Happy New Year and welcome to our third edition.

This focuses on the public perception of psychiatry in the aftermath of the Channel 4 screening of ‘Bedlam’, the widely publicised and Bafta award-winning four-part documentary about mental health service users within South London and the Maudsley NHS Foundation Trust.

The very title of the series generated controversy and debate. The term ‘Bedlam’ was criticized for its negative and potentially stigmatising connotations.

Stigma is a crucial issue in psychiatry. It continues to pose a barrier to accessing and receiving appropriate care, as well as reducing the quality of patient’s lives.

Our hope was therefore to spark discussion about whether the public perception of psychiatry had been changed by the series and what role the media plays in the issue as a whole.

We were certainly not disappointed and our edition features a piece by Professor Cleare, who considers the sad passing of Robin Williams while Dr Monsell examines ITV’s documentary ‘Broadmoor’. Dr Werner and Rosanna Young then reflect on the positive impact of creativity in psychiatric disorders. Last but not least our regular features of ‘culture vulture’ and ‘conference watch’ continue to exhibit compelling ideas and information.

We hope you enjoy reading.

Karyn & Rowena
None of us know Robin Williams, his inner world or his psychiatric history. It would be wrong to make any comment on this, or to impose upon the immense personal tragedies that a suicide brings. Sadly, most of us have seen first-hand the long lasting effects on relatives of patients that took their own lives.

But what was the media take? The focus was squarely on whether creativity and depression are linked. Was this simply an attempt to make some sense of the “un-understandable”, or is there some truth to it?

A common definition of creative professionals includes not only artists, writers and actors, but, perhaps surprisingly for us working within the field, also research scientists. Apologies to accountants, but the control group of “non-creatives” is probably less controversial.

Thanks to Scandinavian creativity in collecting anonymous population registers, two extremely large studies—totaling over a million participants—show convincingly that depression is NOT associated with creativity, probably no surprise to those who have witnessed or experienced depression. In contrast, bipolar disorder is about 1.5 times more common in creative professions.

Why might this be? Mild hypomanic symptoms may indeed be productive for some in terms of creative output. Certain genetic or temperamentally characteristic predisposing bipolar disorder may also help creativity. Thus, 90% with bipolar disorder agreed “I nearly always strive hard for personal achievement”, whilst “divergent thinking” – i.e. thinking outside the box – is also more common. We cannot also exclude reverse causation – that people with bipolar disorder choose creative professions because their illness excludes them from other occupations; or that the impulsivity associated with bipolar disorder predisposes more risky career decisions.

But we have to keep all this in perspective. The vast majority of creatives are not bipolar, and not all creative professions are the same: indeed, writers do seem prone to a wide range of other psychiatric problems. And we mustn’t forget that, for most, hypomania is not beneficial: it is unstable and often switches into depression. Over a lifetime, depression is 3-30 times more prevalent than hypomania in bipolar disorder.

As a clinician, I am frequently struck by my patients’ individual narratives, often shared with passion, about how they understand and cope with their symptoms; how they fight, adapt, embrace, internalise, externalise, visualise or dismiss them. Some do indeed yearn after hypomania, even though deep down they may recognise these periods as fleeting, the harbinger of more severe symptoms, and a threat to health, functioning and life. Our President Simon Wessely has reminded us of the stark reality that two thirds of those with depression cannot get treatment for their condition; so perhaps the most meaningful outcome of the tragedy of another high profile suicide might be finally to start to address this fundamental gap in care.

Professor Anthony Cleare

Consultant Psychiatrist at the Maudsley Hospital and Professor of Affective Disorders at the Institute of Psychiatry, Kings College London.
Has psychiatry emerged from the dark recesses of its past?

It would appear so, if recent depictions in the mainstream media give an accurate flavour of public perception. ITV’s documentary ‘Broadmoor’ represented the first time that cameras had been allowed inside the institution’s walls in its 150 year history. We were shown the daily lives of the patients - (“vulnerable adults”) rather than prisoners. Their offences were never discussed. We saw patients engaging in all manner of therapeutic interventions, from discussions about medication with their psychiatrists, to skills sessions with OTs. We saw preparations for restraint procedures (and subsequent injuries) and patients bored, watching TV. We engaged with patients during their journeys through the hospital’s hierarchy of rehabilitation. We even saw clinical staff shed a tear when a resident of 14 years was discharged to a community setting. It was all quite touching.

The response to the documentary was broadly positive, celebrating the balanced insight into life in the hospital. The Telegraph dubbed it “intelligent,” whereas The Guardian ran a piece by Clinical Director Amlan Basu, praising the opportunity to show the potential for rehabilitation in the most extreme forms of mental disorder. Twitter users tweeted salient quotes that bespoke a desire to understand, not sensationalise patients’ experience. It seems like the public have, in part, accepted and continue to display an interest in a more “realist” approach to mental illness. Is this a part of a broader shift away from the gory horror of the asylum, toward a more sophisticated focus on the basic human stories present in everyday mental healthcare? I’d say the recent cannon would suggest so.

In literature, Nathan Filer’s (Costa award-winning) Shock of the Fall explores the central, human question of love for a departed family member, rather than emphasise the horror of being in a psychotic state. Similarly to Broadmoor, this occurs against a backdrop of a life under Section that is dominated by routine and boredom. Jeffrey Eugenides latest novel The Marriage Plot places mental disorder in the well-to-do classes of Eastern Seaboard and explores the impact that bipolar has on a modern relationship. Joseph Franzen narrates the impact of Parkinsonian dementia on a crumbling patriarchal family dynamic in the Corrections, which won the National Book Award.

Last summer’s Anxiety Arts Festival, held across London, showcased films such as Ari Folman’s Waltz with Bashir and Lucretia Martel’s The Headless Woman, both of which examine the capacity for anxiety and trauma to twist memory and everyday experience.

Television and print journalism even have their own set of awards for a sensitive approach. The Mind Media Awards, highlight several examples, notable ones this year include CBBC’s The Dumping Ground, and E4’s My Mad Fat Diary. A considered approach to the everyday impact of mental health disorder has also been firmly rooted in soaps such as Coronation Street (Steve McDonald, depression) and Hollyoaks (Cindy Cunningham, bipolar).

These all represent a wholesale departure from the depiction of mental health over past decades. Famous portrayals such as Ken Kesey’s One Flew Over the Cuckoo’s Nest, George Orwell’s 1984, and Sylvia Plath’s The Bell Jar have done much to shape the image of psychiatry as the
dark corner of medicine; a legacy that has outlasted changes in clinical practice. Importantly, these depictions shape opinion. Time to Change recently reported seeing a well-known character on screen improve understanding of mental health problems in the majority of people. This has an impact on stigma: 48% said that it has helped change their opinion on who can develop mental health issues.1 Importantly, a 2013 Cochrane review of the role of mass media in reducing stigma was broadly supportive of the evidence of this effect.2

These narratives are being unlocked from behind the doors of the asylum and are emerging into the mainstream. They have become less horror stories and more opportunities to explore hidden extents of the human condition, both from the perspective of patients and staff. Though some of the old tensions remain, the public seems to like it. White coats have not quite transformed into shining white armour, but psychiatry is certainly less the villain. That’s progress, isn’t it?

1. Making a Drama Out of a Crisis, Time to Change report, as cited at www.time-to-change.org.uk


2. N, Thornicroft G. Mass media interventions for reducing mental health-related stigma, Cochrane


**FY2 Doctor previously at Camden and Islington Mental Health Trust**

**Dr Tom G Werner and Rosanna Young**

A year after the screening of Bedlam, ‘Creative Madness in Song’ was premiered in the very same place at the Maudsley Hospital. This service-user and student-musician collaboration nurtured creativity and explored mental illness through contemporary “art-song”. It is the next level of addressing stigma through active participation and aesthetic appreciation. On the day, it even attracted media coverage in ITV London’s 6 o’clock News.

The connection between creativity and mental illness has long been noted and discussed, since the time of the ancient Greeks. In the last century, this has continued to be of interest with large-scale biographical investigations of artists’ and their family members’ expressions of mental illnesses; Felix Post (1994), a Maudsley Psychiatrist, being one of them. Recent approaches emphasised shared cognitive traits and genes between highly creative people and those experiencing mental disorder (Kaufman, 2014).

In the post-modern, pluralistic society, the interest shifted to the diversity of opinions and satisfying individual needs in specifically tailored product designs. Both creativity and mental illness add to this diversity and have evidently done so in literature, and the visual and performing arts.

Stigma is attached to an outsider group with visible undesired qualities. Prejudice refers to these judged as unattractive attributes by generalising them to all members of that group. There is positive prejudice but no positive stigma.

More effective ways of reducing stigma have included reducing the ‘otherness’ of a stigmatised group by allowing a full-picture view of individuals (familiarisation). This can result from one’s personal knowledge or non-stereotyped media presentations that allow the perceiver to relate in a personal way. Examples are the ‘Bedlam’ documentary, TV soap operas or reality shows. Similarly, ‘outings’, i.e. declaration of people with admirable qualities such as TV or film stars, MPs, comedians, can lead to an effective reduction of generalised negative interpretation / stigma.

**‘Creative Madness in Song’ is setting the tone by tuning into the creative potential of mental illness**
In the arts, an aesthetic presentation of contexts through artistic work, be it a poem, a painting, a song or a film, allows its perceivers to acquaint themselves with new information through an emotional learning process. Art is thus a suitable conduit to address stigma, through familiarisation.

‘Creative Madness in Song’ combined several strands of these stigma-reducing, active approaches. Young composition and singing students (Guildhall School of Music & Drama and King’s College London), met with poets and singers who had experienced severe mental illness, and worked on setting their words to music. The project took place over duration of several months, time enough for confidence to grow and relationships to form. Regular workshops provided an environment for mutual encounter and learning and regular occasions to celebrate the group’s creative achievements and finally sharing them in a showcase to a larger audience. The results have surpassed all expectations and are best listened to and experienced @Soundcloud link: (https://soundcloud.com/songinthecity/sets/creative-madness-in-song).

Texts that were written in little time (‘Today I’m on top of the world’), or those that would have ended up in the paper bin (‘Sectioned’) have been enhanced, perhaps immortalised, by being set to music. In ‘A lived life’ the poet and singer described her grieving when looking down from the hospital window at the social club where she had once sang, believing that she had lost her music forever. At the premier, not only was the poem-set-to-music sung touchingly by a young Guildhall tenor, but its author delighted the audience with her rendition of Nina Simon’s ‘My Baby just cares for me’.

One of our participants read three of her poems, setting the context for her song about love and lost relations ‘The last time I saw you’. In her feedback, she summarised the project as “enabling, facilitating, allowing, blessing, showing, growing and helping.”

The poet’s true-life experience and that of her close friend inspired ‘Sectioned’. At the same time, it serves as an allegory of the traumatic rejection and abandonment by her spouse due to her illness. The music adds additional nuisances to the already existing powerful voice of the poem. Gratitude and feedback were plentiful, from participating poets, composers and singers.

Renowned mezzo-soprano Sarah Walker, CBE and Song in the City patron, coached singers and pianists on the project. She described the evening as “one of the most satisfying and enjoyable concerts she had been to in a long time”.

Perhaps the most hopeful feedback was from one of the ward doctors written on Monday morning 6.30 am: “The excitement in the patients before they left for this event and the atmosphere after they came back was frankly brilliant. I wish we had things like this every Friday. The Maudsley Charity generously funded the project. The Charity has a long-lasting tradition of funding art projects in the context of SLAM/Bedlam’s mental health service users.

Tom Werner is “Bedlam Psychiatrist” (Psychosis 3/4 - Community Services) and Trustee of Song in the City Charity Trust

Rosanna Young is Song in the City Project Lead for Creative Madness in Song
The Art of Psychiatry (AoP) Society at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) recently organised a rare screening of the 2012 Turner Prize nominated film, ‘All Divided Selves’ by artist and filmmaker Luke Fowler. Fowler attended the screening and took part in a Q&A afterwards with the IoPPN’s Professor Anthony David and Vaughan Bell. There were also many questions from a large and diverse audience.

Naturally, the film is no love letter to psychiatry but neither is it a conventional biopic of Laing. Instead, it is an existential mosaic of images based around Laing and the different contexts of his life. Fowler draws on archive footage and some of the techniques of cinema verite, in the tradition of filmmakers like Dziga Vertov. So there is no clear linear progression of ideas, no titles with names, dates or places to orientate the viewer, and no voice-over to explain the events on screen.

The archive footage is fascinating, and features Laing and other psychiatrists from the 50’s onwards - both ‘orthodox’ and ‘anti-psychiatric’. So we have Laing in the glum Glaswegian district of his youth, talking about his upbringing and his observations that nobody seemed happy or expressed much warmth; Laing at Kingsley Hall, waxing philosophically about mental illness and spirituality; and Laing on various television shows, including one towards the end of his life. In the latter, the interviewer confronts him about drinking alcohol before the show.

There’s also footage of other contemporary psychiatrists conducting ‘old school’ ward rounds, debating psychopathology in tutorials with students, discussing treatments and explicating on theories about schizophrenia, as well as footage of patients and former psychiatric institutions.

In addition to the archival footage, Fowler intercuts the archive with a selection of his own footage; personal and lyrical scenes from the countryside, animal life, inanimate objects, the sky. This is perhaps more in the tradition of filmmakers like Terrence Malick or Yasujiro Ozu. In explaining this structure during the post screening discussion, Fowler spoke about his feelings on the impossibility of true ‘objectivity’. In Fowler’s view, every portrait is also a self-portrait. Deliberately then, in ‘All Divided Selves’ Fowler is no invisible filmmaker. Although we never see him on film, we do see him ‘seeing’. This emphasis on ever present subjectivity, in contrast to attempted objectivity, is a belief which binds, rather than divides, Fowler, the artist, to Laing, the psychiatrist.

Unfortunately, the film is difficult to see, even for Fowler himself. Due to the large amount of archive footage in the film, Fowler does not own the exclusive rights to screening it. However, the AoP society holds bimonthly meetings, with similar such events, always open to the public.

Core Trainee, South London and Maudsley NHS Foundation Trust
Dr Georgina Fozard

On a recent long-haul flight I had the good fortune to stumble upon a hidden gem of a film: ‘Margaret’, directed by Kenneth Lonergan, 2011. The film follows the chaotic path of its protagonist, Lisa (played by Anna Paquin), a teenager unwittingly involved in a road accident when her care-free flirtations with a bus driver lead him to take his eyes momentarily off the road – with dire consequences for a crossing pedestrian.

‘Margaret’

‘Margaret’ was routinely dismissed as “a mess” on release (in part because critics were aware it had been mired in post-production for 6 years). In fact this sprawling film’s messiness is a wonderful reflection of the confusion and messiness of adolescence. Thinking about Lisa’s and other characters’ behaviour in psychoanalytic terms unlocks much of the film’s richness.

In the wake of the accident Lisa begins to act out in all manner of ways. Her mother is a Broadway actress with her own difficult personal life and Lisa’s snide retorts towards her grow as the film progresses. Lisa attacks most of the adults surrounding her, including a male teacher who she deliberately seeks to undermine using her new found and raw sexuality. We watch her shout at classmates, family and teachers in self-righteous age. Much of the film shows her unable to tolerate ambiguity, seeking to find someone to blame for what happened and project her guilt and confusion onto others. In her inability to negotiate the depressive position she attempts to split off her bad feelings and pursue both an abandoned sensual pleasure (drugs, sex) and envious destruction of what is good around her.

What the film does so well is show the way people so often converse using obfuscation, denial or over-simplification. Some of the clearest communication comes from music, in particular when a begrudging Lisa attends the opera and something inside her clicks, allowing her to cry rather than fight.

We watch her mature body being lusted at, and her play-acting at being an adult in pursuing the legal case for the bus driver’s culpability for the accident. However this superficially ‘adult’ exterior covers an uncomfortable vulnerability, which is only made explicit at the beginning and the end of the film, but is obvious throughout through her frantic use of the defenses of splitting, denial and projection.

I would thoroughly recommend anyone with an interest in adolescent psychiatry and psychotherapy to seek out this wonderful film, which is far more complex and insightful than it was given credit for by many audiences and critics at the time of its release.

CT2 Tavistock Adolescent and Young Adult Service

Conference Watch

Dr Hayley Skarda

I recently attended the WASP Jubilee Congress 2014 (13th-15th November 2014), celebrating 50 years of achievements in Social Psychiatry, hosted in London, the city where this esteemed association was born.

The World Association of Social Psychiatry and the Faculty of Rehabilitation and Social Psychiatry of the Royal College of Psychiatrists joined forces to present a full and exciting three-day programme, welcoming participants from 50 different countries.

The plenary on the first day entitled “The Future of Psychiatry is Social” really set the scene for the rest of the conference during which we heard from speakers from all around the globe including high and low to middle income countries presenting their inspiring work in the field of social psychiatry. We were reminded that there have not yet been any dramatic advances in our pharmacological treatments since the eighties and whilst work continues in the field of biology, we can look to the developments in social psychiatry as fundamental to our work in mental health and our pursuit of excellence in mental health care.

There were 37 symposia, 9 plenary and 8 oral presentations over the course of the three days, as well as an impressive display of poster presentations to view during
coffee breaks. I heard many remarks from delegates that the venue was central, easily accessible and the facilities and meals were excellent.

It was encouraging to see internationally shared ideals regarding mental illness prevention, reducing stigma and patient-centred rehabilitation and recovery models as well as tackling physical health comorbidity. An array of projects and evidence-based studies were presented with a focus on these common themes.

One of the highlights of my conference was the talk on Art for Recovery and Cognitive Rehabilitation: Rediscovering Adamson. Having seen some of the work displayed in glass cabinets many years ago on my first day of work at Lambeth Hospital, it was meaningful to hear about the man behind the art collection.

The closing plenary presented by Graham Thornicroft, provided delegates with a powerful and deeply moving take-home message regarding overcoming discrimination and stigma in mental health. His work is reflected in The Time to Change campaign, www.time-to-change.org.uk can be followed on social media.

It was certainly an honour and a privilege to have attended this conference together with my South London and Maudsley Rehabilitation Psychiatry colleagues, many of whom presented posters, gave talks and chaired symposia. Everyone thoroughly enjoyed the conference and the collective opinion was that it was seamlessly organised and highly relevant to our practice.

It was great to see some of the well-known faces and indeed pioneers of Social Psychiatry from around the world. Their journey over the years through difficult times and ongoing dedication reminded us that we must remain passionate and optimistic about the future of mental health in an ever changing socio-economic and political climate.

A big thank you to the organising committee: Prof Tom Craig, Dr Sridevi Kalidindi and Prof Helen Killaspy, for assembling such a stimulating programme of high scientific quality.

Speciality doctor, South London and Maudsley NHS Foundation Trust

Conference Watch
Dr Dipesh Mistry

"Doctor, no matter what I do, I just can't get a good night's sleep". As psychiatrists, this complaint ought to sound familiar. Most major Psychiatric diagnoses in the ICD-10 are associated with a disruption to what is considered "normal" sleep.

I noticed that I was unable to explain why these patients were experiencing difficulties with sleeping, and aside from prescribing a hypnotic and advising about sleep hygiene, there appeared to be very little I was able to offer them. This recurring situation inspired me to step out of my comfort zone and attend a week long course in Sleep Medicine.

If like me, you hadn't previously heard of this relatively young specialty, you are not alone. However difficulties associated with sleep are common. An international survey has suggested a prevalence of 31% in Western Europe, and up to 56% in the USA1. Despite these figures, sleep disorders continue to be under-reported and under-treated.

The course is organised by researchers linked to the prestigious Sleep Research Unit in Edinburgh, which, with over 250 original publications, is the second most highly cited centre for clinical Sleep Medicine in the world. Through a combination of interactive lectures, workshops and even a short film, delegates learn about the fundamental principles of Sleep Medicine, taught by a variety of specialists from the UK and Europe.

The week started with an overview of Sleep Disorders, and rapidly progressed to cover a range of fascinating topics, including the physiology of normal sleep and sleep pharmacology. The link between Sleep Medicine and Psychiatry became clearer when I learned that many of the neurotransmitters that regulate the sleep-wake cycle are also believed to be involved with the neuropathology behind many
commonly diagnosed psychiatric disorders. As with many Psychiatric disorders, the precise pathways have not been fully elucidated. To complicate things further, the receptors for these neurotransmitters are targets for many of the medications commonly prescribed by Psychiatrists.

Highlights of the course include a mid-week dinner, which offers delegates the chance to mingle with some of the course organisers and a (non-mandatory) exam at the end of the week to test your knowledge. Despite Sleep Medicine’s relevance to our patients it did not escape my attention that our speciality was underrepresented, as the majority of delegates were respiratory physicians and ENT surgeons, presumably owing to the relatively common diagnosis of obstructive sleep apnoea.

Overall this refreshing course helped to unravel some of the mysteries associated with sleep, while simultaneously highlighting how much there remains to be discovered. Given the relevance to our patient group, perhaps there is an argument in favour of all Psychiatrists learning more about this exciting new specialty.

Details of the course described can be found at this website: http://www.ed.ac.uk/schools-departments/clinical-sciences/sleep-research-unit/courses/sleep-medicine


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