

Trent Division



July 2011

Foreword from the Division Chair

Inside this issue:

AGM	3
CPD Events	6
Divisional Prizes	8
E-Interview	10
Public Education	14

ALL CHANGE AT THE COLLEGE

As you will be aware there has been a change in regime at Belgrave Square with Sue Bailey taking over as President and Nick Craddock being the newly elected Finance Officer. Rob Howard will also be moving on and a new Dean will be elected soon.

I understand that Sue Bailey will be continuing to prioritise recruitment and retention of psychiatrists and promoting the importance of Family Therapy in all services. Both initiatives will be welcome.

In Trent the International Congress in Brighton saw Deenesh Khoosal handing over the Chair's baton to myself, whilst Paul Boston became the Finance Officer for our Division.

Deenesh has worked with tremendous energy to continue to raise the profiles of all the Divisions within the College. He was the Chair of the Chairs of Divisions Group and has earned the reputation of helping the College to be better connected to its membership through the Divisional Networks as well as through Faculties. The Divisions now have a much higher profile than they did years ago and are a powerful force on Council and throughout the committee structure.

Deenesh has also worked hard to improve communication within Trent and has promoted the Newsletter and has tried hard to ensure representation from all the corners of Trent.

He was supportive of all the initiatives from the local educators promoting recruitment to Psychiatry and was keen to offer opportunities to medical students and foundation years doctors, and core and senior trainees at the AGMs. We will miss his unique Chairmanship this October in Leicester! I am very grateful to him for facilitating the programme and ensuring that all the College processes have been handed over seamlessly.

- Trent Division Annual Meeting
5 October 2011
Leicestershire
- CPD Event 2nd
November 2011

Please note the Trent Division have moved offices to 111 Hagley Road, Edgbaston, Birmingham B16 8LB, Tel: 0121 452 5120, Fax: 0121 452 5121

Foreword from Division Chair (continued)

On behalf of Trent I wish to record our thanks and appreciation of all his hard work.

For those of you who have never heard of me I will give a brief resume of my career.

I have been a consultant Old Age Psychiatrist for 20 years and have worked in Leicestershire throughout. For the first 10 years I was clinically responsible for a service which had 2 Community Mental Health Teams and whose inpatient services moved from the Victorian Asylum to one of the general hospitals. I also was Chair of the Leicester Division of Psychiatry and represented psychiatrists on the various trust boards. Later I became lead clinician for MHSOP in Leicester and then Deputy Medical Director with responsibility for Appraisal.

After this post I decided that 10 years was enough in Medical management and stepped down to concentrate on clinical work and training, becoming TPD for Old Age in EMD South.

I have also been part of the Trent Executive.

I am keen to continue to develop communication between the Executive and its membership and we will be looking at our next Divisional Meeting at setting our priorities. We will continue to support initiatives to help with recruitment and at the last meeting we agreed funding to support the implementation of these ideas. We have been far more successful than other areas in recruiting Foundation Doctors and we are especially grateful to Ann Boyle, the Trent Representative on the ETSC, for all her vision and hard work.

We have already discussed prioritising training around appraisal and revalidation as well as how to develop local and cheap divisional CPD events.

It is hard working in Mental Health in the NHS at the moment as many of our services are dismantled and the services which hopefully will be redesigned are perhaps not functioning smoothly yet. It is important that as a profession we do everything we can to ensure that safe and effective services for the most vulnerable people with mental illness are still available and that we, as a profession, are equipped with appropriate skills and knowledge .

As Chair of Trent Division I will try to ensure that our voice is heard. Please contact me via email or speak to a local or faculty representative to give ideas about priorities.

Dr Deborah Chaloner
Trent Chair



Deborah.chaloner@leicspart.nhs.uk

Trent Division Annual General Meeting 2011

**To be held in
Leicester
on
Wednesday,
5th October 2011**

**For more information please contact the Divisional Office
Trent and West Midlands Divisions,
Vancouver House, 111 Hagley Road, Edgbaston, Birmingham
B16 8LB**

Tel: 0121 452 5120 Fax: 0121 452 5121

scorfield@trentdiv.rcpsych.ac.uk

***Limited places available – book early to avoid disappointment ***

This event is eligible for CPD subject to the approval of your peer group

Conference Notes from the International Congress of the Royal College of Psychiatrists 2011

27th June 2011 2300: Check into hotel.

28th June 2011 0800: Dodge the scientologists to get into the conference venue. The registration desks are already buzzing. Spot Helen Miller, Director of Conferences, looking remarkably relaxed. But her look says this may be the calm before the storm. And indeed at 0945 a sea of delegates pour out of the out-going President Dinesh Bhugra's keynote lecture. Plenty of bewildered looks- nothing to do with Dinesh's talk- turns out they are lost in the warren that the Hilton Metropole, the venue is.

28th June 2011 0945: The session on developing the new undergraduate curriculum generates further heat on a balmy day. Keeping a curriculum short and sweet *and* managing expectations of diverse stakeholders from conceptual learning pushing Consultants to tick-box and list-seeking medical students kept the facilitators on their toes. Should be interesting –the new curriculum.

28th June 1143: I do my bit to add controversy. On my talk on Effective Teaching Across Functionalised Teams, I lament that the College paper on service redesign, "Looking Ahead", mentions education and training all of ONE time.

28th June pm: Lunchtime new research presentations just about convince me that the future of neurobiology in psychiatry is bright pink but the last session of the day on attracting Foundation trainees to psychiatry brought back the reality that somehow we are failing to make our students see this.

29th June 0500: No psychiatrists out for an early morning run but homelessness (and mental illness) is clearly an issue in Brighton. For me, this fits in intuitively with the author, Kay Redfield Jamieson's moving key note address on the consequences of the public disclosure of her illness. She gets a standing ovation and I can feel a few teary eyes around me.

29th June 1130: Am a bit tense- organising a session on diaspora psychiatrists and its only me and the speakers! But within 5 minutes, it's a full house. Ex-Chief Examiner Femi Oyeboode makes the point that International Medical Graduates' (IMGs) disproportionately high failure rate in the written and CASC exams, requires 'forensic analysis' and that it is not irreversible. Dinesh Bhugra, an IMG and Trent product along with Dr. Gangadhar, another Trent psychiatrist, paint a hopeful future for IMGs but warn about revalidation and its potential impact on IMGs.

The revalidation guru, the College Registrar, Dr. Laurence Mynors-Wallis did try to reassure the Conference that revalidation would be 'all right' but acknowledged that with no ring-fenced money to implement it, it might put pressure on job plans.

29th June 1730: U be Dead – ominous sounding film depicting the real life story of Consultant Psychiatrist, Jan Falkowski who was stalked by his patient. Gripping movie- get the DVD!

30th June : So much happening – I am dizzy! Mood disorder, Forensic psychiatry, art therapy, safeguarding, President's Valedictory address, the College AGM with Trisha Goddard, the star celebrity attraction for her work against stigma, the fellowship ceremony to honour new fellows but the highlight clearly was the unveiling of Dinesh Bhugra's portrait. Very Bollywoodesque! We then decamp to the Grand Hotel for the conference dinner- yes the very one where there was a foiled attempt to assassinate Margaret Thatcher.

1st July: Its time for me to leave Brighton but the conference connoisseurs are still there to savour the delights of Friday's fare..from medication errors to regaining respect for psychiatry.

For me the Conference is certainly regaining my respect. See you all in Liverpool at the next one in 2012.

An Important Potential Development in Training

Following my attendance at the most recent Psychiatric Trainees Committee, I have been keen to disseminate information about the College's proposed academic programme for Higher Trainees. Those of you who are trainees will have already heard from me. However the academic programme was discussed with the Trent Executive, who thought many trainers would also be interested in this information.

Dr Vicky Banks (Associate Dean) spoke to the PTC about this – Dr Banks said that “there is no such idea of an exit exam.....” and this programme would involve “some kind of written piece” which would be assessed at College level by academics against “clear standards”. It was also suggested local academics maybe involved in marking the work. The driver for this is that there is a sense that trainees are obtaining their CCT but are not yet being ready to be a consultant. The college wants to capture our Special Interest activities along with Management and Leadership opportunities into a formal piece of written work. This is likely to involve two written pieces of work being produced for each year of training with a longer piece, similar to a dissertation being produced in year 3 of training. It was suggested that trainees already undertaking other qualifications and degrees would be able to integrate work from these qualifications into the academic programme. The college wishes to start this programme in August 2012 – what is not clear/not yet decided is A) whether trainees already in Higher Training would be expected to be involved (indications suggest yes), B) who will fund this programme C) The college wishes to recognise those who pass their academic programme with some kind of additional letters to the MRCPsych qualification or a subtext to the CCT – this has not yet been decided how this will be done. The college plans for all higher trainees to have one day a month off work to attend a regional academic course & an extra half day a week for organising this work.

Personally speaking I feel there maybe a need for more scrutiny of the Competences gained by Higher Trainees, but feel that this maybe done in other ways. I am also concerned with the tight timescale required for implementation and that it feels that there has been little wider debate about the plans. Please feel free to let me know your views via timothy.millward@leicspart.nhs.uk

CPD: Do not let it slip from the Agenda Do we still need local (or Trust) CPD Co-coordinators?

It is more than ten years since the College introduced a CPD policy aimed at promoting lifelong learning. This encompassed more than just continuing medical education with prospective planning aimed at maintaining, developing and remedying any deficits in the knowledge and skills relevant to all aspects of professional work. Personal Development Plans (PDPs) were introduced and peer groups established to help support, review and validate individuals' activities. With peer groups established, was this job done?

Eight years ago I became the CPD coordinator for Derbyshire. Among my roles was to ensure colleagues and the Medical Director were kept up to date with College policy, ensure that colleagues (including non-consultant career grades) understood the necessity to participate, ensuring new appointees were aware of the CPD policy and joined a peer group, help to establish internal CPD events liaising with what were then College Tutors on this and other educational matters, provide guidance on PDPs and promote the need for an adequate local budget through the Medical Director. CDP coordinators met quarterly at a regional committee to review local progress, discuss the impact of national initiatives, clarify policies, exchange ideas and good practice, feedback concerns or difficulties from colleagues, and receive updates from the College CPD committee for local dissemination.

Since then CPD has evolved with, for example, CPD online, the introduction of mandatory training by trusts and a debate about how this fits or otherwise with CPD, the financial crisis and CIPs, the increased organization of in house CPD events by Trusts, the development of regional College CDP events over and above the Annual Regional meeting to provide cost efficient academic meetings, the piloting of a electronic revalidation toolkit across two Trusts in the region and the revision of key areas of the guidance with the publication of the College Report CR157 last year.

Changes will continue and gaps still need addressing. College Report CR157 identified that only 64% of members and associates were registered for CPD nationally and of those who were "...still a significant number do not submit their (CPD) returns". This report introduced important refinements to the original guidance and was much more specific about the requirements of particular groups (on which the previous guidance had been particularly vague) such as the requirements for locums, those on sick and maternity leave and for non-consultant grades. Key refinements were the replacement of the internal/external divide for CPD activity, a change in the documentation and a beefing up of the functions of the peer group. Within groups there is now a requirement for an elected coordinator, a need to document each meeting, and in addition to established functions a suggestion to use the meeting as a learning set and to provide peer group supervision, (which in itself can be credited as CPD activity) In addition there is the suggestion that on an annual basis a colleague observes the function of the groups so that it is fit for purpose and does not become too cosy! My own group has also started to use this as a forum for Case Based Discussions. Elsewhere there have been changes with Trusts appointing Directors of Medical Education and the continued metamorphosing of revalidation. Surely it will not be long, that along with our trainees, we will be using electronic portfolios.

CPD: Do not let it slip from the Agenda Do we still need local (or Trust) CPD Co-coordinators? Continued ..

Looking back at my roles as a local CPD coordinator, I can see these extending, particularly, encouraging the new functions of peer groups, liaising with DMEs and Responsible Officers, helping perhaps rolling out CBDs, helping with what constitutes good reflective practice notes and clarifying new guidance issues. I am continually asked, for example what constitutes valid activities within the new *Clinical, Academic* and *Professional* Domains and there continues to be confusion over the replacement of *Form E* with *My CPD Form*. It would seem then, not forgetting the new and important role of helping to host and arrange the College regional academic meetings, that local CPD coordinators have, if anything, a larger role than ever.

The next CPD Event is being held in Sheffield on Wednesday 2nd November 2011.

Dr Simon Taylor
Regional CPD Co-ordinator

Date for your diary!

Trent CPD Half Day Event

Wednesday 2nd November 2011—Sheffield

1.45 pm—4.30 pm

Improving Services for Delirium and Dementia
Dr Paul Boston and Dr Peter Bowie, SHSC NHS Trust, Sheffield

The registration fee has been set at £20 per event. The invitation flyers with programme details for each CPD afternoon will be sent out nearer the time.

In the meantime please contact Sue Corfield (scorfield@trentdiv.rcpsych.ac.uk) should you have any queries or need further information.

Dr Simon Taylor, Regional CPD Co-ordinator

2011 Audit Prize for Foundation Trainees

Entries are invited from Foundation trainees, who are currently registered as RCPsych Student Associates, for the Audit Prize. A prize of £100 will be awarded to the best audit relevant to any field of psychiatry. The winner will also be presented with a certificate at the Trent Division Annual General Meeting.

2011 Research Presentation Prize

Entries are invited from trainees and specialty grade doctors for the Research Presentation Prize. Please note that trainees and specialty grade doctors working in any specialty or sub-specialty of psychiatry within the Trent Region are eligible to enter providing the research was conducted in the UK irrespective of whether it is/was part of another degree. This year's prize (which can be shared) will amount to £200 and will be awarded for the best presentation of a piece of research carried out by a trainee or specialty grade doctor. The winner will also be presented with a certificate at the Trent Division Annual General Meeting. Up to four entries will be selected by the Administering Committee as the most meritorious of those submitted and the entrants will be invited to present their research at the Trent Division Annual General Meeting.

2011 Poster Presentation Prize

Entries are invited from trainees and specialty grade doctors for the Poster Presentation Prize. Please note that trainees and specialty grade doctors working in any specialty or sub-specialty of psychiatry within the Trent Region are eligible to enter. Prizes of £100 will be awarded to the best poster presentation by a CT1-3 trainee and the best poster presentation by a ST4-6 trainee or specialty grade doctor. The winner will also be presented with a certificate at the Trent Division Annual General Meeting.

2011 Medical Student Public Speaking Prize

The Trent Division has established an annual public speaking prize for medical students from medical schools within the Division. Each Medical School will be invited to enter a team of two people. The Public Speaking competition will take place at the Trent Division Annual Meeting in October, where the winning team will receive £200 plus certificates and the two runner-up teams will receive £50 and certificates of participation.

2011 Images of Psychiatry

The Images of Psychiatry prize is awarded for the best photo taken by any member of the Division, depicting mental health. A prize of £25 will be awarded. Entries should be submitted electronically with an accompanying paragraph of 150-200 words. All suitable entries will be displayed on the Division's website, in the Newsletter and at the Trent Division Annual Meeting.

Entries for all of the above prizes should be sent to the Chair of the Trent Division at the Divisional Office by 31st July 2011

Trent Division - Current Consultations

(<http://www.rcpsych.ac.uk/members/divisions/trentdivision/currentconsultations.aspx?page=4000>)

The Division is currently seeking the views of its membership on the following:

- The General Medical Council is consulting on new draft guidance Protecting children and young people: the responsibilities of all doctors. The draft guidance has been developed by a working group chaired by the Rt. Hon. Lord Justice Thorpe. The group has been brought together by the GMC to develop clear principles for all doctors, including those who do not routinely treat children.
 - Comments to cchurchill@rcpsych.ac.uk by 30 September 2011

If you would like to contribute to the Division's response to any of these documents please contact the Divisional Office.

Adopt-a-book

An opportunity to contribute towards the history of psychiatry and the College

The Adopt-a-Book scheme is aimed at raising funds for the conservation and repair of the College's antiquarian book collection. The collection consists of rare books with some dating as far back as the 15th century. Most of the books were donated to the Medico-Psychological Association, a predecessor body of the College in 1895 as gifts or bequests towards the development of the library.



Donations mainly came from the libraries of Doctors Daniel Hack Tuke, J Lord, C Lockhart Robertson and J Whitwell. The collection also contains books written by notable authors such as John Charles Bucknill, Henry Maudsley, John Connolly, Sigmund Freud, and includes the first editions in both English and German of the complete works of Emil Kraepelin, as well as a collection of 18th century psychiatric dissertations on mental illnesses. It is an important source of information on the history of psychiatry, mental illness and learning disability.

The appeal for donations is directed at College members and fellows, and anyone who is interested in restoring and conserving the collection to a condition suitable for its use by researchers and historians, and in its preservation as part of our national heritage.

To obtain a full list of books to be adopted and a donation form, please go to www.rcpsych.ac.uk/college/archives/adopt-a-book or contact Francis Maunze, The Archivist, Tel: 020 7235 2351

E-mail: archives@rcpsych.ac.uk

Member of the Division—interview with Jonathan Waite

Jonathan Waite is Consultant in the Psychiatry of Old Age at Queen's Medical Centre in Nottingham. He was brought up in Watford. He trained in Edinburgh and Nottingham. His special interests include medical law and ethics and physical treatments in psychiatry.

Tell us something about yourself that most people don't know?

I cooked a Chinese banquet for the wedding of Patricia Casey (now Professor in Dublin and Editor of the *Psychiatrist*). I can't remember how many dishes there were but it took about a week.

What trait do you deplore in others?

Lack of commitment: I have found it immensely rewarding to work in teams of enthusiastic and dedicated professionals.

Tell us about either a film or a book that left an impression on you?

I have recently enjoyed 'Jubilate' by Michael Arditti and Alan Bennett's 'A Life Like Other People's' which both give vivid insights into carers' experiences. It's more difficult than we acknowledge to really empathise (with patients or carers) in a clinical context. I was moved much more by the plight of the family when I watched myself in a documentary on caring than I was at the time.

When not being a psychiatrist, what do you enjoy?

I am now working part time and have taken up my former pursuits of bird watching, choral singing and gardening.

Which people have influenced you the most?

I never worked for Bob Kendell, but I learnt more about psychiatry from his undergraduate lectures than anywhere else. He showed that it was possible to bring intellectual rigour to the field of mental health. Tom Ariw showed how you



can solve the most intractable problems with imagination and energy—but these days it is much more difficult to get innovative ideas past management.

If you were not a psychiatrist what other profession would you choose?

I went into psychiatry because it seemed to require less manual dexterity than other specialties; if I was more technically confident I would have been a physician..

How would you like to be remembered?

I think my strength has been as a team player working to make practical improvements in difficult situations. We wrote the book on *Dementia Care* to try and pass on some of what we had learned to others—I hope people will continue to find it useful.

Clinical Excellence Awards 2012

Members who wish to be considered for a national award should submit their ACCEA CVQ electronically to Sue Duncan (sduncan@rcpsych.ac.uk), Awards Administrator, by Monday 25th July 2011. Further details about the College's CEA procedures can be found at <http://www.rcpsych.ac.uk/members/yourmembership/awards2012.aspx>

A Psychiatry Summer Holiday?

As part of an innovative strategy to attract the next generation of psychiatrists the first Psychiatry Summer School (<http://psychiatrysummerschool.com/>) has been established in Sheffield under the leadership of Professor Peter Woodruff. The four day event between 1st to 4th August 2011 will be hosted by the Department of Academic Clinical Psychiatry in partnership with NHS Trusts serving the Sheffield and South Yorkshire training rotation.

Approximately thirty undergraduates will participate in a programme of events that includes eminent guest speakers, visits to specialist psychiatric centres and interactive sessions. Invited speakers include Professor Nick Craddock, Professor David Nutt and Dr Steve Peters, whilst the interactive sessions include a speed dating exercise between the psychiatric specialties and a mock re-trial of Daniel McNaughton for budding forensic psychiatrists.

Accommodation for out of area students will be provided by the University of Sheffield and the second day will finish with a drinks reception and dinner.

2011 Elections, and Vacancies

Vacancies

Regional Advisor—Leicestershire, Northamptonshire and Rutland

Elections

Dr Deborah Chaloner—Trent Chair

Dr Paul Boston—Financial Officer

Dr Debasis Das—Co-opted Vice Chair

For further information please contact scorfield@trentdiv.rcpsych.ac.uk

The Morris Markowe Public Education Prize

2011 Prize Winner: Dr Val Yeung

"Dispelling Dyslexia with Omega-3: Fishy or For Real?"

Hailed as "brain food", omega-3 has been hitting the headlines again. Many of us may remember the pinched noses and curled lips that came with swallowing cod liver oil in the name of keeping mother happy, thinking she was making us cleverer. Now, hot-off-the-press is the launch of yet another omega-3 food product for children, this time, a range of sauces in a line-up of enticingly fruity flavours. Commanding more than €180 million in the European market in 2007 and expected to be worth €820 million by 2014, omega-3 fatty acids are big business.

Bigger still is its media image as a natural panacea. Even revered chef Heston Blumenthal recently relied on offerings of oily fish as brain fuel to win over the brawn of the Royal Navy. Whilst Heston's successful naval mission was inspired by Dr Sandrine Thuret's laboratory experiments at the Institute of Psychiatry, London, how does omega-3 supplementation actually translate to the performance of our children who battle with dyslexia? An increasingly pertinent question with exams around the corner and tightened family purse strings.

Not just a Reading or Spelling Difficulty

The commonest UK disability in education, dyslexia is a complex disorder described by Professor John Stein (brother of famous seafood chef, Rick) as involving a range of difficulties in reading, spelling and writing, as well as organisation, direction orientation, short term memory, visual and/or auditory processing, balance, spoken language and more. Dyslexia often comes hand-in-hand with other childhood difficulties such as dyspraxia, ADHD, anxiety, depression, self harm, suicide and behavioural difficulties. And its impact does not stop there. Taking part in multiagency meetings as a child psychiatrist, I am acutely aware of the stresses, not only for the children, but also their families, school teachers, teaching assistants, Special Educational Needs Co-ordinators and Educational Psychologists. With no available cure for this lifelong condition, it is not surprising that parents will frequently try remedies that offer some hope of improvement.

Essential in the Diet

Omega-3 is one of two essential fatty acids, the other being omega-6. Essential, because humans can't make them and they must therefore come from food. But they are also essential because they are key components of, and have a vital role in the brain and cell membranes. Our modern diets have become heavily loaded with omega-6, common in processed food from vegetable oils, meats and dairy products, leaving a smaller ratio of ingested omega-3. Studies suggest that this relative deficiency of omega-3 is linked with a rise in physical and mental disorders. Tom Brudenell Bruce, chief executive of London-based Eau Plus, who has developed a system of extracting omega-3 from algae, states: "The Japanese have a high omega intake and their IQ is 15 points higher on average than ours in the west. They also have the lowest incidence of brain disease and heart attacks".

Omega-3 and Dyslexia

As omega-3 fatty acids were being discovered to have major roles in cell membrane signalling, brain development and functioning, scientists were also finding some differences in the genes, brains, visual, auditory and balance systems of those with dyslexia compared to those without.

In the 1990s, Dr Jacqueline Stordy of Surrey University was the first to notice an association between breastfeeding and the severity of dyslexia, as well as poor night vision in young

"Dispelling Dyslexia with Omega-3: Fishy or For Real? Continued ...

dyslexics, which improved with omega supplementation. Meanwhile, other scientists found lower levels of fatty acids in boys with more behavioural problems, temper tantrums, sleep problems, and learning difficulties than their peers. These lower levels of essential fatty acids were also found in blood samples of those with dyslexia, along with abnormal cell membranes. Many also showed signs of essential fatty acid deficiency, such as excessive thirst, dry hair and skin, frequent urination and soft, brittle nails. Dr Alex Richardson from Oxford University noted in dyslexic children that "those with more clinical signs of fatty acid deficiency had more severe difficulties in reading, spelling and working memory". Researchers began to look into the use of omega-3 supplements in people with dyslexia.

The Evidence to date

Despite all the media reports of omega-3 improving school performance, there are surprisingly few trials on supplementation in children. Only four trials focused specifically on those youngsters with dyslexia, three of which are published in detail. Unfortunately, each study showed different results as they looked at different aspects of dyslexia; some showed positive findings of improvement and some, no effects. There was also little consistency between them. The studies varied in the way the trial was conducted, with different duration of supplementation, doses of omega-3, ages of the children, their school setting and just to confuse the matter further, involved different countries and languages. No overall agreed conclusions can be made to support omega-3 supplementation in dyslexia.

What the research does clearly show is that larger and long-term studies are crucially needed in this area, designed to give results that can be applied to everyday life. Experiments looking at rats, brain cells in laboratory dishes or reading in Nordic languages are difficult to convert into helping those young dyslexics I saw in clinic last week. Mark was excluded for the third time this term and Jess has been cutting herself from exam stress, convinced that she will fail. Both of their mothers desperately wanted to try something that would help.

The Future

Everyone knows that bad food is harmful for our children's physical health, but it has taken much longer for us to realise that the mind and brain may be the first and most sensitive parts of the body to be affected. The research into the effects of diet on our children's brains lags well behind the studies into their physical health. We need to shift more of the spotlight onto disabling conditions such as dyslexia. Otherwise, our children will be left struggling not only with their education and literacy, but with the arguably more debilitating mental health associations such as depression, anxiety and poor self esteem which can hinder the rest of their lives: a sizeable proportion of our society's talent could be lost. But how we can make this change? I'm not sure. But I might have some ideas after tucking into that juicy salmon steak.

**Dr Val Yeung DCH MRCGP MRCPsych ST5 Child and Adolescent Psychiatry
April 2011**

PUBLIC EDUCATION IN THE TRENT DIVISION

Are you interested in being part of a group which will develop a Public Education Strategy for the Trent region? The College is promoting a less centralized function for Public Education. In order to learn from each other's successes it is important that we coordinate all our efforts throughout the region.

With this in mind it is proposed to develop a Trent Division Public Education Group which will link into each working environment and give a better local focus for all the strands of Public Education.

The work of the Public Education Committee is: to reduce stigma about mental illness; to promote events with a focus on mental health; to provide excellent information about mental illnesses; access to services etc. The Public Education Committee is keen to help in recruitment initiatives which in our region have been very successful.

All grades of psychiatrists are welcome to be part of this group which could give valuable experience for Specialty Trainees

There will be a joint meeting with the West Midlands Division on the 12th October in Coventry. Please put this date in your diary. Media training will be provided during the meeting. This will be of excellent quality. Successful initiatives from the West Midlands will be presented on improved patient information for BME groups and also details of some of the recruitment successes in Trent. I would encourage as many people as possible to attend in order to access the media training which is really useful.

For people interested in forming a Trent PEC please contact Sue Corfield with your contact details in order that we can organise a meeting

Alternatively contact me, Deborah Chaloner at Deborah.chaloner@leicspart.nhs.uk

Trent Authors Success

We should congratulate Penny Campling and John Ballat on their book "Intelligent Kindness" which examines the reasons for the forces against compassionate care in the NHS at the moment. This book is a fascinating and thought provoking read, which examines some of the present difficulties and challenges, in depth. It is helpful in gaining some perspective in the dilemmas we are all facing and a powerful source of provoking reflection.

Published by Gaskell: Ballat and Campling :Intelligent Kindness £25.00 Also available through Amazon

General Psychiatrist Nick Stafford is soon to be publishing psycho education books on Bipolar Disorder. He is co-authoring a book with Francesc Colom. The books are aimed at the patient market. The first is entitled "LITHIUM FOR BIPOLAR DISORDER". Other titles are to follow.

These will be helpful for all bipolar patients and their families. Watchout for their publication!

PUBLIC EDUCATION IN THE TRENT DIVISION**West Midlands and Trent Division****Public Education Seminar****Monday, 10 October 2011**

The Royal College of Psychiatrists achieves a disproportionately high media profile through the efforts of a small corps of active members. Most members who give print and broadcast interviews are linked to the Public Education Committee (PEC) of the College, backed up by the Communications Department. Our "low key" activities yield substantial results – for example our award winning leaflets, which are now available in multiple translations. The College website receives more hits than any other Royal Medical College, or other mental health charities. The PEC meets four times a year at Belgrave Square. Our feedback from PEC indicates that members do not need a centralised structure to carry out effective public education. For example, RCPsych Scotland, the Northern Ireland Division, and PEC North West achieve great results without the need for London meetings – other than to share best practice.

On Monday 10 October 2011 the Public Education Committee will host a one day meeting in Coventry inviting members from the West Midlands and Trent Divisions for a day of discussion, seminars, workshops and media training to identify the public education priorities for the region. Apart from the PEC annual meeting and occasional videoconferencing, we expect the West Midlands and Trent to establish full operational independence for its public engagement activities. The PEC is looking to members from this region to identify innovative ways of achieving similar results for other regional PECs.

The seminar will be held from 10.30 am at the Hilton Hotel Coventry, Paradise Way, Walsgrave Triangle, Coventry CV2 2ST.

Refreshments and lunch will be provided. Places at the meeting are limited and will be allocated on a first-come, first-served basis. If you are interested in attending please contact me as soon as is possible and before Monday 12 September using the details given below. A full programme and directions will be circulated to participants nearer to the meeting.

To be held at:

**Hilton Hotel Coventry, Paradise Way, Walsgrave Triangle,
Coventry CV2 2ST**

Further information from:

Thomas Kennedy, Communications Manager,

The Royal College of Psychiatrists

Tel: 0207 235 2351, Ext 154

tkennedy@rcpsych.ac.uk

Membership of the Executive Committee

Dr Deborah Chaloner	Chair (E)
Dr Deenesh Khoosal	Immediate Past Chair
Dr Paul Boston	Finance Officer (E)
Dr Simon Taylor	CPD Co-Coordinator
Dr Darran Bloye	Forensic Psychiatry Faculty
Dr Ann Boyle	ETSC Representative (E)
Dr Debasis Das	Co-Opted Vice Chair
Dr Subodh Dave	Workforce Committee Representative
Dr Gillian Doody	Regional Advisor
Dr Trevor Friedman	Liaison Faculty
Dr Richard Lansdall-Welfare	Learning Disability Psychiatry Faculty
Dr Mangesh Marudkar	Committee Member (E) Service User/Carer Involvement
Dr Anshuman Pant	Addictions Faculty
Dr Rudresh Pathak	Committee Member (Lincoln Representative)
Dr Anandamandiram Ramakrishnan	Committee Member (E)
Dr Chris Rusius	Regional Advisor
Dr Rhona Sargeant	Psychotherapy Faculty
Professor Peter Woodruff	Academic Faculty
Dr Timothy Millward	PTC Representative

The Trent Division Executive Committee meets four times a year to discuss both College and local issues. Members of the Committee can be contacted through the Divisional Office.

Next Meeting is Wednesday 2nd November 2011 in Sheffield

Please refer to the Division's website for a full colour version of this newsletter in PDF format.

Please note the Trent Division have moved offices :

Royal College of Psychiatrists

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