

THE REGISTRAR

The Psychiatric Trainees' Committee magazine

February 2021



Contents

Editor's introduction	3
PTC officers' update	5
Speaking truth to narcissistic power with our psychiatric values	7
<i>The Registrar's profile series:</i> Dr Amanda Brickstock	10
Coping with COVID-19 in Malaysia: The Mental Health Psychosocial Support Action Plan	11
Open Dialogue: A social model of mental healthcare ripe for current times?	13
Reflections on my visit to Save Our Souls Children's Village Lahore, Pakistan	15

The Psychiatric Trainees' Committee

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Disclaimer: The opinions expressed in this magazine are those of individual authors and do not officially represent the views of the Royal College of Psychiatrists.

Editor's introduction



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[🐦 @ahmedhankir](https://twitter.com/ahmedhankir) – 'The Wounded Healer'

"Do not go gentle into that good night. Rage! Rage! Against the dying of the light..."

–Dylan Thomas

Happy new year everyone! Greetings and welcome to the first issue of *The Registrar* in 2021! Last year was a year like no other, right?! I do not know about you, but my mental health certainly took a real battering in 2020.

From the very outset I must make it abundantly clear that there is no shame in acknowledging that you may be experiencing some form of psychological distress, be it burn-out, emotional exhaustion, moral injury, compassion fatigue, depression or anxiety. I really cannot emphasise this enough. We are only human after all! Know that you are not alone, that you must not suffer in

A reminder that the [Psychiatrists' Support Service \(PSS\)](#) provides free, confidential, high-quality peer support by telephone to psychiatrists of all grades who may be experiencing personal or work-related difficulties.

Also, do be sure to reach out to your informal and formal support networks. Your clinical and

educational supervisors are important points of contact for you which we highly recommend you take full advantage of. *"Seeking help is a sign of strength..."*

In this latest issue of *The Registrar*, we have an array of articles which I am sure you will find interesting and informative. Our Psychiatric Trainees Committee Officers' update briefly touches upon the role that technology plays in psychiatry training in the UK during the pandemic including the digitisation of exams and virtual teaching. The update may help to validate your feelings, bolster your morale and provide you with details about the upcoming 2021 RCPsych Trainees Conference which aims to instil a sense of camaraderie and community amongst trainees throughout England, the devolved nations and beyond. *"There is a solace in shared experience..."*

Next up, in response to recent shocking events that unfolded across the pond in Capitol Hill, I thought it would be topical to include an article entitled, 'Speaking Truth to Narcissistic Power' by the prolific US psychiatrist Dr Steve Moffic. In this scintillating piece, Dr Moffic delves into the 'Goldwater Rule' which discourages mental health professionals from diagnosing public and political figures, including Donald Trump,

from afar. Dr Moffic also issues a clarion call to psychiatrists to show leadership during times of uncertainty such as the period we find ourselves in now for, in the immortal oratory of Dr Luiz Dratcu FRCPsych, *“Uncertainty is the mother of all anxiety”*.

In our Profile Series, we have an insightful article from Dr Amanda Brickstock, an academic foundation doctor in Birmingham who is deeply passionate about psychiatry. Dr Brickstock discusses the factors that influenced her decision to pursue psychiatry as a career and what her research and clinical interests are. *“Who is the person behind the professional?”*

Closer to where the first case of COVID-19 was reported, the inspirational Dr Lim Poh Khuen, a psychiatrist and lecturer in Kuala Lumpur, talks about the exemplary Mental Health Psychosocial Action Plan that she spearheaded in Malaysia that offers guidance and support to patients and professionals about how to care for their mental health during the pandemic. *“We are all in this together...”*

I alluded above to the importance of mobilising social networks during trying times. Fellow higher trainee at the South London and Maudsley NHS Foundation Trust Dr William Marsh elaborates on this further in his fascinating and scholarly article about the Open Dialogue model. Dr Marsh persuasively and eloquently presents his case that this innovative model is ripe for the current pandemic. *“When we replace ‘I’ with ‘We’ mental ‘I’llness becomes mental ‘We’llness...”*

Lastly, but by no means the least, Dr Sidra Chaudhry composed an incredibly compelling and touching article about her visit to Save Our Souls Children’s Village in Lahore, Pakistan in which she evocatively discusses and describes the services that this association provides to some of the most vulnerable people in our societies: orphans. *“The voice of the human heart needs no translation...”*

It has been an absolute pleasure and privilege sourcing and editing articles for this latest issue of *The Registrar*. Please do not hesitate to submit a piece for consideration for publication for future issues. In the meantime, please protect your hearts and minds, take care and stay safe.

[Harnessing the power of social media is a great way to remain connected with friends and family locally and worldwide which can be highly beneficial for our psychological wellbeing. I have tweaked Dylan Thomas’s words below to reflect the advent of the digital age:

“Do not go gentle into that good night. Tweet! Tweet! Against the dying of the light...”

So, do connect with me on Twitter!
[@ahmedhankir](https://twitter.com/ahmedhankir)

Best wishes,

Ahmed

PTC officers' update



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We're now over a month into the new year after what was an unpredictable and difficult 2020 for us all in so many ways. As we step further into 2021, we have the continued rollout of the COVID-19 vaccine to look forward to, as we hope for some sense of pre-COVID normality to return to in the coming months.

Reflecting on the last year, it is fair to say our experiences will have varied greatly, but what has prevailed is the sense of community, heart-touching examples of people coming together in adversity and the digital boom that has changed so many areas of our lives, from the way we take our exams to how we complete our day-to-day work.

Many trainees have welcomed the virtual teaching sessions due to better accessibility, especially for those who had to travel and those on parental leave etc. However, we have no doubt missed face-to-face contact and the peer-networking opportunities that we used to enjoy. With this in mind, we are delighted that the RCPsych Trainees Conference 2021 is scheduled to take place on March 26th and 27th. This virtual event has a great line-up of talks

and workshops, which will be relevant to trainees and trainers, and we are hoping to arrange some creative informal networking sessions too. We are now accepting abstracts for posters (closing date 11th February).[here](#).

Many of you may be preparing for the MRCPsych exams coming up. We want to reassure you that the College has been listening to the feedback from trainees and has been responsive in making necessary changes despite the challenges involved with the digitisation of the exams and organising them during the pandemic. Please do keep providing feedback to your local reps and us so that we can represent you within the College.

We hope that you enjoy reading the articles put together by our dynamic and talented editor, Dr Ahmed Hankir, and we would like to thank those who have contributed to this issue. Now that we are hopefully putting the pandemic behind us in the months to come, if you feel inclined to write a reflective piece about your experience of living, working, or coping during the pandemic, or you want to write something on a completely

different topic, please do send your articles in so that they can be considered for inclusion in a future edition.

Over the last few months, we have witnessed a period of transition within the College, with a new Dean and Treasurer about to join our President Dr Adrian James and Registrar Dr Trudi Seneviratne as College Officers. We would like to thank our outgoing Dean, Dr Kate Lovett, for working closely with trainees to make positive changes in the trainee experience and

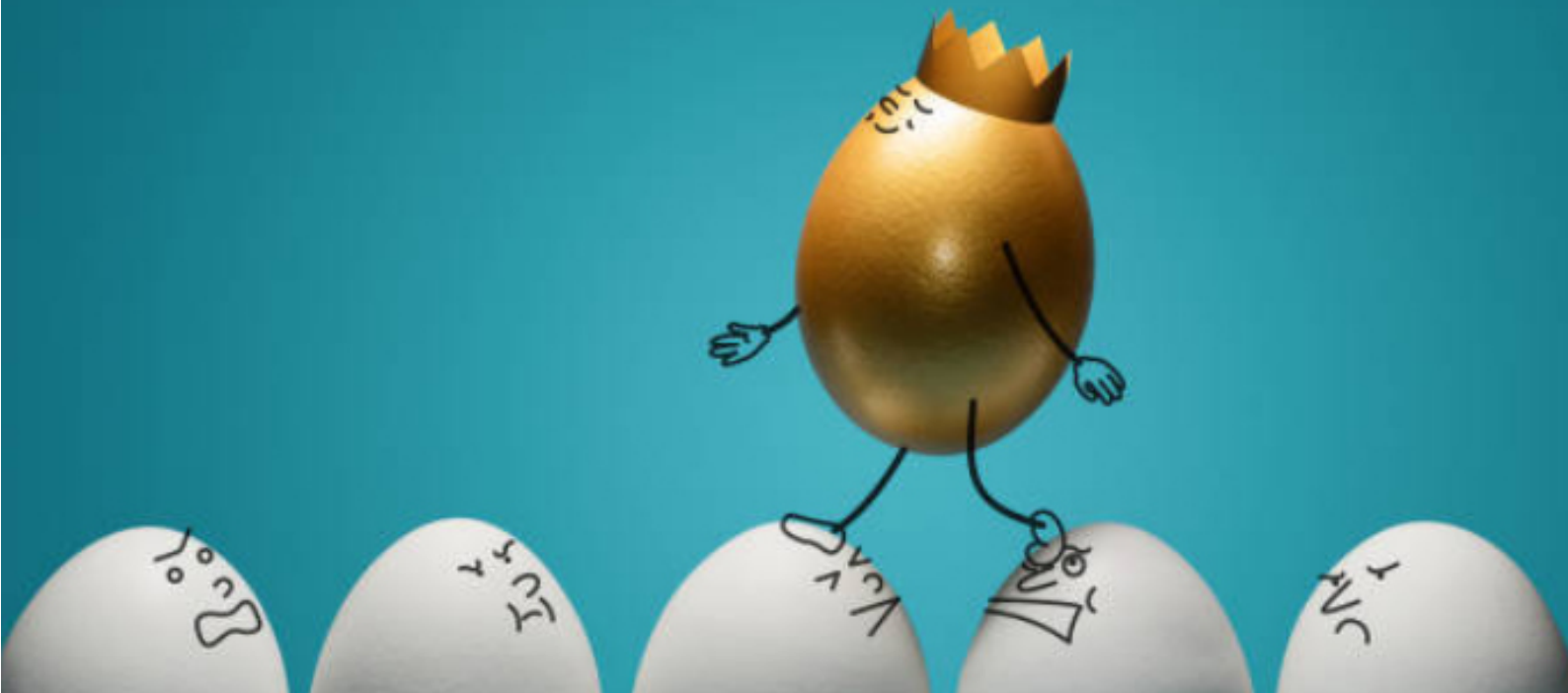
recruitment into psychiatry. We would also like to thank our outgoing treasurer, Dr Jan Falkowski, who has been incredibly supportive of the PTC's work and made himself available for PTC reps to advocate on your behalf.

Please do keep engaging with us via our Twitter feed ([@RCPsychtrainees](#)) or write to us at our PTC inbox ptcsupport@rcpsych.ac.uk. We wish you and your loved ones all the best for 2021 and look forward to seeing some of you at the RCPsych Trainees Conference in March.

Best wishes,

Luke, Shevonne and Rosemary

The PTC Officers



Speaking truth to narcissistic power with our psychiatric values

- Dr H. Steven Moffic, M.D.



Dr Moffic is a retired tenured Professor of Psychiatry at the Medical College of Wisconsin, USA. Not only a recipient of the Administrative Psychiatry Award from the American Psychiatric Association (APA) and the American Association of Psychiatrist Administrators (AAPA), he has also received the one-time Hero of Public Psychiatry Award from the APA's Assembly.

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[Note: The Goldwater rule is strongly supported by the Royal College of Psychiatrists. The views in this article do not necessarily reflect those of the College.]

Narcissism may be the psychiatric word of our times. Certainly, it has been used frequently by the public and political pundits in the United States regarding former President Trump, though, of course, a higher-than-normal amount of narcissism is necessary for anyone wanting to be a top-ranking politician.

Psychiatrists, on the other hand, have paused about using that term in relation to leading public and political figures because of the so-called Goldwater rule. That ethical 'rule' has even been tightened in recent times by advising psychiatrists not to not publicly comment about a public figure.

In the United Kingdom, it seems that there is a similar approach, albeit not a hard and fast ethical rule. Interestingly, Prime Minister Boris

Johnson reminds many of us in the United States of President Trump!

Being a social psychiatrist and prior president of the American Association for Social Psychiatry, I felt ambivalent as to how to respond to this Goldwater rule. So, I decided to go back to review both its history and that of narcissism in psychiatry, two different strands that came together more recently.

A short history of the Goldwater rule:

In 1964, the conservative Barry Goldwater ran for president against Lyndon Johnson. A magazine named *FACT* did a poll of about 12,000 psychiatrists about whether they thought that he was 'psychologically fit' to be president. Over 1,000 of the 3,000 who answered said that he was not fit, labelling him as 'immature', 'grossly psychotic', 'paranoid', 'amoral', 'chronic schizophrenic', 'dangerous lunatic', and 'homosexual' (an official DSM mental health disorder of the time). Could he possibly have had all these diagnoses, *let alone* just one? After the election, Goldwater sued the magazine, won the suit, and psychiatry was embarrassed. If an organisation could have a narcissistic injury, the American Psychiatric Association had it.

You would think that the Goldwater Rule would have emerged then and there, but it did not until 1973, when a related incident not so well known occurred. Thomas Eagleton was a Democratic vice-president candidate in 1972 and the media exposed his history of clinical depression. Some psychiatrists were consulted, and they recommended that he might relapse again. He then withdrew and the Democrats lost the election, influencing history. Senator Eagleton himself ended up having a successful political career without any depressive relapses, as did Goldwater himself in the rest of his political career.

A short history of narcissism:

As for narcissism, back in 1964, it was just a word used in terms of being narcissistic or self-centred, as is the Greek myth of Narcissus. Then, Heinz Kohut changed all that and expanded what it meant in psychiatry.

To my everlasting gratitude, along with my fellow residents, I was taught by Dr Kohut in live case conferences at the University of Chicago in 1974-75, soon after he had developed his self-psychology concept of narcissism to complement the prior psychoanalytic emphasis on object relationships with others. For Dr Kohut, the reaction of others fed into narcissism by either idealism or mirroring. Since excessive narcissism was usually a cover for low self-esteem, it had to be maintained by either idealization or mirroring from others, bonds which needed to be extraordinarily strong for both sides.

If you want to learn more, do not read what he himself wrote because his writing – in contrast to his speaking – was hard to understand. The best written materials, therefore, are the transcriptions of his case discussions, including those where I was present: *The Kohut Seminars: On Self Psychology and Psychotherapy with Adolescents and Young Adults*, edited by Miriam Elson¹.

A short history of President Trump:

This brief history of the Goldwater rule and narcissism brings us up to President Trump. Ignoring the Goldwater rule, the informal name given to section 7 in the American Psychiatric Association's (APA) Principle of Medical Ethics, some psychiatrists spoke out and analysed him. Soon enough, Bandy Lee, MD, from the faculty at Yale and an expert on violence, put together a best-selling book titled *The Dangerous Case of Donald Trump*, where even more diagnostic impressions were made than in Goldwater's case. Among them were: "pathological

narcissistic personality disorder, sociopathy, ADD, dementia, delusional, paranoid, unbridled and extreme hedonism, crazy like a fox, mood swings, and histrionic traits". Once again, could anyone possibly have all of these? I was asked to participate in the expanded edition of the book to co-author a chapter on the environment, but only agreed to do so when I was not required to comment on President Trump per se.

Now, although President Trump lost his 2020 election, he is still here. When someone with a narcissistic personality disorder loses and/or is humiliated, revenge is often a reaction, which is just what we have been seen in the few months since the election.

How can we help these people? When we see patients with narcissistic personality disorders –not that they readily come in for help – they drop out if they do not feel valued and mirrored, at least until a solid therapeutic alliance is established. The same principle applies to those outside of therapy. To work with them, they need to feel valued, whether that is a boss at the workplace or elsewhere. Once again, those with more than normal narcissism end up leading big businesses. Therefore, President Trump would not mount resistance if he received praise by his successor, such as for Operation Warp Speed in vaccine development. Then, someone like him could potentially leave without 'losing face'.

What about the followers? Nowadays, we also have the internet, which makes it easier to maintain narcissistic bonds between leaders and followers to the intensity of brainwashing or cults, as described in book *The Cult of Trump* by Steven Hassan. Not only that, but paradoxically, people feel lonelier when their relationships are mainly online, and that loneliness often makes people more susceptible to totalitarianism. Our responsibility, it seems, is to educate the public so that they understand the risks and benefits of narcissism. Remember that President Trump can run again in 2024 (although this will change if he is found guilty of inciting of insurrection). So, what we are left with is a narcissistically injured APA from Goldwater's time and an American

presidency that reflected some unique values. Breaking up cultish presidential programming is essential. That requires much less media attention, the change of circumstances which we have, and other ways for the emotional and practical needs of the followers to be met.

It is the mental wellbeing values that count the most:

My conclusion? Psychiatrists should not be silent when they see leaders in society doing dangerous things. Remember the German Psychiatric Association said virtually nothing during the rise of Hitler. As George Orwell, author of the book *1984*, was said to say:

"In a time of universal deceit – telling truth is a revolutionary act."

It seems that we have had some psychiatrists trying to tell the truth, but not enough. Moreover, it seems clear that a consensus on a diagnosis is elusive and that diagnosis per se is neither good nor bad. What matters depends on the narcissist's values which leads to words and behaviors. What are the psychiatric values? Simply put, our values are the best possible mental health of all, especially including those discriminated against; immigrants, minorities, psychiatric patients, and ourselves! As far as I can tell, commenting on values and actions do not ignore the Goldwater rule and avoid the misleading diagnostic speculations.

Have you been brave enough, or will you be brave enough, to 'speak truth to power' anywhere, if and when the time comes? Our knowledge of narcissism should help us to know how to do so and our values should be our ethical guideposts. This may be one of the hardest psychiatric skills you will ever need to learn.

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The Registrar's profile series:

Dr Amanda Brickstock



Dr Amanda Brickstock is an Academic Foundation Doctor at Heart of England NHS Foundation Trust. In her spare time, she enjoys listening to music and playing base guitar as well as drawing, art, and reading fiction.

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My abstract and creative brain instinctively drew me to the field of psychiatry. My mother suffers with severe obsessive-compulsive disorder and for most of my time at university, I balanced my studies alongside being a young carer. This first-hand experience gave me a different level of comprehension that made me appreciate the true complexity of the mind. My curiosity in the entity that that this characteristic originates from continues to grow, and I continue to pursue a career in psychiatry.

I studied medicine in Liverpool University. I wanted to explore academic work as I found the aspect of the unknown surrounding the brain stimulating. I decided to intercalate in psychology at King's College London and composed a dissertation focusing on the training ability of emotional attentional control in trait worry. It was challenging and rewarding

(and it hit very 'close to home') being part of a project looking at innovative ideas to help those experiencing anxiety disorders.

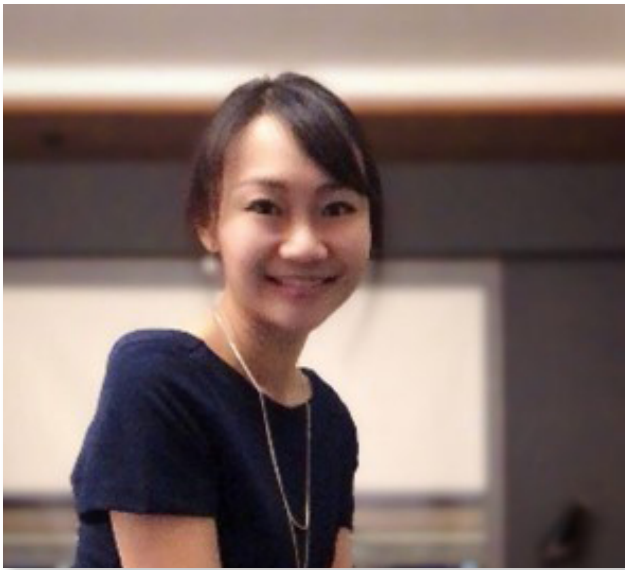
I successfully gained a place on the Academic Foundation Programme in the Midlands and have continued to conduct mental health research. Following the COVID-19 pandemic, I have studied the stress and burnout of foundation doctors in order to improve their wellbeing. My time on ITU was challenging, especially during the outbreak. I saw the importance that psychological therapy had for patients experiencing PTSD/anxiety in critical care and I am currently working on a project looking into improving their mental health recovery. As part of my foundation doctor training, I spent 6 months on a busy liaison psychiatry team. I realised I have a particular interest in early intervention and perinatal mental health. I liked treating young adults and seeing you can hugely improve a patient's current and future quality of life. I also enjoy teaching and inspiring those with an unrealised interest in psychiatry. All my experiences have reinforced that I have chosen the correct career path.

I continue to see or experience stigma in a variety of settings including at work, a setting that should be most accepting of any health condition. I believe your mind defines who you are and that you are fortunate if yours is healthy enough to define what you want it to. Stigma is detrimental to all of society, it prevents people from opening up and discriminates against a huge group of patients who only deserve kindness, empathy and respect. I have sometimes encountered negativity when I've told people that psychiatry is my chosen career path.

With my foundation training approaching an end, I have felt more pensive and have been spending more time reflecting. During university and work, I have met mental health patients with the most unique, incredible, creative, kind and intelligent minds. After 8 years of studying and training in things I have not always found easy or stimulating, to be able to finally start my training in psychiatry next year feels like a huge privilege

Coping with COVID-19 in Malaysia: The Mental Health Psychosocial Support Action Plan

- Dr Lim Poh Khuan



Dr Lim Poh Khuan is a psychiatrist and lecturer at the Department of Psychological Medicine, University Malaya, Kuala Lumpur, Malaysia. She previously worked with the Ministry of Health and was involved in the MHPSS service in a state hospital. She is active in community engagement to raise mental health awareness through her NGO - Care Warrior Association. In her free time, she indulges in art.

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Since the first Malaysian tested positive for COVID-19 on the 4th of February 2020 our government has taken various measures to reduce the health risk in the country. A legislation which was announced

and implemented on 18 March 2020 was the Movement Control Order (MCO), often referred to as a partial lockdown. This initiative was aimed to reduce public health risk of this highly contagious virus by prohibiting mass gatherings, forbidding business premises from long operating hours, allowing the closure of schools and institutions of higher learning and imposing travel restrictions. As of the 4 February 2021, a year after their first case, Malaysia had recorded 231,483 COVID-19 positive cases, with 826 deaths and 181,886 recoveries.

Among the many concerning consequences of this pandemic is the evident rise of mental health issues globally, and Malaysia is no exception. Malaysians were reported to struggle with financial difficulties, job losses, a rise in cases of domestic violence and social isolation. Patients with serious mental illness were also reported to suffer a greater risk of relapses due to fear and anxiety¹.

The Malaysian healthcare workforce was not exempt. Indeed, an increased prevalence in depression, anxiety, and stress have all been reported². To address the psychological impact of COVID-19, the Ministry of Health has introduced the Mental Health Psychosocial Support (MHPSS) action plan to be implemented in all states and districts across the country. The aim of the MHPSS team was to provide support and improve mental health and psychosocial wellbeing. When it was first implemented in March 2020, I was fortunate to be heavily involved by leading the formation of the MHPSS team in my previous hospital. With the support of my Head of Department, Dr Tuan Sharipah bt Tuan Hadi,



Dr Khuen facilitating a mental health psychosocial support pre-deployment briefing session for frontline COVID-19 healthcare workers in Malaysia.

our multi-disciplinary team (psychiatrists, medical officers, psychologists, paramedics) developed a mental health support system for all healthcare workers and patients.

Our MHPSS service was made known throughout the hospital using every available social networking app within the department. This service also included an online mental health screening tool. All healthcare workers and patients who needed psychosocial services could call our designated phone lines for tele-counselling. Those who completed the screening tool and scored moderate to high in any components of depression, anxiety or stress were given psychological first aid via tele-consultation. In cases which needed further intervention, they were referred to the psychiatric services. Besides this, my team and I also conducted pre-deployment briefing sessions for frontline COVID-19 healthcare workers, equipped them with relaxation techniques and stress management skills to reduce their mental health risk.. We also compiled a workbook with COVID-19 information and self-care activities for

all COVID-19 inpatients in order to better prepare them during their quarantine period.

We know that the battle against COVID-19 is on-going and as psychiatrists, we play a vital role in helping people to cope with social isolation and the mental health consequences of the pandemic. Let us watch out for one another and if you have not done so already today, please greet your colleagues with a big smile and ask, "How are you, mate?" and offer to make them a cuppa! Together, we can pull through this.

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Open Dialogue: A social model of mental healthcare ripe for current times?

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Unsurprisingly, there has been an increase in people reporting the subjective feeling of loneliness during lockdown¹. I, too, have missed face-to-face contact with those that I love but have never felt lonely; I am lucky enough to have had regular video contact with my family. In fact, I have probably been more in touch with my family than in normal times. Indeed, this is what families can do; help us navigate crises. The importance of mobilising social networks, and evidence for family-based interventions for a wide range of psychiatric disorders is well described², but often underestimated in psychiatric practice. I cannot be alone in noting the paradox of predominantly individually targeted psychiatric interventions with my own reliance on family support to manage personal crises. My clinical experience is that we are at best poor in utilising this vital resource, and at worst perpetuate separation.

Open Dialogue is a new and alternative model of delivering mental health care being explored by several NHS trusts which ‘engages (users) families and social networks from the very beginning of their seeking help’³. This recovery-orientated model delivers treatment via collaborative network meetings to which family and key members of service users’ social networks are invited from the outset. At least two clinicians (one or more of whom has attended a prior meeting) from the treating team are also always present. All conversations, whether between professionals and/or the network, take place in these meetings – helping create an open, reflective and democratic space in which treatment decisions can be considered and made.

Evidence supporting this intervention comes from Finland where the approach was originally conceived and developed. Non-randomised longitudinal trial data supports the approach over ‘treatment as usual’; they found significant reductions in bed usage and improved recovery rates⁴. However, the robustness of this data has been called into question⁵ and the generalisability to a UK population needs establishing. Therefore, NHS Trusts are working together with University College London (UCL) to undertake a randomised controlled trial exploring the quantitative and qualitative outcomes of the approach vs treatment as usual; Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness (ODDESSI)⁶.

Special interest:

My professional curiosity led me to spending my special interest day with the North East London NHS Foundation Trust (NELFT) Open Dialogue team⁷. My qualitative experience was

that the approach is a breath of fresh air. The emphasis on openness and sharing dilemmas with service users leads to the type of self-soothing that closed-door conversations often hunger for. Ensuring multiple voices are listened to enhances this agency within the system further. The consistency of practitioner on offer is routinely highlighted as making a difference by the service user themselves. A focus on the team being able to tolerate the uncertainty (inherent to all mental distress) appears to create a space where service users feel more emboldened to speak, perhaps less fearful of a clinical gaze. This is in keeping with findings from a recent qualitative study linked to ODDESSI⁸. Finally, decision-making shared amongst the network actually results in a feeling of shared accountability; no longer do you return home ruminating on your day as a sole decision maker.

The future:

We shall have to wait for the results of ODDESSI to determine whether the model will become rolled out. Whilst we do, I would encourage any registrar, particularly those interested in systems change and/or social approaches to care, to undertake a special interest session in one of the many teams springing up around the country (see below). As the NHS moves towards more integrated care models⁹, Open Dialogue is a mental health approach that may well be the apex of this model in the near future.

Further information:

NHS Teams Currently Delivering Open Dialogue in the UK:

- North East London Foundation NHS Trust
- Barnet, Enfield and Haringey Mental Health NHS Trust
- Camden and Islington NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust (EPUT)
- Devon Partnership NHS Trust

Online resources:

- [Academy of peer-supported dialogue \(APOD\)](#)
- [Developing Open Dialogue](#)

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Reflections on my visit to Save Our Souls Children's Village Lahore, Pakistan

- Dr Sidra Chaudhry

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Save Our Souls (SOS) Children's Villages is active in 135 countries and territories worldwide. The variety of this international work is brought together by the umbrella organisation SOS-Kinderdorf International, which unites all the autonomous national associations. Its head office is in Innsbruck, Austria. The SOS Children's Village in Lahore was established in January 1977¹.

One of the major highlights of my trip to Pakistan in 2019 was a visit to the SOS Children's Village in Lahore. I had the opportunity to meet Almas Butt and Fatima Javed, Director and Clinical Psychologist of SOS Village, respectively.

I was taken on a guided tour of their impressive establishment.

SOS Village Lahore currently houses 135 children from various backgrounds, who are considered complete or social orphans. Social orphans are the result of the mother being remarried or having an incurable disease or mental illness and consequently being unable to provide for their children².

The aim behind SOS Children's Village is to provide children with an environment that is as close as possible to their natural homes. The team recognises that children may have come from various kinds of troubled and traumatic backgrounds, and works relentlessly to provide them with high standards of care, security, education and vocational training to prepare them for their futures.

The Village is comprised of 18 family homes, each headed by a "mother", who is responsible for the children's physical and emotional needs. These mothers are usually single women, often widows, who do not have any families of their own. By providing these women with employment, SOS Village offers them rehabilitation and sustenance. They also provide them with accommodation.

In order to maintain the essence of the family unit, a group of children of various ages are allocated to a house to promote a family atmosphere. Biological siblings are not separated and are accommodated in the same house. Girls stay at the Village until they are married, and boys are transferred to a Youth Home when they reach adolescence. The Village also has a school, library, community centre, mosque and a computer lab along with a park, zoo and playgrounds for children's leisure activities.

I visited one of the homes with Fatima, who introduced me to Tayyab, Ramzan, Ahmed and

Shehzad, four children living in the same home. They shared how positive their experiences had been living in the Village and very kindly consented to their picture being taken. They all seemed quite keen to see their names and photos in print!

On speaking to Fatima, who has worked at the Village for the last four years, I was told that mental distress due to attachment difficulties, trauma and abuse are some of the common challenges these children can present with. In her course of working with the children, she has been incorporating play and behavioural therapy to engage them and help address their difficulties. She shared the story of a young boy, who had been brought to the Village in a completely traumatized and mute state. He had been reported missing by his family, who had lost all hope in meeting him again and believed that he had died. After engaging in therapeutic work, the boy was able to speak again and subsequently provide his home address, which helped the team reunite him with his family.

SOS Children's Village's admission policy does not deem mentally challenged or sensory impaired children eligible, as the Village is currently unable to meet their needs. However, if a child develops any kind of physical or mental health problems during their stay, the team works in close liaison with an on-site doctor, dentist and the Lahore Children's Hospital to manage these conditions. At times, SOS Village is also approached by prisons to accommodate children of mothers who have been given life imprisonment or a death sentence. The age of children referred to the Village ranges from newborn to 10 years old. There have been some flexibilities around the upper age limit, particularly in the case of a female child or any other factors making the child vulnerable.

I asked Fatima how one could get involved, particularly if not based in Pakistan. Fatima briefed me about storytelling events and workshops arranged through Skype for the children at the Village. She also shared that children at the Village had been involved in a

pen pal programme with children in primary schools in Canada.

This was my first visit to the SOS Village in Lahore, and I was left fascinated by the empathic staff and extremely friendly children, who welcomed me in such a warm manner. It was evident that the children took pride in their home and considered the team more as family than just health and social care professionals. I took away knowledge and inspiration to continue close liaison with the hard-working and dedicated team at SOS Children's Village Lahore and hope to see more psychiatry trainees come forward in whatever capacity they can to offer their support to these children, who are a vital part of our present and future world.



Left to right: Shahzad, Dr Sidra Chaudhry, Ahmed, Tayyab and Ramzan]

References:

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