



The Royal College of Psychiatrists London Division Newsletter

Editors
Abigail Seltzer
Angela Hassiotis



Autumn 2011 Issue 18

Editorial

As I write at the end of what passes for summer in this country, many of you will have just returned from holiday. In keeping with the journalistic tradition of prolonging the holiday spirit as long as possible, the theme of this small but perfectly formed Newsletter is 'Journeys', a topic which your editors hoped would be interpreted as widely as possible, which indeed it has.

Lucy Power, a former consultant psychiatrist who quit the rat race of professional life, describes her intensely personal journey from being a health care provider to running a small rural café, with a stopping off point to undertake training as an interior designer. Jen Perry writes about a journey that is both literal and metaphorical, her conversion to cycling as a means of transport. Adejoke Otusajo tells the cautionary tale of life as a peripatetic locum and the struggle to access training and CPD faced by those not in substantive posts. Muffazal Rawala describes his arrival in the UK

and his initial experiences of training. At the opposite end of the spectrum and the world, Peter Hughes and Susanna Whitwell outline the King's THET Somaliland Partnership, a scheme which provides training in psychiatry to local mental health professionals.

Other regular features include our Arts review, in which Angela Hassiotis casts an appraising eye over the well-received production of Richard III at the Old Vic, with Kevin Spacey magnificently malevolent in the title role. We also have our customary message from Peju Raji, Chair of the London Division, outlining initiatives to reach out to more Division members, a piece which managed to comply with the Newsletter theme by being penned while on holiday on sunny shores. We salute her devotion to duty!

However, the topic which occupied your worthy editorial committee and took up many column inches of summer newsprint was, of course, the London riots. Some of us felt that we could not let this edition pass without making

some comment on these momentous events. Others felt that we should continue to focus on professional issues, and that if we are to start pontificating on current affairs, then we should not stop at the riots, but should say something about other summer news, such as the downfall of the Gaddafi regime, the unrest in Syria or even Arsenal's stunning defeat by Manchester United.

The debate ultimately fizzled out, faced with the treadmill that is everyday life, and what remains is an editor's personal reflection on the riots. Please feel free to send your own thoughts for future issues. Whichever side you come down on, and wherever you have journeyed over the last few months, we hope that you enjoy this edition. As ever, we would be delighted to receive your contributions on any relevant topic.

Abigail Seltzer
Angela Hassiotis

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From the Chair

Dr Oyepeju Raji

I hope that you had a good break over the summer. We have had some changes in the executive committee. I would like to thank our departing members Drs Amanda Owen, Ranga Rao, Gillian Rose and Rafik Refaat for their time and hard work and also Andy Holwell for stepping into the vacant Finance Officer position for one year. Welcome to new members of the executive, Drs Saeed Alam, Konstantinos Agathokleous, Mary Harty, Rosemary Ball, Eric Johnson-Sabine, Ilyas Mirza and David Reiss.

The College has embarked on a number of reviews. The one on engaging with members shows that only 8 to 10% of members are actively involved in the work of the College and approximately 17% vote in College elections. The report 'Engaging the membership: How to reach members who have no contact with the College' highlights frequently raised concerns such as communication with the membership, College building, etc which are being addressed. In my personal conversations with members I found that there are some who do not know what the Division is or it's role. The Division brings the College closer to the membership in the local area and is a rich mix of members from all specialties and every level of the workforce. It is not in competition with Faculties and Sections but is complementary. The London Division is working on how to become better known and be more representative of members' interests. The Division is looking at how to target meetings and events such as linking in with the Deanery, Faculties and Sections for joint events and presence at local Trust academic meetings. We are looking at using Twitter and Facebook as means of highlighting things of interest.

“The Division has been busy putting together programmes of interest for all. I would urge you to regularly check the College website for information on upcoming events for trainees & SAS Doctors and those for the general membership.”

Watch this space.

We are all currently experiencing the impact of the financial pressures and cuts that are happening. London could be hit hard considering the complexities of the demography and need. There are concerns that cutting posts is more about saving money and not enough about safeguarding training and the workforce. The College as part of the JCP-MH continues on different work streams with Faculties and Divisions and other organisations and have recently produced some commissioning guides with more to come. We now have a link person with local Trust Chairs of Medical Advisory Committees in the person of Dr Gianetta Rands, Vice Chair of the Division who now also represents the Division on the London Clinical Senate. We continue to include Service Users and Carers in activities.

The Division has been busy putting together programmes of interest for all. I would urge you to regularly check the College website for information on upcoming events for trainees & SAS Doctors and those for the general membership. You will find that delegate fees are now considerably lower and there are plans to expand the main Division academic event to include poster presentations.

As always, please feel free to contact me at oyepeju.raji@swlstg-tr.nhs.uk with your comments and suggestions.

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A Journey

Lucy Power Former consultant psychiatrist



Walks are a metaphor for life for me. You are walking along a clear path, you have great views, you know where you are heading. Then all of a sudden the path disappears, there are no signs and the map doesn't quite correspond to what you see ahead of you. You are lost and you don't know which way to go. You try one way, it ends up at a barbed wire fence, another an impenetrable hedge. You almost give up. Then you find a faint path which you follow tentatively and slowly you find your way. When I left school I worked in a small restaurant and a café. I was happy. Then I did what I was supposed to do as an intelligent young woman- university and medicine. I knew from the first week that it was not right for me but I kept going. I have no regrets because of the experiences I had, the people I met, the things I learnt. It opened up my world in a way little else would have. But I always wanted to leave and, although I tried a couple of times, I didn't find anything else that felt right or I didn't really have the courage to persevere away from the security of medicine. My dream was always to run a café but I never allowed myself to explore this dream, thinking it was just a cosy fantasy that everyone had.

I found my way, by chance really, to psychiatry and I stayed, perhaps because it felt most human and somehow I could survive it. But still I wanted to leave although I didn't want to leave believing that I was too anxious to take on more responsibility. So I pressed on through the training and into a consultant post. I managed this by working part time. I still wanted to leave. But what would I do, how would I survive? How could I leave a secure job with a regular, sufficient income?

Somewhere in my subconscious 2010

was my cut off though I had no specific plans. Then, in February 2010, I was looking after an inpatient with a manic episode. Such patients have a way of getting to you, finding your Achilles Heel. This patient found mine and got to me more than most, denigrating my skills, telling me how horrible I was, how cruel. Something in me snapped. I had had enough and I knew I had to go; I could not survive this sort of onslaught anymore. And surprisingly a new path opened up for me through my friends. Interior Design. Interesting really, that a

“And surprisingly a new path opened up for me ... interior design. Interesting really, that a psychiatrist might move from one sort of internal world to another.”

psychiatrist might move from one sort of internal world to another. I did some research and within two months I had a place at two design schools. It was a tricky decision whether to do the training part time and keep on working or to drop work and to study for a fulltime diploma. I chose the fulltime course.

Then I had to decide whether to take a career break or resign. I resigned. I took a giant leap.

I started my diploma course in September 2010. I was happy. It was a small school, 12 students, 3 regular staff and other practising professionals coming in to teach. We learnt by doing and I learnt a great deal- the creative process, the technical skills, new software programmes. We worked on our own design projects, studied the history of interior design, materials, colour theory, furniture, principles of structure. I was happy, interested and absorbed. But I didn't know whether I really wanted to be a designer. I had a feeling there was more I needed to explore.

Another little path opened up ahead of me. I was on holiday in Devon at Easter walking along the coast path when, feeling a little thirsty, I walked into a little café on the top of a cliff, looking straight out to sea. Something about it spoke to me, I felt at home. I took a chance, asking if they might be looking for extra help over the summer and within a month I had a job as 'assistant café manager'.

And so here I am now working in this little café, making cakes. My path has come full circle. I am happy. I am in a beautiful place. People enjoy what I do. At this moment in time I have no idea which way this will take me. But I know now that I will know what to do, where to go, when I need to. I am beginning to trust the process. That, if anything, was what studying interior design taught me- about process, about hanging on when things are unclear: working, waiting, trying possibilities, researching. The path will become clear.

Lucy Power

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To cycle or not to cycle?



Cycling has revolutionised my life. Fact. In the life of a psychiatric trainee where one seems to be forever travelling from site to site, for teaching, psychotherapy, home visits etc one needs a mode of transport to get one there quickly and economically.

So, the benefits of cycling...there are many...to name but a few;

1) To save money.

With the current economic climate it seems that everybody is worrying about money and how to cut costs. I save myself approximately £30 a week through not using public transport to get to work. Think of what you could do with an extra £30 a week...you could go on that course you always thought was a bit out of your price range, treat yourself to a new textbook....or order a more expensive bottle of wine next time you go out for dinner!

2) To save time.

Cycling is just so quick. Even I, on my old mountain bike which I've had since the age of 14 which is very rusty and seems to have a speed impediment, can still beat the bus on my way to work. There are multiple benefits to this...the main one being YOU CAN HAVE AN EXTRA 15 MINUTES IN BED! The result of this? You are a happier and generally more pleasant doctor to be around in the mornings!

3) To get fit.

You will stop having the pangs of guilt which are associated with the greasy takeaways you always eat after a long day on call because you can't be bothered to cook. Why? Because you will burn off the calories on your bicycle the following day! You will get slim and trim through cycling and never have to

use a gym again. Ever moaned and groaned about how much a gym membership costs these days? £75 a month is the price of my local gym, yes £75 and this is how much money you can save yourself.

4) To be green.

This is your chance to do your bit for the environment; through cycling you will help to lower carbon emissions

5) To look cool.

My bike should be classed as an antique it is that old and rusty, however in this day and age I can just refer to it as being 'vintage' which sounds a lot more trendy! There are so many colours, shapes and sizes of bike to choose from that there will always be the perfect one out there for you....in a way it's a bit like choosing a handbag (another one of life's essential accessories!). You will almost certainly be admired by your work colleagues for cycling to work and they will more often than not comment on how jealous they are of your supreme athletic ability!

So as illustrated above there are multiple benefits to cycling. However in the interests of making this a balanced article I feel maybe I should mention a few disadvantages although I should highlight that these are easy to overcome;

1)Bad weather.

Worried about coming into work looking like you have been in a Tsunami? The solution is simply to invest in a good set of waterproofs and see it as a challenge!

2) The risk of cycling on roads in London.

Cycling in London has been thought by many to be a dangerous and risky activity. However I believe the risk is

decreasing as time goes on. London is becoming more and more cycle friendly. In the Summer months everybody is cycling, there are sometimes more bikes on the roads than there is traffic in central London. As a result cars and buses are becoming increasingly aware of having to watch out for cyclists. There are more and more cycle lanes on the roads now and one can usually find a quieter backstreet route rather than having to go along main roads. As long as you wear the right safety equipment and be careful there is no reason why cycling in London should be an enjoyable and safe experience

A few useful bits of information to know...

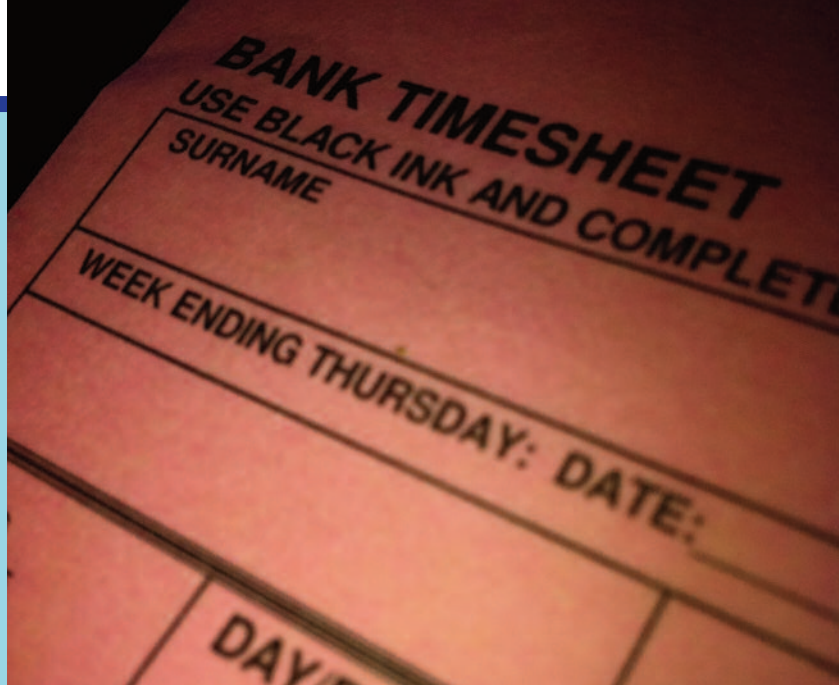
If you are looking to buy a new bike there are many chain and independent bike shops dotted all around London. For second hand bikes I would suggest trying local auction houses or websites such as 'Ebay' or 'Gumtree' where you can search for people selling bikes in your local area. It is worth finding out from your NHS Trust if you are eligible for the 'Cycle to work' scheme as this can allow you to purchase your bike tax free which is obviously a big saving.

There is a good website by Transport For London (<http://www.tfl.gov.uk/>) which helps you plan your cycle route to work with options to go on the quieter back streets and cycle routes rather than the busy main roads wherever possible.

So I hope by now I have convinced you all to start cycling to work as there are so many benefits and it really does revolutionise your life!

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Experience and Challenges of a Locum NHS Doctor



Working as a NHS locum doctor has been a challenging and eye-opening journey for me. I resigned from a substantive NHS post in December 2009 after the Drug & Alcohol service lost the tender to a Non-Statutory Service. I have since been working as a locum doctor, both with a non-statutory agency and with the NHS; this is partly because it is becoming increasingly difficult to get a permanent post in an NHS Drug & Alcohol Service. Most of them are either in the process of a tender or close to beginning the process.

I have been working with Drug & Alcohol services since 2006 and have worked with eight different teams to date. It did not take long to discover, working with one of the Non-Statutory Agencies that they are run more as business ventures and little or no regard is given to any clinical supervision or Continuous Professional Development (CPD). I eventually resigned from the job and requested for an NHS job from my agency.

My experience at my various jobs forces me to question if any measures are in place to ensure locum doctors are given the opportunity to be part of in-house training and development. For instance, it took several months before I was granted 2-3 hours a week to attend an academic programme at the Trust headquarters, away from where my clinic was based. My consultant had to point out to the managers that it was compulsory I attend those programmes for my CPD: up to 30 internal CPD points are required each academic year as part of the revalidation process. Eventually, I was grudgingly

allowed the hours I needed. Unpaid.

Since the recent time of economic crisis and the wide-ranging cuts to services across the NHS, I have been covering two Drug & Alcohol services that were previously occupied by two full time doctors. These days, economics supersedes quality. I am now often excluded

Even events organised by our in-house clinical psychologists and attended by other Trust doctors and consultants are not readily available to me. Who would provide clinical cover while I am away?

There is no doubt that locums often experience resentment from permanent staff. I am expected to be busy every second of the day: I am paid more,

I should bear more responsibility than colleagues directly employed by the Trust. But maybe permanent staff would not be so quick to resent locums if they knew the price we have to pay for those few extra pounds.

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"It did not take long to discover, working with one of the Non-Statutory Agencies, that they are run more as business ventures and little or no regard is given to any clinical supervision or Continuous Professional Development"

from programmes organised by the Trust for NHS staff, or activities that might interfere with my daily clinical work. The excuse I am given is always the same: locum clinical staff are excluded from certain events. This practice, I have discovered, is not consistent with locum doctors across all NHS Trusts.

I have to struggle to maintain my professional development, paying for and attending conferences to gain the minimum required external CPD points.



The M6 to Psychiatry

A 7 hour flight to Heathrow in Jan 2005 brought me a few months after graduation to NHS on a cold wet January morning. The next few months revolved around passing the PLAB and trips to the shiny glass building on Euston Road.

I started my Foundation programme in Northern Ireland that August with a psychiatry rotation during my Year 2. I have developed selective amnesia for the

My four month stint at Knockbracken doing adult psychiatry in Belfast as a Foundation year 2 opened many new horizons and was a rather steep learning curve. The huge grounds and surrounding countryside with some resident cattle thrown in as good measure made for an idyllic setting. MTAS happened and I found myself getting accepted for a run through training programme in psychiatry in London. Clearly I was one of the

served as a source of curiosity to my colleagues. The first few weeks served as an eye opener not just to a life in inner city London but what a brilliant place London is to train in Psychiatry.

The on-calls were inundated with section 136's and mundane requests of benzodiazepine, however there were some regular types; patients I have christened as suffering from a unusual personality disorder which I am sure would be classified as 'Inner city London P.D.' in DSM-VII. I wouldn't mind being recognized for this eponymous syndrome though. The array of psychopathology and resources available in the form of more teams than my neurons could remember does make working as a psychiatrist in inner city London a much cherished, at times frustrating experience. The deprivation of the communities we serve comes as an eye opener of what effect lack of an adequate social support has on the mind and at times we strive to maintain the status quo amid the labyrinth of CPA's and risk assessments. Life seems to revolve around avoiding any adverse events rather than trying to bring out a real change. Despite this negativity, the job is amazing and training couldn't be any better. The red tape will be torn one day. My work on most days gives me the satisfaction to know that I made the right choice to come to London and psychiatry.

Oh! And despite me choosing psychiatry my girlfriend did marry me.

**By Dr Muffazal Rawala ST4 SL&M
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My work on most days gives me the satisfaction to know that I made the right choice to come to London and psychiatry"

nights and on-calls of the houseman year to avoid developing work-induced PTSD and another category in the bulging DSM-IV. Being interested in psychiatry and human behaviour I was eagerly looking forward to working in Psychiatry within the NHS. The 2 weeks spent as a medical student in Pakistan in a psychiatry firm without a MDT and largely restricted to the money spending capacity of the patient left me in an ambiguous state of wanting to do psychiatry yet resenting the working conditions and lack of holistic support. The stigma associated with mental illness both in the Pakistani culture and my fellow students opining that Psychiatry is for those who fail in other specialities led me to keep my desires to myself, what if my girlfriend took out an injunction against me.

fortunate ones for the widespread fiasco that ensued that August in 2007.

The journey that night after my last on-call in Northern Ireland started around midnight and reached mainland Scotland via the ferry. The next few hours navigating the M6 with a tired body but a Red Bull induced pseudo-manic state was an experience that I would rather not revisit. The towns and services zoomed past with the only thing in my mind being that I would look rather unkempt and flustered with this night long sojourn in front of my colleagues at induction at 9 am.

Arriving at the hospital in inner city London was a relief at least for my bladder. I dazed through introductions and the day to find my way to a flat booked online. I had turned into a Londoner and a Pakistani accent with an Irish twang

King's THET Somaliland Partnership: An example of a global mental health link

King's College Hospital established a health link with Somaliland, supported by the Tropical Health and Education Trust (THET) in 2000. Since then King's THET Somaliland Partnership (KTSP) has been active in capacity building and medical education. The KTSP Mental Health Group was established in 2007 at the request of Somaliland partners and the first teaching trip with London psychiatrist volunteers went out in 2008.

Somaliland is a small, self declared independent country in the horn of Africa. Officially it remains part of Somalia. It is undoubtedly a lot more secure and peaceful than its southern neighbour but saw conflict in the 1990s and remains a fragile state.

The Medical Schools in Hargeisa and Boroma were established after the conflict in the 1990s. The first doctors graduated in 2008. As is common in other low income countries, psychiatry is a neglected specialty and in Somaliland there are no practicing psychiatrists, psychologists or trained psychiatric nurses. There are no psychiatric resources in the community and just two psychiatric wards (in Hargeisa and Berbera). There was no psychiatry in the medical school curriculum until 2008

Dr. Peter Hughes was part of the first trip in 2008. On this trip, the first graduates from the medical school and the current medical students received their first ever teaching in psychiatry. This was a key trip in establishing the direction and nature of all further training. We developed a package of teaching that was new to Somaliland including small group work, role play and case dis-



cussion as key tools in learning. We set up the first OSCE type exam in Somaliland at the end of the course to assess students and evaluate the teaching. We incorporated visits to the psychiatry

ward which had never been used for training before and which gave us an opportunity to support the ward staff.

It was a learning experience for the UK based team. The effect of Khat (Qat) chewing is an overarching theme in psychiatry in Somaliland. There is poverty, effects of the war with PTSD and early childhood disruption. There were religious, cultural and gender issues that the UK group have had to learn and incorporate into the training programme.

Since the first teaching trip to Somaliland in 2008, there have been several trips a year with UK based psychiatrists and other disciplines who spend on average 2 weeks providing psychiatry training to medical students, nurses and junior doctors in addition to working with local mental health stakeholders and supporting the psychiatry wards. Over 50 students and junior doctors have now received psychiatry training and the fifth undergraduate psychiatry training course is due to go out in December 2011. The KTSP mental health group now has over 70 members including psychiatrists and psychiatry trainees, nurses, psychologists, social workers and occupational therapists from across London.

The mental health group is a strong collaborative link between London and Somaliland that continues to provide an active educational programme. In addition to teaching, we have supported junior doctors with particular expertise in psychiatry to take on the role of KTSP Mental Health Representative. In addition we regularly provide external examiners for the medical school finals in which psychiatry is now a mandatory part

The other aspect of the psychiatric programme is distance learning via www.medicineafrica.com (a global medical education website using social networking technology). Psychiatry is part of a wider KTSP course of case-based tutorials for medical students and junior doctors in Somaliland. In addition we are running a pilot supervision project; matching doctors in Somaliland with UK based psychiatrists to provide clinical supervision. Another exciting programme is Aqoon, a peer partnership project between King's College Lon-

don medical students and Somaliland medical students interested in psychiatry. This is again through Medicine Africa and has been shown to be mutually beneficial to UK and Somaliland medical students.

Dr. Peter Hughes was last in Somaliland in July 2011. He writes "We now see students we have taught working as doctors and using their mental health knowledge in remote areas who never had any mental health services before. The Somaliland doctors are now leading on exciting initiatives themselves in mental health. Mental health is on the map and now a core part of the syllabus and mind set of the students and doctors. The KTSP link has secondarily improved to a great extent the quality of the mental health ward in Hargeisa –the capital of Somaliland."



The programme has been very successful in capacity building and embedding mental health into a country that has suffered so much and still is not recognised as independent from its troubled neighbour Somalia.

Dr. Peter Hughes Consultant Psychiatrist, London. Dr Susannah Whitwell, Consultant Psychiatrist, KTSP Mental Health Lead, King's Health Partners

If anyone would like more information on the programme or would like to get involved please contact Susannah (Susannah.whitwell@kcl.ac.uk) or Peter (peter.hughes@swlstg-tr.nhs.uk)

A play for our times - Richard III

*Now is the winter of our discontent
Made glorious summer by this sun of York;
And all the clouds that lour'd upon our house
In the deep bosom of the ocean buried.*

This starts the history play in Shakespeare's first tetralogy brought to the Old Vic by the Anglo-American Bridge Project directed by Sam Mendes. This article, serves not so much as a critique of the performances, which were very good indeed and led by a committed and authoritative Kevin Spacey in the title role, but as a discussion of the parallels between the ideas in the play and the current political and financial climate in the UK and internationally. Most British adults must be aware that the opening line has already been usurped for political purposes when it was applied to the description

***“Basic order is the
cornerstone of
commodious
living.”***

of the financial problems that beset Callaghan's Labour government in 1978-79. As then, and now we have an economic crisis, inflation and cuts in services. The anxiety all round is palpable and even during the “silly summer

period” the news continues to be both urgent and threatening. Nothing can “bury bad news” any longer.

As we were sitting in the audience, we had no idea, yet, of the scale of the destruction brought about in London and other major cities by gangs of disaffected or plain criminal youth. There is a significant resonance of Richard's envy and bitterness in the eruption of mindless violence. Richard, Duke of Gloucester, has a choice of how to cope with the unjust hand he has been dealt by nature, by having being rudely stamp'd, deformed, unfinish'd. But he declares I am determined to prove a villain/ and hate the idle pleasures of these days. Today's British youth have taken to the streets also determined to show malice and callousness in equal measure; instead of aspiration and hard work they choose the ephemeral joy of looted pairs of trainers, of LCD TV screens, of burning to the ground someone's livelihood. In the past weeks, the news channels and newspaper articles have been awash with a multitude of explanations for the unusual spread of violence across England. At various points one or more of the following reasons have been mentioned: reduction in education maintenance grants available, inability of parents to instill discipline and moral attitude to their offspring, the economic downturn and lack of jobs and finally boredom and a culture which suggests success need not be based on any skill or ability whatsoever. Richard overcompensates for a fragile ego and low self esteem by pursuing power regardless of the destruction he mets out. We main-

tain that the mobs can have a choice too and the actions of the individuals within show that they refuse to countenance positive alternatives. Richard complains that he is alone and unloved, having forfeited his humanity and engulfed by a precarious sense of triumph and contempt for those around him. Like Richard, the looters showed an appalling case of such a state of mind when pre-thinking, narcissitic states can bring dangerous chaos because the compass of truth and clarity have been over-run (1).

We are not the only ones trying to understand where the violence has sprung from, whether it can be harnessed and how to avoid similar events in future. However, philosophy and psychoanalysis may offer a more plausible explanation for what we have witnessed in the summer of 2011 than tired and over-rehearsed political party lines. Basic order is the cornerstone of commodious living (2).

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Refs:

1. Anderson MK. 2006. The death of a mind: a study of Shakespeare's Richard III <http://onlinelibrary.wiley.com/doi/10.1111/j.1468-5922.2006.00627.x/pdf>
2. d'Ancona M. 9/8/2011. Comment. <http://standardonline.newspaperdirect.com/epaper/viewer.aspx>





The London Riots: Is there a role for psychiatry?

At the outset, I have to declare a potential source of bias: I was abroad during the riots, and first learnt of them through worried messages from people who thought I was still in London. Alarmist texts warned me that a car had been set on fire in a well-heeled leafy North London suburb near to my own. A kind friend checked on my house to make sure it was still standing.

I spent the next two days giving up precious moments of sunshine to watch in horror the televised scenes of mayhem and violence. On Friday, the day of my homecoming, I expected to see a pall of smoke hovering over London and dull, traumatised faces everywhere. In fact, I did see smoke hovering over one burnt out building near the North Circular, but that was it. Nobody mentioned the riots when I went into work on Monday, not even in passing, my rule of thumb indicator of impact on day to day consciousness. For those who were not directly affected or involved in managing

the aftermath, they were already old news.

Over the next few days I ploughed through reams of comment on why the riots might have happened and what we should do to put broken Britain back together again. But amongst the welter of experts who were wheeled out to pronounce on the causes of the riots and how to deal the offenders, there were, I believe, no psychiatrists, and a good thing too.

As a profession, we are trained to deal with the diagnosis and management of mental disorder. We have a passing acquaintance with basic psychology and social sciences, and most of us have experience of working with the socially excluded and the disaffected, but we could hardly call ourselves experts as compared to those who make social disturbance and offending behaviour their main topic of study. Working with the mentally disordered, including those with personality disorders, does not make us fit to pronounce on all the ills

of society.

We are on surer ground when it comes to pronouncing on the factors which place people at risk of becoming mentally unwell. We are well versed in the effects of social adversity on mental health and it is here that we should make our voice heard. Most of us have seen at first hand the effects of poor housing and homelessness, unemployment and poverty, and can quote the relevant evidence base (or at least I would hope we can), not to mention the social decline which can accompany major disorders.

But I would contend that it is a giant leap from here to assert that we have something of value to offer concerning the recent riots. Indeed, I doubt that as a profession we could say anything that differs in any meaningful respect from the views of any reasonably well informed person or indeed from those of our professional colleagues in other mental health disciplines.

Let us not devalue our professional standing by speaking out for the sake of it. Let us not confuse our personal experience of the riots with a professional viewpoint. There are many ways in which psychiatry can contribute to a fairer and, dare I say it, better society, but only as long as we confine ourselves to our area of expertise. The last thing Broken Britain needs is another army of pundits who claim to know the answers simply because they have the letters MRCPsych after their name.

Abigail Seltzer

“Let us not devalue our professional standing by speaking out for the sake of it. Let us not confuse our personal experience of the riots with a professional viewpoint.”

Autumn Academic Event Wednesday 19th October 2011

Venue: Standon House, 21 Mansell Street, London E1 8AA

Cost from: £40!

We are pleased to invite you to the Autumn Meeting of the London Division. The aims of the meeting are to:

a) To provide an overview of key research developments that are directly relevant to clinical practice.

During this meeting the focus is on schizophrenia, bipolar depression and autism spectrum disorders.

Prof. Eileen Joyce will discuss how cognitive changes in schizophrenia can be used to improve outcomes in schizophrenia.

Prof. Allan Young will focus on depression and how best to optimise treatment depending on whether symptoms arise in the context of unipolar or bipolar depression.

Prof. Declan Murphy will present new data on the development of brain scanning as a diagnostic test for autism spectrum disorders (ASD) and the implications for improved recognition of ASD especially in adults.

b) Skills Development.

Dr Mark Salter and Dr Peter Macrae will lead two parallel workshops focusing on assessment and management of risk in different clinical settings out-of-hour and emergency assessment and for people with repeated self-harm.

c) Policy Updates.

Dr Kieron Murphy will discuss ways in which commissioning for mental health services is expected to change and the implications for clinicians.

If you would like to attend this event, please download, complete and return the registration form with your payment, which can be found on the Divisions' web-page:

<http://www.rcpsych.ac.uk/rollofhonour/divisions/london/forthcominglondon-events.aspx>

The full programme is also available on the web page.

LONDON DIVISION VACANCIES

The London Division has Regional Representative vacancies in the following areas:

Applications are invited for the position of Deputy Regional Advisor in the following area:

- **London South East**

The term of office is five years and is a complimentary role to that of the Regional Advisor and will act on their behalf in their absence.

Applications are invited for the positions of Regional Representatives in the following:

- ***London South East Rehabilitation & Social Faculty***
- ***London South East Liaison Faculty***

Please note that some of these positions will become available later in the year. The term of office is five years and duties will include:

- **Providing relevant specialist advice to College Regional Advisers in relation to job descriptions for Consultants, Specialist Registrars and Associate Specialists.**
- **To offer advice on other salient aspects of services and implementation of College policy, including mentorship arrangements.**
- **To provide the London Division with regular information concerning workforce issues via the Executive Committee.**
- **To assist Deputy Regional Advisers with the collection of accurate Census data.**

Full job descriptions can be obtained from Susan Halliwell, London Division Manager.

If you are interested in taking up these posts you should forward a copy of your CV to Susan Halliwell at shalliwell@rcpsych.ac.uk along with a statement containing a short profile of the attributes and experience you feel you could bring to the post and also reflect on the time commitment required in meeting of deadlines assuring your capacity to act in the advisory role.

This is an ideal opportunity to get more involved in the College!

Executive Committee Members

Dr Oyepeju Raji	2010 (E)	Chair
Dr Cyrus Abbasian	2010 (C)	Newsletter Editor
Dr Kostas Agath	2011 (E)	Financial Officer
Dr Saeed Alam	2011 (C)	Affiliate Representative
Dr Mark Andrews	2009 (C)	Deputy Regional Advisor
Dr Rosemary Ball	2011 (C)	Rehabilitation & Social Faculty
Mr Raymond Brookes-Collins	2009 (C)	Carers Representative
Dr Andrew Cohen	2010 (C)	Child & Adolescent Faculty
Dr Vivienne Curtis	2010 (C)	Regional Advisor
Dr Jan Falkowski	2010 (E)	Elected Member
Dr Charlotte Feinmann	2010 (C)	Liaison Psychiatry Faculty
Dr Emily Finch	2009 (C)	Addictions Faculty
Dr Sophia Frangou	2010 (C)	Academic Psychiatry Faculty
Dr Mary Harty	2011 (E)	Elected Member
Dr Andrew Holwell	2010 (E)	Elected Member
Dr Peter Hughes	2010 (C)	Regional Advisor
Dr Pamela Hughes	2010 (C)	Psychiatric Training Representative
Dr Eric Johnson-Sabine	2011 (C)	Eating Disorders Faculty
Dr Andrew Kent	2007 (C)	Perinatal Psychiatry
Dr Michael Maier	2010 (C)	Immediate Past Chair
Dr Alan McNaught	2010 (C)	General & Community Faculty
Dr John Meehan	2007 (C)	Regional Advisor
Dr Ilyas Mirza	2011 (E)	Elected Member
Dr Jale Punter	2010 (C)	Psychotherapy Faculty
Dr Mark Salter	2008 (C)	Public Education Officer
Prof. David Skuse	2009 (C)	Committee Member
Dr William Travers	2009 (C)	Regional Adviser
Dr Ian Treasaden	2007 (C)	Forensic Psychiatry Faculty
Dr Morris Zwi	2010 (E)	Elected Member

Contact

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email: shalliwell@rcpsych.ac.uk

Please feel free to send us your articles

<http://www.rcpsych.ac.uk/rollofhonour/divisions/london.aspx>



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