



The Royal College of Psychiatrists London Division Newsletter

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Editorial

Welcome to the new modified edition of The London Division Newsletter. Our extended welcome goes to **Dr Michael Maier** who was elected, unopposed, as the new Chair of the Division.

In May we held our Annual Division Event at the Marriot Hotel, Maida Vale. Our theme was 'Dangerous Liaisons' and the event is summarised by **Dr Ken Checinski**, as are our most recent executive meetings. Our next event will be the joint training meeting with The Institute of Psychiatry on "**Affective Neuroscience and Psychiatry**" on 14th November 2006, and we hope to see you all there.

The improved quality of our Newsletter is largely due to Wiseworks Enterprises - a day centre ran by Service Users in Harrow, and a short article has been submitted on their work. Our wide varying

professional articles in this issue include: the Estia learning disability centre, St Anne's eating disorders centre, inpatient smoking, and the most recent APA meeting in Toronto. If you are contemplating becoming a volunteer, we have articles about SANE and Samaritans.

Our Newsletter concludes with Anne Patterson's third in a series of literature and psychiatry articles.

Finally, we would be grateful for any suggestions and your future contributions. We hope that the new London Division Newsletter will be refreshing and enjoyable.

Division Activities

Summary of Executive Meetings, London Division

(Full version can be downloaded from the Division website)

7 February 2006

Issues regarding the Advisory Committee on Clinical Excellence Awards (ACCEA), the upcoming academic meetings and the College AGM were discussed. Issues regarding Advance Directives and Doctor Assisted suicide were also discussed, leading to a diversity of opinion but it was agreed that The College should neither oppose nor support the proposed changes. The Division's financial report was healthy and it was agreed to continue discounts for future academic meetings to trainees. Dr Ikkos mentioned a joint initiative linking the Division with Central London Samaritans. Finally, the potential of a mentoring system - 'everyone and for life' - was touched upon.

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10 May 2006

In relation to improvements in the newsletter, it was decided to commission publishing and printing to Wiseworks Enterprises – a user led day centre in Harrow. The new college ACCEA procedures were discussed at length. It was decided to ask Division members whether they would like to have any particular issues listed on the Committee Agenda. Also all faculty representatives will now be welcome to attend committee meetings. After hearing our carer representative's experience of attending A&E, the Committee emphasised the

importance of appropriate facilities and priorities in this area. With respect to public education, a handbook in line with The President's priorities is being prepared. Further, a six-hour documentary following the work of six psychiatrists has been commissioned. Consideration was given to the fact that the prevention of mental health is enhanced when there is improved integration with ethnic minorities. The Priory hospitals group has offered to fund educational events for psychiatrists in London and it was agreed to make time for a detailed presentation of their proposal to the Committee.



Spring Academic Meeting Report "Dangerous Liaisons" - Issues in E & A Psychiatry

by Ken Checinski

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Over 100 psychiatrists braved Maida Vale to attend a vibrant meeting on emergency liaison psychiatry. The Marriott Hotel buzzed with excitement as the London Division and the touring Sri Lankan cricket team found themselves cheek by jowl. As the Chair, I had already heard from the delegates of a raft of issues surrounding psychiatry in Accident & Emergency. It was clear that modern community psychiatry has an impact on the nature of psychiatric attendances at the A&E.

Paul de Ponte (London Development Centre and London Health Observatory) revealed the shocking figure that there is one suicide in London every two hours. This is, however, a lower rate than in the rest of the United Kingdom. Encouragingly, there has been an overall reduction in the suicide rate between 1995 and 2004. Of people aged 20-34, suicide accounts for one in every five deaths for men and one in eight deaths for women.

Women are particularly at risk between the ages of 75-79, possibly because of the impact of bereavement. The highest rates occur in Camden and Islington and, outside central London, Hillingdon has a similar rate to the inner-city boroughs. In London, there are approximately 33,000 attempted suicides per year, with over 49,000 ambulance call-outs for self-harm, of which over 47,000 are due to drug overdoses.

Prof. Colin Drummond's (St George's, University of London) talk was titled "From Beer to ER." A survey of 36 A&E departments in England (18% of the total) had shown that over 70% of attendances, coming in after midnight on Saturday and Sunday, were alcohol related. 26% of adults presented with an alcohol use disorder using the well-established AUDIT questionnaire. Across the UK, 1 million Accident & Emergency attendances were alcohol-related during Fridays and Saturdays. Brief interventions

in A&E departments with a dedicated alcohol health worker, generated a six-month improvement. However, further intervention was required to 'top up' this input. The Alcohol Harm Reduction Strategy for England, while giving some welcome suggestions, was described as a mixed bag with no specific targets and little funding.

I was asked to stand-in for **Drs Jim Bolton and Tamsin Kewley** and discuss their "Liaison Psychiatry Survey of Service Provision in London". This telephone survey covered Greater London (32 boroughs and The City) comprising 29 A&E departments. It showed that Liaison Psychiatry teams generally cover A&E and deliberate self-harm referrals. The figures reduced to about 60% for outpatients and older people. Child and adolescent patients were not covered by Liaison Psychiatry, often having other arrangements through their specific mental

health services and paediatric departments. Almost half the services operate 24 hours a day, with only 17% being described as only operating during 'working hours'. In relation to recommended staffing levels, only half the teams had the recommended numbers of Consultant Psychiatrists, junior doctors and nurses. Most of the services were managed by the local mental health trust, with about a third receiving joint funding from acute and mental health streams. The priorities mentioned included the need for more staff, better accommodation and increase training and other opportunities. Whilst the survey had some

clear limitations, it did indicate a wide variety in London Liaison Psychiatry services, most of which fell below recommended standards.

The final talk by **Professor Patrick Callaghan** (University of Nottingham) was titled "What Patients Think of It". He had interviewed 17 patients over a 15-month period. The qualitative data analysis showed that patients would wait a long time at A&E (in one unit the average wait was 7 1/2 hours) and often it was seen as an inappropriate clinical environment. Liaison Psychiatry at A&E, however, led to more appropriate onward referrals.

Also it supported more effective risk assessment and seemed to prevent unnecessary admissions. The involvement of Liaison Psychiatry resulted in clearer recommendations for follow-up.

By the end of the meeting there was a sense of moving from 'dangerous' Liaisons to 'necessary' Liaisons. It was felt that Liaison Psychiatry could complement more effectively other out-of-hours psychiatric and medical services across the spectrum of primary and secondary care, and along the dimension between mental health services and acute services.

Professional Articles

The Estia Centre

by Nick Bouras, Geraldine Holt and Steve Hardy

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The Estia Centre (www.estiacentre.org) is a training, research and development resource for those who support adults with learning disabilities and additional mental health needs. It is on the Guy's Hospital Campus and is an integral part of local services provided by the South London & Maudsley NHS Trust. It is also an Academic Section of the Health Service Research Department (David Goldberg Centre) and the Division of Psychological Medicine of the Institute of Psychiatry, King's College London.

The Centre opened in September 1999 and it has grown in all aspects of its work. The Estia Centre is closely linked to clinical services for people with learning disabilities that are provided by the South London and Maudsley NHS Trust. These services include the Specialist Community Mental Health in Learning Disabilities Service, the Weston Unit and the Specialist Psychology Service.

The Specialist Community Mental Health in Learning Disabilities Service (MHILD) provides two distinct but intertwined functions; clinical and service related. On a clinical level the service offers highly specialised assessment,

advice, treatment and prevention of mental health problems. Interventions may be home or outpatients based, depending on the needs of the individual. The MHILD Service uses all the facilities of mainstream mental health services, including acute and medium-stay in-patient beds, and a variety of community resources. On a service level advice, consultation and support is offered to other clinical services, such as mainstream community and inpatient services and organizations that provide direct support to service users.

The Weston Unit is a specialist mental health unit for people with learning disabilities and additional mental health problems. The unit provides a specialist service, to those who require a period of admission in an appropriate environment, for those service users whose needs cannot be met on a mainstream unit. This includes assessment, a variety of therapeutic interventions, and after care planning. The unit focuses on maintaining close links with families and friends, staff in residential services, and other community agencies such as advocacy, Community Learning Disabilities Teams and social services.

The Specialist Psychology Service works with its partners in ensuring that people with learning disabilities experience a good quality of life. This is achieved by working closely with service users directly and/or with parents, partners, carers or support staff. The service offers a variety of therapies such as cognitive behaviour therapy, counselling and positive behavioural interventions. Other areas that the service has been focusing on is supporting people with learning disabilities in making decisions for themselves and ensuring that the rights of individuals who cannot give consent are upheld. The team also audits the implementation of good practice in services for people whose behaviour is challenging.

Training provided by the Estia Centre is offered to organisations that provide care and support to people with learning disabilities, who have additional mental health needs across local London boroughs. It is developed and delivered by staff from the Centre in close collaboration with clinical staff and service users. The Centre also develops and delivers training packages for external organisations. The Centre provides a multi-disciplinary educational programme and a number of national conferences/ seminars and runs a postgraduate MSc/Diploma in Mental Health Studies of Learning Disabilities programme.

Together, the joint contributions of mental health problems and learning disabilities indicate

a group of individuals whose need for support is considerable, and whose quality of life is seriously impaired if illness is not effectively identified and treated. The presence of a mental health problem is also the main determinant of the level of specialist support an individual with learning disabilities requires to live independently in the community.

At present there is a lack of evidence-based knowledge about the causes and nature of psychopathology in people with learning disabilities. Also, scant evidence exists regarding the relative effectiveness of costly, alternative treatments. The research and development programme of the Estia Centre aims to expand the evidence base, to encourage the adoption of evidence-based practices and to assist the targeting of resources towards effective treatments.

The programme of research reflects collaborative partnerships with many organisations including universities, other NHS organisations, social care agencies, voluntary sector/charitable bodies and carer and service user groups. The research portfolio comprises over 30 research projects relating to 3 broad areas of research in the field of mental health and learning disabilities including: 1) Clinical Effectiveness, 2) Quality of Life & Standards of Care and 3) Biological & Social Determinants of Mental Health Problems in People with Learning Disabilities.



St Ann's Eating Disorders Service

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It is well known that anorexia nervosa has the highest mortality of any psychiatric condition, yet services throughout the UK are extremely patchy. Our service at St Ann's is one of 5 specialist units that serve the population of London and the surrounding areas. Compared with the rest of the country, the South East, and London in particular, is relatively well resourced. This was highlighted in the Royal College report (CR87 - currently under review).

Although the eating disorders units function autonomously, good relationships and sharing of ideas is fostered through geographical proximity alongside forums such as the Eating Disorders Special Interest Group (EDSIG), London Development Centre Network and research collaborations.

We provide a service for people with eating disorders in Central and North East London

and surrounding counties. Assessment and in-patient treatment is also offered to national patients. The unit is located at St Ann's Hospital, Tottenham, London. As with many eating disorders services it began with an interested clinician (**Dr Eric Johnson Sabine**) and developed from an outpatient clinic with a few beds on an acute psychiatric ward to a dedicated unit with 8 beds in 1997. A series of further developments has led to expansion into a 20-bed service and an increased diversity of the team and treatment available to patients.

Currently the service delivers comprehensive care for patients with a primary diagnosis of an eating disorder. It serves a population of 5 1/2 million (slightly more than the population of Denmark) and receives over 500 new referrals per year. Treatment is offered by a dedicated multi-disciplinary team of more than 60 staff. This includes 2 full-time consultant psychiatrists (**Dr Eric Johnson Sabine** and **Dr Lorna Richards**), additional medical staff, specialist nursing staff, psychologists, dieticians, art therapist, occupational therapists, drama therapist, movement therapist, physiotherapist, family therapists, music therapist, specialist liaison nurses, administration and research staff.

Our clinical service model is consistent with NICE guidance and adopts stepped care management. The outpatient service offers treatment of varying intensity contingent on the specific needs of the patient, thus taking a flexible and patient-centred approach. Community liaison work offers an enhanced service to patients and their families who are awaiting admission to hospital as well as facilitating discharge. The liaison team has also developed a good network with local teams, which is vital as joint working is often necessary.

In-patient treatment at the Phoenix Wing is mainly offered to patients with severe low weight anorexia nervosa where other approaches have been exhausted and physical, psychological or social impairment renders community treatment unsafe. Time limited admissions are however offered to other patients (mainly with bulimia nervosa) to re-establish regular eating patterns and restore some structure to the patient's life. The opportunity to undertake extended psychological assessment also aids further management. In addition to nutritional

restoration and medical management there is a strong emphasis on psychological input during in-patient treatment. Individual therapy, group therapy (symptom focussed, MET, occupational, social, hydrotherapy) and creative therapies are offered to all patients.

We offer an integrated rehabilitation programme to patients during the latter part of an admission and this ultimately involves a 12-week residential stay at the 5-bedded unit, Acacia House. Here the focus is on supporting increasing independence and re-establishing links in the community prior to discharge. Respite admissions are also offered. Day attendance at either the intensive in-patient programme or Acacia House is routinely available to patients post-discharge and also to those requiring extra support whilst receiving community treatment.

The unit encourages carer involvement both in an individual patient's care and through the relatives support group. User and carer feedback also necessarily informs service planning. The unit has recently launched an appeal to develop a new outpatient and academic facility at St Ann's, which is a user initiative. The next stage of expansion is hopefully on the horizon.

Clinically we are focussing our attention on developing models of care for the most challenging patients with severe and enduring low weight. This group of patients have life-threatening conditions and are extremely costly to the NHS in terms of long-term bed use. The difficulties these patients experience and the challenges they present span physical, psychological, social and ethical dimensions. Plans are afoot to develop the rehabilitation service to respond more effectively to these particular patients.

At the other end of the spectrum, the growing problem of obesity threatens to overwhelm the health service. We currently offer group therapy for patients with Binge Eating Disorder and through our links with the obesity service at the Whittington Hospital further developments are planned.

We are also welcoming to visitors if anyone wants to make the journey to Tottenham!

Smoking – Permit or Prohibit? Why the Debate?

by Lucy Spirling

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(For references please contact author)

On 1st June this year the South London and Maudsley NHS Trust became a smoke-free zone. The Lewisham Ladywell psychiatric unit introduced a general no smoking policy, which applies to all areas within the unit, including the grounds, and all staff and visitors. In recognition of the difficulties specific to mental health patients, it was decided that patients may be allowed to smoke at specified times in designated areas, where staff and non-smoking patients will not be exposed to smoke. Meanwhile nicotine replacement therapy is available to all patients who may benefit.

As a member of the “Ladywell Smoke Free” committee I was privy to the anxiety and concern expressed by many staff members regarding the policy, and heard expressed, not infrequently, the view “it seems a shame to take away the one habit patients enjoy”. I suspect this sentiment is not unusual across psychiatric wards in the NHS where more than 70% of patients smoke. However I have never heard such comments regarding patients’ use of heroin, cocaine and cannabis, or any other substance for that matter.

Why is addiction to nicotine, even within the medical fraternity, conceptualised so very differently from addiction to other substances? It is certainly not for the lack of damage smoking tobacco causes: 50% of smokers will lose on average 20 years of life to a smoking related disease,

each cigarette shortening a smoker’s life on average by 11 minutes. History may hold the answer.

In 1610 Sir Francis Bacon, referring to tobacco smoking, noted that to quit “the habit” was very hard. It would seem that the concept of smoking as just “a habit” persists today. Four hundred years on, the third largest US tobacco company Brown & Williamson, states on its website that “smoking is a pretty strong habit. Not something easily broken”, but tells smokers not be “persuaded by the media” into thinking “you’re now an addict”.



That smokers may be addicted to nicotine was first alluded to 40 years ago in the Royal College of Physicians 1962 report on smoking. However not until the 1988 Report of the United States Surgeon-General was it determined that “the pharmacologic and behavioural processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.”

Thus, as a consequence of

institutional and social policy, tobacco has only been viewed as an addictive substance in recent years. Not only does nicotine use through smoking meet both DSM-IV and ICD-10 criteria for substance dependence, nicotine addiction is far commoner than addiction to heroin, cocaine and alcohol. In poly-drug users, tobacco has been rated as highest on need and liking scales. Despite such recognition, tobacco companies continue to persuade the public otherwise, comparing smoking with eating chocolate and drinking coffee.

As well as being the major cause of preventable disease in the western world, tobacco smoking is also associated with psychiatric co-morbidity, and specifically high nicotine dependence with poor prognosis in schizophrenia. Aguilar et al. suggest a “complex interaction between nicotine dependence and schizophrenic symptoms.”

I would suggest that to do less than positively discourage smoking amongst our patients is to be not only clinically negligent but in collusion with the tobacco companies. As psychiatrists, we are first and foremost doctors, who have a responsibility to our patients to promote overall well being. Notably a benefit to patients of reducing / stopping smoking is that they may require reduced doses of psychotropic medications. Limiting patient smoking - far from being a shame, I suggest it is a great shame we didn’t do it sooner.



APA Meeting in Toronto

by *Mariwan Husni and Cyrus Abbasian*

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The American Psychiatric Association (APA) has more than 35,000 members specialising in all aspects of psychiatric illnesses. The APA Annual Meetings usually convene during the Mental Health Month in the United States. It is the largest gathering of psychiatrists on the globe, where professionals and journalists alike, have access to the world's premier researchers and their latest works.

The APA's 159th annual meeting was held from 20-25 May 2006 in the beautiful city of Toronto, Canada. It was thought to be the biggest such event on record, with over 20,000 psychiatrists and mental health professionals from almost every nation on earth gathering under one roof. This extremely well-organised six-day mega event had its own live CNN-style television channel and a glossy daily newsletter of more than 90 pages. Its enormous American flavour was very different to what we are used to in London!

The event's programme book was more than 100 pages and The Syllabus and Proceedings as large as The London Yellow Pages. Many top lecturers gave talks, including Aaron Beck and

the Canadian Environmentalist David Suzuki, who presented his apocalyptic vision of the end of planet Earth. There were as many as four poster sessions per day with more than 100 poster presentations per session. These included posters on diagnosis and treatments rarely described in the UK, such as Restless Leg Syndrome (RLS) and Amphetamine as a prescription for Adult ADHD.

The daily symposia covered many hot topics in psychiatry and were given by world-renowned (mainly North American) psychiatrists. There were as many as 20 of these sessions running simultaneously so one needed to choose attendances very carefully. There were also many courses designed for those wishing to top up their CPD points.

The Industry Supported breakfast and dinner Symposia, which were held in several top locations across the city, were of regal proportions – not only in terms of catering but also in terms of presentations and handouts. The spectacle of hundreds of psychiatrists clambering on top of each other - wanting to satisfy their more primitive desires at

the dinner table - had to be savoured.

The most intriguing aspect of this meeting was the 'Cirque du Soleil' inspired Exhibition Hall of industrial proportions. Hapless psychiatrists were not only showered with freebies of all kinds but also had to play silly computer games for prizes. The pharmaceutical representatives, however, quickly lost interest once realising you were not from the United States. The issue of the huge and disproportionate influence of the drug industry on American psychiatrists was eloquently - and bravely - articulated by the out-going APA president, **Dr Steven Sharfstein**, in his speech.

Finally, the city of Toronto was a joy to visit. It was about half as expensive as London with arguably a superior quality of goods and foodstuffs. It was much cleaner, quieter, and more spread out compared to our urban jungle. No trip to Toronto is concluded without a skyline elevator ride up the CN Tower and a boat tour of the Niagara Falls!

The 2007 APA will be held in San Diego, California.

Carer User Volunteer

The Role of SANE

Cyrus Abbasian and Margaret Edwards

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SANE (www.sane.org.uk) is a UK national charity established in 1986 following the overwhelming response

to a series of articles featured in The Times, entitled The Forgotten Illness, written by **Marjorie Wallace**. Its purpose

was to improve the quality of life of people affected by mental illness. SANE was initially set up to address issues

relating to schizophrenia but has since expanded to cover all mental health problems. Its three objectives are: to raise awareness and respect for people with mental illness, to undertake research, and to provide information and emotional support to those experiencing mental health problems as well as their carers. Major issues spearheaded by SANE have included the restoration of psychiatric beds, the provision of support in the community, and the link between cannabis use and psychosis.

SANELINE is the only national mental health helpline able to provide a specialist mental health service to anyone coping with mental illness in all parts of the country outside normal service hours. Emotional support, crisis care and detailed information are provided. The helpline responds to up to 1,000 calls a week, each call lasting approximately 20 minutes. Calls are taken by trained volunteers and SANE has 13 years of experience in training volunteers. Callers also have access to SANE's comprehensive information database on services, including community support such as day centres or housing projects. 87% of calls are from individuals with mental health problems. The helpline is currently open from 12 noon until 11 pm on weekdays and 12 noon until 6 pm on weekends.

On average, two to six volunteers work in the afternoon shift with up to nine in the evenings. All volunteers are supervised by an experienced, paid coordinator. The Caller Care Team offers a call back service to individuals who are in need of ongoing support or experiencing crisis. Of those callers who have a care plan, one in ten have written **SANELINE** into it.

One of the most important features of the helpline is the **SANELINE Information Database (SID)**. It is believed to be the largest and most comprehensive information database of its kind in the UK and it stores information on around 10,000 UK service-providers. It also has information on mental illness and explains symptoms in simple terms, easy to understand by callers. Further, there is information on medication, therapies and the law. SANE also has literature on common mental illnesses, which is sent to callers on request.

Volunteers are recruited via the web (for example, www.doit.org) or through an advertisement in local or national newspapers. They initially attend an Introduction Evening where they can obtain an application form. Potential volunteers are then invited to a Selection Day after which they are interviewed. Those successful selected are invited to attend a four-day training course. Volunteers need to be

able to commit four hours per week. Psychiatrists and other statutory sector professionals give talks to each training group. Trainees then begin working on the helpline with eight monitored probation shifts before they are fully fledged as volunteers. There are over 100 volunteers based at the East London call centre and they give up to 300 hours to **SANELINE** each week.

SANE Research, at The Prince of Wales International Centre in Oxford, began in 1994 and is led by **Professor Tim Crow**, SANE's Honorary Scientific Director. The Centre collaborates with 20 laboratories worldwide and, as part of this international collaboration, it runs international workshops on topics relevant to the work programme.

As part of his Specialist Registrar Training special interest session, one of the authors (CA) spent half a day at SANE headquarters in East London. His primary aim was to discover what the voluntary sector does and how psychiatrists can get involved and incorporate this into patient care. His experience was highly valuable and he has since given talks to volunteers on the role of psychiatrists in patient care. He would encourage psychiatric trainees to become more involved with the voluntary sector.



Central London
SAMARITANS
Listening to London

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Samaritans (www.samaritans.org) are available 24 hours a day, 7 days a week, to provide confidential, emotional support for anyone experiencing feelings of distress or despair. More than just being available 24/7, Samaritans try to make sure that support is as accessible as possible. By offering support on the telephone, face-to-face, by email and by text messaging, people are able to contact us in whatever way

they feel most comfortable. At the same time, support is available outside the Centre to those who, for whatever reason, cannot access this.

Central London Samaritans (CLS) was the first branch of Samaritans and now has nearly 53 years of experience in listening to distress and despair. Over 500 trained volunteers provide a “listening ear” to London and beyond.

Whatever the means of contact, individuals are offered emotional support that is non-directive and non-judgemental. Sometimes callers may be offered an appointment with one of our more experienced volunteers to help assess the best ways of support. This may be through seeing the same volunteer for a period of time, ad hoc visits to suit the caller’s needs or referral to an appropriate professional. Our aim is never to replace professional help and support. In fact, in many cases, we work alongside mental health and healthcare professionals to provide the most appropriate support for an individual.

Samaritans are also proactive in offering support in the community. We have an outreach programme that makes contact with groups of people who, for whatever reason, may not know of Samaritans or may not be able to make direct contact with us. This programme includes work with:

- Schools and colleges - to increase awareness of the benefits of talking about stress, despair and suicide and how and where to seek help
- Teaching hospitals - to help medical teams understand how to provide support, either by themselves or through referrals to Samaritans, to those who have attempted suicide or self harmed
- Prisons - to provide support to the suicidal and despairing in custody, a service that is provided jointly by Samaritan volunteers and trained “Listeners”
- The homeless on the streets of London
- The community - following disasters such as the July 7th 2005 bombings and the events of September 11th 2001

As well as working with high-risk groups, we welcome appropriate referrals from other agencies or individuals. These “gatekeepers” often recognise the signs of distress and despair and the need to talk. A call to Samaritans,

outlining concerns for an individual can result in Samaritans offering support to the person concerned.

Volunteers, who provide support in the Centre, or in the community as part of the outreach programme, are fully trained and supported. Anyone interested in becoming a volunteer is invited to an introductory meeting to find out about the work of Samaritans. Those who then apply to become volunteers are invited to an initial selection process consisting of group exercises and in-depth interviews.

Following this selection process, those meeting the criteria to become volunteers are invited to attend a training programme. During the classes, potential volunteers are presented with the types of issues and concerns they may come across as a volunteer. Training focuses on listening skills - and the ability of the individual to provide non-judgemental, confidential support. All potential volunteers are given continued detailed feedback and support in these classes and there is further selection during this initial training period.

Once training is complete, the individual joins a shift and becomes an active volunteer. But the training does not end there. During their first six months, volunteers become a member of a “tutor group”. This provides further support outside shifts for the new volunteer and involves them attending a series of group sessions to explore further key issues such as mental health and suicide. All volunteers are required to participate in a programme of on-going education to ensure their skills and knowledge are current. Volunteers work as part of a team managed by a Shift Leader. Volunteers will talk through any concerns they have about callers and, if appropriate, arrange for follow-up action (always with the agreement of the caller). All volunteers are given the opportunity on a regular basis to review their involvement and work with Samaritans. This ensures that volunteers are given the same level of support that is offered to callers.

The work of the Branch and its volunteers is supported by a committed group of professionals in both mental health and other areas. These include psychiatrists, psychotherapists and counsellors as well as legal experts.

London, literature and psychiatry 3

Anne Patterson

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I am writing this from my local café on a hot **Saturday** in June.

A man improbably dressed in a gorilla suit walks past the window. I wonder who of us has become psychotic before I remember that it is the World Cup and England are playing their first match this afternoon.

By the time you read this, however, the Final will already have been played on 9th of July. Another date will also have passed, "7/7", the first anniversary of the London bombings.

"Saturday," Ian McEwan's novel written in 2003, anticipates the attack on London. The cover is stamped with the totemic image of the Telecom tower simultaneously conveying defiance and vulnerability. The book opens with neurosurgeon Perowne, at his bedroom window in Bloomsbury watching an aeroplane on fire streak through the London skies in the early hours of the morning. He asks himself immediately if he is sole witness to a terrorist attack. His anxieties are unfounded, however, and we go on to accompany him through this particular Saturday, the day of the mass demonstration against the invasion of Iraq.

The shift in atmosphere from centre to suburb is vividly evoked in Perowne's journey around the capital buying ingredients for fish stew, playing an intensely rivalrous game of squash and visiting his mother who is suffering from dementia. Perowne's stream of consciousness invites the reader to consider the events of this Saturday in the context of his history. We are also instructed in neuroanatomy and neurosurgical techniques in meticulous detail.

Perowne's thoughts turn to the forthcoming arrival that evening of his daughter, Daisy, a poet who has constantly tried to educate her

scientist father in the value of the humanities.

Baxter, an unfortunate young man with Huntingdon's Disease, explodes into Perowne's Saturday when they meet in a road rage encounter. Perowne, rapidly making the diagnosis, escapes by humiliating his rival, "blinding" him with science by mendaciously offering him access to a newly discovered "cure."

Later, Daisy employs similar tactics in saving the family from being terrorized in their own home by Baxter who has continued to pursue Perowne, intent upon revenge. Baxter commands Daisy to recite one of her poems and is dangerously disarmed by her rendition. He is unknowingly further humiliated by failing to recognise that she is reciting "Dover Beach" by Matthew Arnold, not Daisy Perowne.

Baxter sustains a serious head injury in a final struggle with Perowne. We hold our breaths as the neurosurgeon operates on the man who has just tried to kill his family. Baxter, saved by Perowne's skills, now must face the inexorable decline promised by Huntingdon's Disease.

"Saturday" considers the complexity of the conflict between the generations and between arts and science.

As in "Saturday," neuroscience also took centre stage in the Soho Theatre's production of "**On Ego**," a collaboration between neuropsychologist Paul Brok and theatre director Mick Gordon.

Against a backdrop of scans and X-rays, the neuropsychologist hero asks his audience: "What is behind a face?" He asserts that the experience of identity and personal meaning is an illusion conjured by the workings of the brain.

In reality, he contends, there is no one there!

His thesis crumbles tragically when forced to confront his very personal grief at his wife's terminal illness from a brain tumour.

"On Ego" owes its title to Sigmund Freud whose work has changed our language forever – even if many of his concepts are misrepresented in contemporary culture. For Freud, of course, the debate about mind and brain was central. His early writing was rooted in neuroscience and he aimed to establish a scientific basis for psychology before he became absorbed in the study of the unconscious as it is revealed

in dreams, slips of the tongue and neurotic symptoms.

Saturday 6th May was the 150th anniversary of Freud's birth. In celebration, readers of the newsletter might be interested in hearing about **neuropsychanalysis**, a contemporary perspective upon Freud's initial project, when Mark Solms a leading proponent of this rapprochement between mind and brain addresses the Autumn meeting of the London Division.

Wiseworks Enterprises

This newsletter has been produced and printed by Wiseworks Enterprises - a work centre available to residents of Harrow (Middlesex) aged between 18 and 65 years who are recovering from serious mental health problems.

Participants are referred to the service by Harrow Community Mental Health Teams. As a work centre, the service offers workplace assessment, rehabilitation and training in areas such as word processing, desktop publishing, job search preparation, horticulture, woodwork and community garden maintenance.

The service offers support in securing paid work or other employment in the open job market, and also serves as a stepping-stone to employment and training opportunities within and outside of the borough. For those who are not able to obtain paid employment, the service provides the opportunity for purposeful work experience - attracting payment for a limited period of time.

Wiseworks also undertakes commercial activities as a secondary function for income generation. Participants become involved in these operations by producing items for sale and have a real customer base. This creates a work-like environment and prepares participants for transition into non-sheltered work.

For more information contact **Gabrial Smith**, Tel: 0202 8863 8704

Joint training meeting of the
**London Division
and the
Faculty of Academic
Psychiatry**
"Affective Neuroscience and
Clinical Psychiatry"
Wolfson Lecture Theatre
Institute of Psychiatry, London
Tuesday 14th November 2006
Please see enclosed leaflet or contact
Philomena Conlon
pconlon@london.rcpsych.ac.uk

Calling all SAS and NCCG Doctors! Audit Project Competition

1st Prize £100
2 Runners Up £50 each

The London Division of the Royal College of Psychiatrists together with The London Regional Psychiatric Committee are offering prizes for the best audit project carried out by an SAS or NCCG psychiatrist. This includes Staff Psychiatrists, Associate Specialists, Trust Doctors, Clinical Assistants and similar posts.

We are looking for projects which:

- o are original
- o reflect evidence based practice
- o support principles of good medical practice
- o have potential for bringing about change, or
- o have had a demonstrable impact on clinical practice

Closing date: 31st January 2007
Prizes to be awarded at the AGM, May 2007
For more information contact
Philomena Conlon

Executive Committee Members

Dr Michael Maier	General Adult, Chair	E 2006
Dr Tony Rao	Old Age, Honorary Secretary	E 2006
Dr Jona Lewin	General Adult and Perinatal, Financial Officer	E 2006
Dr Cyrus Abbasian	General Adult, Website Content Editor and Newsletter Deputy Editor	C 2005
Dr Ken Checinski	Addictions, Academic Secretary and Faculty Representative	C 2006
Dr Nicholas Dunn	General Adult, Regional Advisor	SE C 2005
Dr Charlotte Feinmann	Liaison, Faculty Representative	C 2006
Dr Ian Hall	Learning Disability, Faculty Representative	
Dr Anthony Holton	Old Age, Regional Advisor	SW C 2003
Dr Eric Johnson-Sabine	General Adult (Eating Disorders), Regional Advisor	NE C2003
Dr Helen Killaspy	Rehabilitation and Social Faculty Representative	C 2006
Dr Mike McClure	Child & Adolescent, Public Education Officer	C 2006
Dr Cathie O'Driscoll	Child & Adolescent, Faculty Representative	C 2006
Dr Amanda Owen	Associate Specialist (Liaison), Affiliate Representative	C 2002
Dr Anne Patterson	Psychotherapy, Elected Member	E 2006
Dr Nippani Ranga Rao	General Adult, Representative on the Education, Training and Standards Committee	E 2006
Prof. Thomas Sensky	General Adult (Liaison) and Academic, Director of Clinical Excellence	E 2003
Dr Charles Sibisi	Old Age, Faculty Representative	C 2006
Dr Iqbal Singh	Learning Disability, CPD Co-ordinator	C 2006
Dr Lester Sireling	General and Community, Faculty Representative	C 2006
Prof David Skuse	Child & Adolescent and Academic, Co-opted Member	C 2005
Dr Richard Taylor	Forensic, Elected Member	E 2006
Dr Elizabeth Tovey	CTC Representative	C 2005
Dr Ian Treasaden	Forensic, Faculty Representative	C 2006
Dr Nollaig Whyte	Psychotherapy, Faculty Representative	C 2006
Mr Raymond Brookes-Collins	Carer Representative	C 2005



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Please feel free to send us your articles
Full version of this Newsletter is available in PDF at our website.

Disclaimer.....

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