate change debate, thanks in no small part to a collaboration between RCPsych in Wales and the Welsh parliament, the Senedd.

**S**oon after the 2021 Welsh parliamentary elections, I initiated a short debate in the Senedd about climate anxiety and how so many young people, in particular, are suffering from it," says Delyth Jewell Member of the Senedd (MS), who is passionate about this topic. "Afterwards, the College got in touch with me."

As a result, Delyth chaired RCPsych in Wales's conference on Sustainability, Climate Change and Mental Health, in partnership with the British Journal of Psychiatry, a few months later in October 2021. The conference's programme, says RCPsych in Wales's Manager, Ollie John, was made "as engaging as possible, with contributions from community groups, psychiatrists, academics and young people". The Youth Climate Ambassadors for Wales, a group of 12 young people from across Wales who are climate activists, made a strong presentation "that really resonated with delegates".

"I'm just so grateful to the College for organising that conference and for getting so many people in a virtual space together to learn about the good things that are happening and to be able to learn from one another," says Delyth. "It was very

**"To hear that there is room for optimism is life-affirming"**

empowering. When you talk about the anxiety and the grief that people feel about the climate emergency, it can seem so hopeless. So, actually being able to hear from experts about why there is room for optimism and for hope was life-affirming, in the truest sense."

The feedback from the audience included a wish to turn the conference itself into something more sustainable. So, RCPsych in Wales decided to try to form a cross-party group in the Senedd on climate change, nature and wellbeing that would involve young people in setting the agenda. "Delyth went away and worked to bring the political parties together, and earlier this year, the cross-party group had its first meeting – with the College hosting it and providing the secretariat – and Delyth in the chair," says Ollie.

The aim was for young people to have an equal platform with politicians, not just to include them tokenistically. This led to the decision for the group to be co-led by

the Youth Climate ambassadors. "We've got a number of members of the Senedd who come to the meetings, from all parties, who are really engaged, and I feel like these issues have been talked about in the Senedd more since the group was set up," says Delyth. "It's normalised talking about the mental health links with climate change."

For several years, the College has been running a series of Mental Health Debates for Young People in Wales. In February, the theme of the debate was 'Does technology improve your mental health?' Two poetry workshops on the theme were later held in primary schools in Cardiff, which inspired the Welsh Children's Poet Laureate, Connor Allen, to produce a poem, *Keys to the Future*. It was launched alongside an animated video in October and can be found on the College website.

This December, RCPsych in Wales hosted another national debate, in Welsh and English, this time on the topic, 'Can young people prevent climate change?' Chaired by Delyth, the event was also a competition, with the final round set to be held in person in the Senedd in February 2023.

"These are such important debates to hold," says Delyth. "It's so important to encourage young people to express themselves and to tell us as politicians and decision-makers what they feel we should be doing. They are the generation who are going to be most affected by climate change, yet they have the least influence. We have to turn that around and make sure that they have the platform and we are there to listen."

# Extending your expertise

Looking for new challenges? The country's courts and the Second Opinion Appointed Doctor service need you.

**P** sychiatrists are in greater demand than ever for two important roles, each of which, in different ways, furthers the ends of justice and human rights for vulnerable patients. Second opinion appointed doctors (SOADs) are there to safeguard the rights of patients detained under the Mental Health Act who either refuse treatment or lack the capacity to give informed consent. Expert medical witnesses, meanwhile, contribute to a wide variety of court cases, from personal injury claims and child custody disputes through to murder trials. Both roles can be done alongside clinical practice and should count towards continuing professional development.

## Second opinion appointed doctors (SOADs)

There are around 120 SOADs in England at present with around 15,000 requests for second opinions received each year. The reform of the Mental Health Act, likely to be enacted within the coming year, will mean that patients detained under the Act in England and Wales will have their treatment and detention reviewed more frequently. Retired forensic psychiatrist Dr Andrew Easton says, "we need more SOADs now to meet the current demand and to prepare for when the reforms come in as the need for this important service for patients will increase".

Dr Easton is England's Principal SOAD, a post that sits within the Care Quality Commission (CQC), which manages the country's SOAD service. It is a part-time role, roughly two days a week, but is becoming an increasingly demanding one. "We have about 1,000 second opinions on the system that need a SOAD at any one time," says Dr Easton. "During COVID, when there were fewer hospital admissions and a reduced need for second opinions, we managed to knock that down to about 50. But now, we're back to where we started."

As a former SOAD himself for many years, he is enthusiastic about the role and hopes that College members will give it serious consideration. "It's intellectually stimulating," he says, "working with patients and teams in order to come to an independent view

as to their treatment plan."

You can apply to be a SOAD in England any time; there are no 'recruitment windows'. You must be a consultant psychiatrist with at least five years' experience but can otherwise apply at any point in your career, even after retirement. You will receive induction training from the CQC and a mentor to get you started, along with peer groups and annual refresher courses to support you in the role. SOADs are expected to carry out at least 40 opinions per year but otherwise there is flexibility to suit your circumstances. Eighty per cent of opinions concern medication regimes for detained patients, with the remainder evenly split between ECT decisions and community treatment orders. The fee for each opinion is £200 (plus travel



Dr Andrew Easton

expenses, where relevant). If you live in Northern Ireland, Scotland or Wales, contact the relevant appointing authority (listed at the end of this feature) for details of the role and how to apply.

SOADs in England are engaged by the CQC as independent practitioners. You will need to approach the role "diplomatically and in an understanding manner", says Dr Easton, especially where you might disagree with the treatment prescribed by the responsible clinician. There is plenty of support available from the CQC and its dedicated support team, the Principal and Regional Lead SOADs and also other SOADs. You will not be on your own.

Dr Easton learned a lot from his time as a SOAD. "There are a huge number of positives," he says. "We learn from each other; it's very much an interactive process. It's obviously an extremely important role, because it has its statutory function, but it's also really useful for people in developing their careers."

To find out more about becoming a SOAD, contact the CQC (England) via their website at [cqc.org.uk](http://cqc.org.uk), the Health Inspectorate Wales via [hiw.org.uk](http://hiw.org.uk), or the Regulation and Quality Improvement Authority (Northern Ireland) via [rqia.org.uk](http://rqia.org.uk). In Scotland, the broadly equivalent role to that of a SOAD is the Designated Medical Practitioner, appointed by the Mental Welfare Commission for Scotland – visit [mwscot.org.uk](http://mwscot.org.uk).



## Expert medical witnesses

"Without the assistance of psychiatrists," says consultant forensic psychiatrist and expert in medical jurisprudence, Professor Keith Rix, "it would be very difficult, if not impossible, in a wide range of cases for the courts to reach a just decision." That's why he is encouraging College members to consider giving some of their time to become expert medical witnesses. "In the majority of cases," he says, "the expert will not go to court. Part of their skill is to provide a report that enables the parties in, say, a civil case, to agree without even going to court. In many criminal cases, where the report addresses a defendant's fitness to plead and stand trial, special measures for vulnerable defendants or witnesses, or sentencing issues, the expert will not give oral testimony." If expert witnesses are called on to give evidence and be cross-examined, they will sometimes now do so remotely rather than having to turn up in person.

There is a shortage of expert witnesses throughout the justice system, but nowhere more so than in the family courts. Mr Justice David Williams, a high court judge in England's Family Division, chairs the Experts Working Group of the Family Justice Council, which monitors the effectiveness of the family justice system. Professor Rix is also a member of the working group, which, two years ago, published a report containing 22 recommendations for tackling the shortage of expert witnesses in family courts.

"One of the main shortages we identified," says Mr Justice Williams, "were CAMHS psychiatrists, which was contributing to child abuse cases being very much delayed, resulting in children



Professor Keith Rix

## "One of the main shortages we identified were CAMHS psychiatrists"

who had been removed from their families staying in foster care longer than they should have been."

Part of the problem is access to training. RCPsych, like many other medical royal colleges, does not routinely offer expert witness training, but instead refers members to outside organisations. The Family Justice Council is working with the medical royal colleges to see if more can be done. At the same time, RCPsych is in the process of appointing an Expert Medical Witness Lead.

Professor Rix advises College members who are interested in becoming

an expert witness to seek out and talk to colleagues with experience of the role. And, says Mr Justice Williams, "the Family Justice Council has a scheme where we can put a clinician in contact with a judge, or lawyers who are conducting a case and they can go along and watch and see an expert giving evidence, to get a sense of what it's actually like." It is then a good idea to look at the websites of some of the organisations that do provide training, such as Bond Solon, the Expert Witness Institute, the Academy of Experts or the Grange Conference.

To become an expert witness, you must be involved in clinical practice and in receipt of annual appraisal that is informed by a programme of continuous professional development tailored to your role as an expert witness. You will be paid for your work but the real reward, says Professor Rix, is knowing that you have assisted in the delivery of justice.

## RCPsych Awards

The RCPsych Awards offer a chance to recognise exceptional achievements in psychiatry and mental health. The award categories cover psychiatrists of all grades and levels of training to teams working throughout mental health care.

Originally planned as an in-person event, this year's annual awards ceremony, held in early November, was moved to a virtual platform in response to national rail strikes. This change, commented RCPsych President Dr Adrian James in his introduction as the event's host, "won't dampen our enthusiasm whilst we celebrate the fantastic achievements of our winners and all of those who have entered".

This year's winners included Patient Contributor of the Year, Raf Hamaizia, who has led various national projects around co-production, to Lord Alderdice, who received the Lifetime Achievement Award for the numerous contributions he has made not only to mental health and psychiatry, but also to politics and peacebuilding around the world.

In his career as a consultant psychiatrist in psychotherapy and politician, Lord Alderdice has made considerable contributions to the cause of conflict resolution, notably playing a significant role in the negotiation of the 1998 Good Friday Agreement in Belfast as the then Leader of the Alliance Party in Northern Ireland. As noted by his political peer, Baroness Sal Brinton, there have also been "many [other places] where he has been called behind the scenes to help resolve conflicts".

In a video featured on the RCPsych website, a number of Lord Alderdice's colleagues praise his ability to combine his disciplines and utilise his psychiatric insights into the human psyche and relationships in his work.

From reflecting on a lifetime of professional achievement to recognising highly motivated students at the start of their careers, the RCPsych Awards also recognised the work of university psychiatry society Headucate, the winner of PsychSoc of the Year.

With the overarching aim of combating mental health stigma and discrimination in children and young people, Headucate have led numerous mental health awareness and wellbeing projects across the country. They have already received a series of national awards, including at the National Societies & Volunteering Awards,



Headucate, winner of the PsychSoc of the Year Award

# Awards season

A reflection on awards given and received by the College and College staff this year, recognising valuable work in the fields of psychiatry, mental health and membership support.



Lord Alderdice, Lifetime Achievement Award winner

National Student Fundraising Association, National Undergraduate Employability Awards and the Bright Network's Society of the Year.

After starting as a small group of medical students, the society quickly grew and began welcoming students from all courses. It is still expanding, and is currently working towards establishing an extensive, interconnected network of university mental health societies so resources and knowledge can be shared to further the cause of improving mental health.

Overall, there were 18 RCPsych Award winners and, along with all those nominated, they help to exemplify mental health care at its very best. A full list of the winners and a summary of their work can be accessed via the College website, as can a recording of the full virtual ceremony: <https://bit.ly/3Fof59A>

## Membership sector awards

The work of the College was recognised with a total of five awards at this year's 'Memcom' UK membership sector awards. The annual event, hosted in late September, celebrates the achievements of professional membership organisations. RCPsych received first place awards in two categories and 'highly commended' in three more.

'Best Retention and Recruitment Strategy' was one of the first-place awards received. It recognised the College's successful strategy of recruiting additional examiners when critical exams needed to be moved online during the COVID-19 pandemic. The College aimed to recruit another 125 CASC examiners and 88 new panel members, however, thanks to the campaign's contribution, the College is on track to not only meet, but exceed, its target. Over 300 members have applied to join the CASC panel and over 100 have applied to join the exam panel.

The College's other first prize was for 'Best Equality, Diversity or Inclusion (EDI) Initiative' for its "wide array" of EDI work. For the College, EDI activity has never been restricted to a single campaign. It is embedded into every aspect of the organisation and reflected in many EDI initiatives, as well as in its Equality Action Plan – which includes 29 key actions

## Investors in Mental Health Award

This year, Thomas McKeever, RCPsych in Northern Ireland's Policy Officer for Professional Standards, won an Investors in Mental Health Award. Created by Northern Ireland's depression charity, AWARE, the awards initiative honours individuals, institutions or organisations that are making a significant contribution to the promotion of positive mental health.

Over the years, Thomas has assisted the charity by organising many well-attended public talks. These are delivered by local College members who volunteer their time to raise awareness about different mental health issues, combat stigma and demystify psychiatry.

"We could not have delivered all the public talks across Northern Ireland without your great support," AWARE expressed to Thomas when notifying him of his award.

## Royal honour

In early November, RCPsych CEO Paul Rees went to Buckingham Palace to officially receive his MBE, which was announced in the Queen's New Year's Honours list on 1 January.

He received his MBE for services to mental health and to equality, diversity and inclusion. At the investiture ceremony, Paul was given his medal by the Princess Royal, Princess Anne.



RCPsych CEO Paul Rees MBE



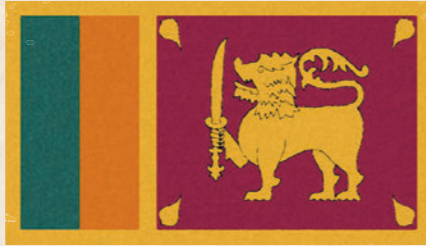
HR Director Marcia Cummings and HR Manager Funmi Martins-Akinwotu

intended to promote equality among College employees, healthcare staff and patients and carers.

The three 'highly commended' awards received by the College were 'Best Member Event of the Year' for RCPsych's 2021 International Congress, held online during the pandemic; 'Best Member Support During COVID-19 During the Last 12-18 Months' and 'Best Website or App'. The College website plays a huge role in

ensuring clinicians and the public have access to vital mental health information and guidance and is also a platform used for celebrating the diversity of the College's membership.

Overall, on a highly successful night, the College won the joint-highest number of awards with the Royal Society of Chemistry – and has now won more awards over the last three years than any other medical royal college or comparator organisation.



# Community action

The prospect of Sri Lanka running out of psychotropic drugs spurred a UK network of psychiatrists of Sri Lankan origin into action. And with support from the College, they have helped to make up the shortfall.

**S**ri Lanka is in the throes of an unprecedented political and economic crisis. Inflation, food and fuel shortages and prolonged power cuts have led to mass political protests across the country. The near collapse of the government's reserves of foreign exchange – and, consequently, its purchasing power – has seen the state-funded health system, which is equivalent to the UK's NHS, come perilously close to running out of crucial medical supplies. This would be disastrous for the most vulnerable patients – those with mental ill-health who are also on low incomes – as they would be unable to afford medication from the private sector.

Earlier this year, the Sri Lankan College of Psychiatrists (SLCPsych) sent out an urgent international appeal for help in obtaining a number of key psychotropic medicines. The Sri Lankan Psychiatrists Association UK (SLPA-UK) was among the few in the UK who answered the call.

The association was founded in 2001 to provide a network for UK-based psychiatrists of Sri Lankan origin and to raise funds to support mental health projects in Sri Lanka. Its members, who all work as full-time clinicians for the NHS, contribute to the association in their own time – motivated by concern for Sri Lanka and a sense of connection to the Sri Lankan community worldwide.

SLPA-UK's current president is Dr Vijitha Wickramasinghe, acting consultant for a crisis resolution and home treatment

**“Patients in Sri Lanka were in real, life-threatening need and it was the SLPA-UK who responded”**

team in Eastbourne. He explains that the association's first response to the appeal from their colleagues in Sri Lanka was to supply immediate funds for the purchase of sodium valproate, which was about to run out. “Luckily, there was some sodium valproate in the private sector there,” says Dr Wickramasinghe, “so we initially provided money for that because it was so urgent.” Next, SLPA-UK had to decide how best to help SLCPsych obtain the other drugs on its list. They quickly decided to focus on clozapine. “It is very important for our patients,” says Dr Wickramasinghe, “because when they are on it, their mental health remains stable, but they tend to relapse if they don't take it. And there's also the complication of initiation and titration if they have to start again.”

To that end, Dr Bhatthika Perera, a consultant psychiatrist working in north London and a former president of SLPA-UK, set up a crowdfunding campaign, with the support from two other colleagues outside of the association. He agreed with the choice of clozapine as the object of the fundraising: “Clozapine is often used as

the last resort when other medications do not work. Therefore, it can be challenging to switch to a different medication if clozapine is not available.”

To begin with, Dr Perera set up a JustGiving page, which he promoted through social media and the SLPA-UK website. Next, he and his colleagues contacted other organisations, including the World Psychiatric Association, the Sri Lankan Medical and Dental Association UK (SLMDA UK), which donated around £2,000 to the campaign, and RCPsych's Diaspora Group's Committee, of which SLPA-UK is a member. In his summer newsletter, College president Dr Adrian James raised awareness about the fundraising campaign. His support had a big impact.

“SLPA-UK only has 34 members,” says Dr Wickramasinghe, “and our contacts are minimal. Before the College gave us its support, we had raised around £5,000. But then, suddenly, with the help of the College we more than doubled that.” In total, the JustGiving page raised £10,995, which, with the contribution from the SLMDA UK, was enough to buy a month's supply of clozapine for the whole of Sri Lanka, a country of some 22 million people.

“It was heart-warming,” says Dr Perera, “to see so many people who have never been to Sri Lanka or who know little about the country donating money to this great cause.” The drugs were purchased locally by SLCPsych, with SLPA-UK simply supplying the funds, because to have

bought them here and then shipped them out would have been hugely expensive and a logistical nightmare, explains Dr Perera.

The JustGiving appeal is now closed, but money is still rolling in. A recent dinner-dance raised additional funds and SLPA-UK now has more than £3,000 to spend on further supplies of drugs to Sri Lanka. At the time of writing, the association is waiting to hear from SLCPsych to decide on where the need is most urgent.

Meanwhile, SLPA-UK continues to raise money to support mental health in Sri Lanka. Dr Wickramasinghe talks proudly of two projects supported by his association: one, the building of a rehabilitation kitchen adjacent to the psychiatric ward at the teaching hospital in Kandy, Sri Lanka's second city; the other, the development of mental health facilities at the hospital in Kilinochchi, a town in the north of the country. Dr Perera says that SLPA-UK is currently looking at funding a day care centre for people with learning disabilities in Sri Lanka.

RCPsych's international liaison manager, Agnes Raboczki, is keen to promote these achievements. “It's time that groups like SLPA-UK get the recognition they deserve, and the international team at the College is so happy to be a helping hand in that”, she says.

Speaking about the success of SLPA's crowdfunding, she continues: “This is where their power really shines through; the community spirit that they demonstrate is something that can be admired and learned from. Patients in Sri Lanka were in real, life-threatening need and it was SLPA-UK who responded.”

College Registrar, Dr Trudi Seneviratne, is herself of Sri Lankan origin and is deeply concerned by the economic crisis in the country. She has been heartened by “the inspiring work of SLPA-UK and the campaign they've spearheaded to help with the provision of essential psychotropics.” Having been in close contact with SLPA-UK during their campaign, she adds: “We look forward to many future collaborations to support patients and psychiatrists in Sri Lanka and in the UK.”

The contribution of College members has already helped make a difference and any further support for SLPA's fundraising efforts would be most welcome.

Find out more about the **Sri Lankan Psychiatrists Association UK** and how to contribute to its work from the SLPA-UK website: [slpa-uk.org](http://slpa-uk.org)







RCPsych members at a past International Congress

## Getting involved

RCPsych's Associate Registrars for Membership Engagement, Dr Anand Ramakrishnan and Dr Lenny Cornwall, discuss their College roles and ongoing work implementing the membership survey action plan.

**L**ast summer, the College conducted its first membership survey. Almost two thirds (64%) of respondents rated the organisation positively, however feedback also highlighted some of the ways the College could improve.

"It's important for us to listen to those who are less satisfied and strive to provide a membership offer that meets their needs too," says Dr Anand Ramakrishnan, Associate Registrar for Membership Engagement.

Dr Ramakrishnan works alongside Dr Lenny Cornwall, the College's other Associate Registrar for Membership Engagement, to understand members' concerns and promote participation and engagement with College activity. Both sit on the College's membership survey action plan group, assembled last year to implement the College's 10-point plan in response to the survey results.

"I see myself as a liaison between the central College and the members," says Dr Ramakrishnan. "Not only do I have a responsibility to the members – to understand their issues and difficulties, but I have one to the College senior management and the officers – to tell them what the members feel and what we can do about it."

Part of the action plan has involved better communicating the scope and extent of RCPsych's activity to better inform members about what the College does and how its work benefits them. "It's amazing how much is going on behind the scenes in the College and how many different members are engaged in different types of workstreams," says Dr Cornwall.

To start breaking down this bigger

**"[Involvement] means getting your voice heard in whatever form, through whatever medium"**

picture, part of the action plan includes separate and focused pieces of comms which have, and continue to, drill down into specifics – spotlighting various College functions or workstreams, from demystifying the Board of Trustees to highlighting the work of various Quality Improvement Collaboratives. "I think it's helped people understand the length of breadth of what the College is doing on their behalf," says Dr Ramakrishnan.

These comms are also being used to highlight the ways members can get involved with the College, in line with another key aspect of the plan: to increase member engagement. This is something Dr Cornwall is passionate about, and he emphasises the many forms that involvement can take, whether large or small, that all make a difference. "It could mean turning up at the hustings event or asking a question to the candidates," he says. "It could mean voting in College elections or attending International Congress and College events in person or virtually. It means getting your voice heard in whatever form, through whatever medium."

It could also mean becoming a mentor, an area of volunteering that the College is keen to invest in and expand as part of its action plan. To this end, a new role of Associate Registrar for Coaching and Mentoring

has been created and a post-holder has now been appointed. The role will be dedicated to championing mentoring and coaching throughout the College, supporting and setting up mentoring schemes and developing training.

Among the survey responses, a notable section of members who expressed not feeling valued were affiliate members, who are mostly Speciality and Associate Specialist (SAS) doctors. While various ways of improving their experiences have been examined, one action currently in the discussion stage is the potential for SAS doctors to become educational supervisors – making capability-based assessments the determinant of whether someone can become an educational supervisor, rather than their membership grade. This is an important change in focus – putting skills and competencies first and foremost. "I think it's a tangible recognition for SAS doctors that the College is taking seriously the issue that they have felt," says Dr Cornwall.

Also included in the action plan were various technological upgrades, including installing a permanent audio-visual kit at the College headquarters to facilitate effective delivery of a blended (online and face-to-face) model for services and activities in the post-lockdown era, in line with respondents' preferences.

Multiple communications channels have been used to promote the upgrade of CPD Online to CPD elearning – which features improved content and accessibility, interactive opportunities and enhanced functionality on mobile phones – and its launch on RCPsych's new elearning hub. The hub hosts Trainees Online (TrOn), the Congress Webinar Library, NEPTUNE and the Section 12(2) and Approved Clinician Induction and Refresher training.

Moving forward with the plan, Dr Ramakrishnan says consultation with members needs to be a regular activity to ensure actions are effectively implemented and having the desired effect. "I'm very optimistic that in the next few years the College will become better and better," he says. "Beyond what is captured on paper, there is also a palpable commitment within the College to making these things happen."



Dr Claire Gillvray competing in the Lake Meridian triathlon in August

## An interesting exercise

Could physical activity offer a replacement, non-substance-based outlet for those with addictive personality traits? Initial research suggests so.

**C**onstruct a mental picture of someone with substance addiction and it might involve poor wellbeing. To imagine an athlete, on the other hand, the mind might conjure up someone who is a paragon of healthy living. Yet research has suggested the two groups may actually have important traits in common – and posits that this knowledge could impact on treatment for substance misuse.

For Dr Claire Gillvray, exploring addiction in the context of sport was an obvious move. A GP as well as an active member of RCPsych and its Sports and Exercise Psychiatry Special Interest Group, she is also a triathlete who's competed for Great Britain and Ireland.

**"People could move towards using exercise as a way of managing their personality traits"**

When the time came to decide on a dissertation topic for her master's in sports and exercise medicine, she reached out to a former colleague – Dr Irene Guerrini, a consultant lead psychiatrist in addictions at South London and Maudsley NHS Foundation Trust – and together they shaped a novel study.

It compared 'sensation-seeking

behaviour' scores in triathletes and in those dependent on alcohol, as determined by self-assessment. Intriguingly, there was very little difference in scores between the two groups; both demonstrated traits associated with addiction.

Dr Gillvray's hypothesis is therefore that physical activity could be a useful, healthier sensation-seeking method for those with substance addiction. "There's a large group of people who could possibly move towards using exercise as a way of managing their personality traits, moving away from addiction to alcohol."

She emphasises that this "large group" doesn't include every single person with substance addiction. Among people dependent on alcohol, there is a small segment (less than 1% of the total) considered to have highly addictive traits – and so their sensation-seeking is particularly destructive. It seems there may be a similar grouping in those who dedicate themselves to fitness.

"The triathletes who were at the high end of all the scoring scales seemed to be the people who were really damaging themselves with exercise – into the world of eating disorders or continuing in the sport while getting injured."

For some people, then, the replacement of alcohol with exercise may be replacing one harmful behaviour with another. But for the majority, it might be possible to redirect sensation seeking towards a safer activity.

There is already evidence that exercise has a positive impact on mental health. "I always tell my patients that physical activity is important for your recovery," explains Dr Guerrini. What isn't clear at present, she says, is precisely why it's helpful: whether it has a neurobiological effect, or whether the community building and routine that exercise often brings is most important.

For Dr Gillvray, it's an area ripe for further research. She would like to see a formal trial incorporating a programme of physical activity into group therapy for addiction, and increased use of exercise more generally in mental healthcare.

"When I did my psychiatry training in the early 2000s, the mental health wards were full of cigarette smoke and people pacing up and down with nothing to do. Why were we never thinking: 'Actually, it could be really helpful to build positive movement and exercise into that space?' This needs to be looked at to improve not just mental health outcomes, but also physical health outcomes."

# Redefining retirement

Retirement means different things to different people. Here, three psychiatrists – Dr Michael Doherty, Dr Angela Rouncefield and Dr Richard Laugharne – talk about their choices and experiences of continuing work.

**T**he word 'retirement' might conjure up images of holidays and opportunities to enjoy pursuits you have been too busy for, but for many psychiatrists it offers the chance to engage with the profession in a new way. While both choices are equally valid, high vacancy rates and high demand for mental health services mean there are many options for those who want to continue to work.

Complications with NHS pensions and pandemic pressures have pushed many doctors towards early retirement. RCPsych census data show that 4.3% of all consultant psychiatrists retired in 2020–21. One of them was Dr Richard Laugharne, whose NHS contract meant he could retire at 55. He now works one day a week in learning disabilities, in the same trust he worked in for 19 years, and 1.5 days in research – a continuation of his pre-retirement role as research lead.

"It's like all my dreams have come true," he says. "I actually work a lot more than 2.5 days a week because I enjoy it." Having felt "a bit burnt out" in general adult psychiatry, he says: "I didn't want half a change. It can be easy to get stuck in your specialty; crossing over is useful because you bring a fresh perspective," he says.

He is also involved in the College's pioneering South West Division and was part of a team who have written a guide to retirement. Packed with work ideas and practical information for psychiatrists, it also includes advice for employers on retaining expertise.

Dr Laugharne is surprised by some trusts' attitudes to retiring psychiatrists. "They could retain these experienced people if they gave them a bit of TLC. Sometimes

**"I can engage with things that I didn't have the capacity to when I was in the thick of it"**



Dr Angela Rouncefield

NHS bureaucracy takes over," he says.

The guide warns that unless sorted beforehand, a doctor's NHS email account will be deleted on the first day of retirement. This can be a shock. "It was as if I didn't exist anymore," said one consultant. At a time of transition, where your identity has been attached to your job – and your email address – for so long, it can damage self-esteem and your network.

"It is a delicate time," says Dr Laugharne. "Senior consultants have a lot of influence and you suddenly feel like you have none." Securing the title Emeritus Consultant Psychiatrist has helped ease his transition. "It recognises that I have been around a long time," he says.

Dr Laugharne has also set up a social enterprise exploring digital technology in healthcare and says the Clinical Research Network, part of the National Institute of Health Research, is a great option for those interested in research. "I can engage with things that I didn't have the capacity to when I was in the thick of it," he says.

Dr Michael Doherty has also experienced this. He retired 12 years ago but continued part-time at Belfast HSC Trust until last year – concentrating on service development and improving standards. He has developed physical health services for people with severe mental illness and worked with the College to share expertise and set up student mental health services with the trust and the universities in Belfast.

Retirement has enabled him to do more College work. In the past, he held high-profile posts as a trainee and newly appointed consultant and was on the College's Council. In retirement, he was Vice Chair of the Northern Ireland (NI)

Devolved Council until 2021. He is now NI Policy Lead and, in that capacity, has been involved with a huge Department of Health mental health workforce review and he hopes to help implement its recommendations.

"It's great because I can get involved at a national and local College level with interests of mine. As a clinical director, I didn't have time to become as involved as I am now, as I was busy with the everyday running of things."

"People have a lot to offer in retirement. They have the flexibility that officers in full-time posts don't have and at a time of workforce pressures this is a real asset to the College. It's an opportunity to use previous experience and knowledge and it's a nice way to step out of the job."

Founder member of the College Dr Angela Rouncefield has tremendous enthusiasm for psychiatry and works full time after retiring "20-odd" years ago. She started working in healthcare in her school holidays when she was 14 and shows no signs of stopping. Currently, she works with the Community of St Antony and St Elias in Totnes – an innovative recovery service for people who have been deemed untreatable. "It's the perfect job for me," she says, "Everything I've ever done in my career, I use there."

Among other occupations, Dr Rouncefield also has a private practice in Cornwall, works

with complex patients in London, and is an active member of the College's South West Division.

When she first retired, she worked for her trust for 11 years doing locum jobs and filling gaps. Realising there was not much support available for retired psychiatrists, she set up a South West group to offer peer support and help with revalidation, education and training. She advises retiring

psychiatrists to consider their options early. "There is a huge variety of jobs you can do and we are very short of psychiatrists so it's great to still contribute. It's stimulating and you can do as much or as little as you want," she says.

Everyone has a different vision for their retirement, but these three psychiatrists are reluctant to stop working. "If you love your work then why would you?" says Dr Laugharne.

The following retirement resources can be accessed through the College website:

- RCPsych's online resource hub for retired members: [bit.ly/3gBNh8c](https://bit.ly/3gBNh8c)
- A guide on retirement for South West Division members and employers (however it is largely applicable to all UK members): [bit.ly/3tYB8Nr](https://bit.ly/3tYB8Nr)
- The College's Private and Independent Practice Special Interest Group (PIPSIG) which allows retired members and those working in private practice or the independent sector to connect with one another: [bit.ly/3GKy4w6](https://bit.ly/3GKy4w6)



Dr Michael Doherty



Dr Richard Laugharne

**F**or many Black men, the remit of the barbershop goes beyond hair. It can serve as an important conversational space for debate, banter, advice and sharing. “As a young Black man, it was a place where we actually saw elders – older Caribbean and African men – communicating and discussing things,” says Mitch Momodu, a British-Nigerian barber working on the borders of north and east London. “It gave us a community base – people we could go to for advice.”

While the notion of men opening up about their struggles still carries a certain stigma, the barbershop is a location that seems to naturally offer an outlet for sharing deeper concerns. One of Mitch’s customers, whose hair he’s been cutting for over 12 years, confides in Mitch in ways that he doesn’t with anyone else. “Your barber tends to be in your life for a long period of time,” says Mitch. “So, you have a certain kind of connection with them.”

Tapping into the value of the barber as a community figure, the north London borough of Islington has launched an initiative to give barbers across five barbershops mental health training. The programme helps barbers to spot the signs of individuals struggling with their mental health, create a safe space where people can talk and signpost people towards professional help. This can offer a route to reaching people that traditional services might not.

Mitch is one of the recipients of the training. He feels it has helped him better assess risk, listen non-judgementally and ask more open questions – so he can make every point of contact with his customers count. “How often do you see your barber?” he asks. “Maybe once or twice a month?” At this frequency, “you can look to see if there any sort of changes in behavioural pattern”. This is also something that the training course helps people to spot.

In recent years, various mental health training schemes for barbers have been emerging. What makes Islington’s ‘Barbers Round Chair Project’ unique is that it is one strand of a wider and pioneering initiative to improve mental wellbeing outcomes for young Black men, titled the Young Black Men and Mental Health programme. This is important work, as Black men and boys are far more likely than white men to be diagnosed with serious mental illness and to access mental health care via the criminal justice system.

The barbershops participating in the training scheme have been given a discreet



Mitch Momodu recently took Islington’s mental health training for barbers (Photo: David Levene/The Guardian)

## Cutting through **stigma**

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

**“It gave us a community base – people we could go to for advice”**

way to signpost customers towards mental health resources: small coaster-sized cards with a QR code on them that can be scanned using a smartphone. This opens up information on mental health and mental health services. “It’s subtle,” says Mitch. “It’s not invasive. It’s not loud.” And, as small a change as this might sound, these are ultimately “resources that I didn’t have to hand before,” he adds.

Specialty doctor and *BJPsych International* Trainee Editor Dr Dami Ajayi says: “This

initiative finally leverages a long-missed opportunity to provide that much-needed community support for mental illness. There are few relationships that are as trusting as that between a person and their barber. A barber’s swivel chair is one of the places where we open up.”

Highlighting that the barber can be a role model for some young men, Mitch comments that he’d like to see as many other key community figures, like religious leaders and teachers, take up this kind of training too. “The more people, the better,” he says.

Speaking in line with the project’s aim to make it easier for the younger generation of Black men and boys to be able to have conversations about their mental health, Mitch offers his single most important piece of advice to them: “Do not be afraid to be vulnerable.”