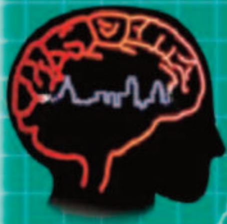

The Royal College of Psychiatrists London Divison Newsletter

Editors
Fiona Taylor
Anne Patterson

Winter 2012 Issue 18

Editorial

"When your hobbies get in the way of your work – that's ok; but when your hobbies get in the way of themselves... well..." Steve Martin

Having been on maternity leave for nearly a year. I realized that I was feeling out of touch with psychiatry when I thought that a service line was the American term for "queue", and that the lead provider was my husband. With all of this reorganization going on, and hearing about it from colleagues, it sometimes makes me wonder where the patients come in. For me, like many others, psychiatry is about human stories and being able to hear people in distress, and as a doctor, to try and help them make sense of that and help them through it. So I started to wonder about us as a profession and what makes us who we are. At work we aim to be professional, organized, positive, intelligent communicators, but what is it in the other parts of our lives which enable us to do that, and likewise, how do the other parts of our lives influence our work?

I was not sure how I was going to lead the editorial committee for a newsletter, unless I brought something to it that I could really relate to and understand. With my recent work-life balance tipped right in one direction, I wanted to know what makes other doctors tick when they are not at work. For me personally, my passion for the past 12 years has been knitting. Making things out of sticks and string is something that I never seem to get tired of. Seeing things slowly grow and take form stitch by stitch, takes a certain concentration, which I find both relaxing and obsessive. It also heralds the end of a busy day caring for my family, and is truly my own time.

It has been wonderful to receive such interesting and varied articles about other members' hobbies from swimming to singing, and running streets to running film festivals. We do, as usual, also have articles about work-related projects and new innovations. Dr Angela Hassiotis has written about being a NICE Fellow (which those of you who know her will confirm!). There is a thought-provoking piece from Dr Leonard Fagin about students with mental health problems, and Dr Dipesh Mistry has reflected on her recent clinical leadership course. Slightly different is a beautifully composed personal account by Dr Su Sukumaran about his journey into psychiatry, and we are pleased to publish abstracts of the winning medical student research and essay prizes by Lauren Waterman and Shawki El-Ghazali.

All that remains to be said is happy New Year from the whole editorial team. Publishing this newsletter is definitely one of the things that makes us tick, although if it's ever a week late again, you will know to blame it on the knitting...

Dr. Fiona Taylor
ST4, St Mary's and Charing Cross Higher Training Scheme

Editorial Team
Cyrus Abbasian
Stephen Ginn
Angela Hassiotis
Anne Patterson
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What Makes Me Tick? The Royal Society of Medicine

Dr George Ikkos

I joined the Royal Society of Medicine (RSM) in the 1980s. RSM has excellent conference facilities and the most extensive CPD programme in UK medicine. The library is widely renowned and in addition to book and journal stock offers a good collection of diverse electronic medical journals. RSM also has a gym and a discreet restaurant on Wimpole Street at the heart of the West End, right behind Oxford Street.

A great pleasure is the opportunity to mix with colleagues from different medical specialties. As founding member of the Pain Medicine Section I have sat in Council with a palliative medicine physician, a rheumatologist, a veterinary surgeon, a uro-gynaecologist, an oral physician, a couple of anaesthetists and now a professor of neuro-gastroenterology! Recently I completed my term as President of the Section and the final conference of my presidency was on "The Role of Placebo in Clinical Practice". Speakers included Professor Irving Kirsch Director of Placebo Studies at Harvard University, Professor Anthony Jones Professor of Neuro-rheumatology at the University of Manchester and Professor Fabrizio Benedetti, a neuroscientist at the University of Turin whose research and book on "The Patient's Brain: the neuroscience behind the doctor patient relationship" (OUP) breaks new ground and is a must read.

For the last four years I have also sat on Council of the Section of Psychiatry. The diversity of the Council is illustrated by the subspecialties of colleagues who have served as Presidents and produced fantastic academic programmes: Professor Kam Bhui (Transcultural Psychiatry), Professor Eric Taylor (Child and Adolescent Psychiatry), Professor Matthew Hotopf (Liaison Psychiatry), Prof. Thomas Barnes (Psychopharmacology) and now Dr Jean O'Hara (Learning Disability). As President Elect for 2012-13 I am preparing a series of events on "Psychiatry in Dialogue with Neuroscience, Medicine and Society". They will include whole day events on "Brain Imaging and Psychiatry", "Pain and the Brain: Rheumatology, Musculoskeletal Medicine and Psychiatry" and "Emotion and Psychiatry: Neuroscience, History and Culture".

> *" As President Elect for 2012-13 I am preparing a series of events on "Psychiatry in Dialogue with Neuroscience, Medicine and Society"*

The first event of the series will be on the 9th of October 2012 on "The Intoxication of Power: from Neuroscience to Hubris in Healthcare and Public Life". This event will be held jointly with the Daedalus Trust, a charity which promotes research in personality changes associated with the exercise of power. Speakers will include Professor Ghaemi Nassir from Tufts University Massachusetts USA whose book on "A First Rate Madness: Uncovering Links between Leadership and Mental Illness" (Penguin) has attracted wide acclaim. With the transformation of medicine from cottage industry to industrial complex and the increasing emphasis on leadership in the profession this is a vital area for discussion and research.

Final programme will be published soon. Further information on www.rsm.ac.uk Why not join in? It makes me tick!

George Ikkos
Former Division Chair
Consultant Psychiatrist
Royal National Orthopaedic Hospital
Director of Medical Education
Barnet Enfield and Haringey MH NHS Trust
President Elect, Royal Society of Medicine Section of Psychiatry

Feature

Reflections on Work-Life Balance

by Dr Aarohee Desai Gupta

I am writing this on a Sunday morning, seated in our conservatory overlooking the garden, sipping my cup of tea, glimpsing at the snowflakes swiftly cover our beautiful garden.

I had a busy week last week. But I enjoyed most of it. I am at a stage in training where I have to prepare myself for a Consultant's role and the challenges that come with it.

I recently had a chat with a senior Consultant colleague on work-life balance. We spoke about responding to work-related emails at late hours and weekends, waking up at 3.00am to prepare for meetings or leaving work late to update patient records. The motivating factors, we decided were the key to determining whether or not the additional work done out of hours is worthwhile. Doing an activity, be it work related or otherwise, because one really enjoys doing it and wants to do it, makes it satisfying. The same may-not be true for activities done because they have to be done to please someone else, to protect one-self from bureaucratic barriers or solely to meet deadlines.

Realistically, bureaucratic barriers, deadlines and the nature of our clinical work itself can cause stress, particularly when these overlap with difficult personal life events. I am learning that drawing a line is sometimes important- both at work and at home. Setting priorities and seeking help helps. I am learning to let go sometimes and be okay with it. Exercising helps. I go to the gym and workout and swim. I catch up there with the news whilst I walk the treadmill. I swim in a pool which has an amazing medieval ambience as it is constructed into an old cathedral- its soothing lights and the soft music that is sometimes played in the background is very relaxing.

> ***" Doing an activity, be it work related or otherwise, because one really enjoys doing it and wants to do it, makes it satisfying. "***

I attended a 'management and leadership' course the other week. The facilitator narrated an anecdote which was thought provoking. It was about the changed perspective of a young man who had survived a life-threatening accident. He came to view life as a span of a set number of summers, each summer being a novel opportunity to experience and learn. They also spoke about the concept of the wheel of life which becomes uneven and dysfunctional if any one facet of life which contributes to making the wheel roll is damaged, ignored or over-emphasised.

'What makes my life worthwhile?' is a good question to ask one-self. I believe that all aspects of my life which make it worthwhile be it work-related or otherwise deserve a fair share of my time and the challenge is to keep the balance even.

Aarohee Desai Gupta,
Specialty Registrar ST6
General Adult Psychiatry,
Barnet Enfield & Haringey Mental Health NHS Trust

Feature

Running with...
South-West London and St George's Mental Health NHS Trust

Dr Lynne M Drummond

In 2009, we organised a Fun 5 k Run/Walk around the grounds of Springfield. The initial aims were:

- Decreasing stigma of mental illness by inviting all to participate
- Increasing healthy life-styles amongst service users
- Increasing healthy life-styles amongst staff

This inaugural run was held on the 29th October 2009 and with 150 participants.

Following on from this success, we invited St George's Healthcare Charitable Trust to join us in the promotion and organisation of the event. On 27th June 2010, the 'Tooting Trot 5K' and family running festival featuring a children's 1K race was held.

In 2011 we decided to collaborate with both St George's and the 'Happy Soul Festival'. This Festival is a celebration of black and ethnic minority culture using film , the arts and community events to explore well-being and mental health. Joining forces with their charity promotion team aimed to increase public awareness of the event across all sectors of the population.

On 5th June 2011 the Tooting Trot took place with 180 paying adults; 30 service users and 37 children taking part.

On 5th June 2011 the Tooting Trot took place with 180 paying adults; 30 service users and 37 children taking part.

The use of local festival activities relevant across a diversity of age, race and culture to promote healthy living and reduce stigma of both mental illness and fear of the old asylums could be used by other providers. We have developed a substantial knowledge base concerning the most effective ways of promoting the event and the challenges of organising a large sporting event with members of the general public attending on site.

This run has proven so popular that we now have a regular Wednesday night running group for staff. This involves 15 - 20 runners of all abilities who meet after work, come rain or shine, whatever the weather? to run around Tooting. Notable successes include new members joining the group, increased fitness and weight loss .

Dr. Lynne Drummond:
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I SWIM!

by Dr PETER BRUGGEN

I swim. I have dived or swam with a Channel conger eel, a Red Sea manta ray, Maldives sting rays and barracudas. Last summer, in swimming trunks, hat and goggles I followed a Mediterranean octopus down to its hole between rocks.

But, best of all, I like swimming pools, ever since using one for anger.

Again refused nomination for the first level consultants' distinction awards, precisely because I had written about the subject in the BMJ, I swam hard for an hour, aiming for my first mile. Mental state improved, hooked on longer swims.

While still at work, I swam at conferences, or when travelling to or from meetings. I dealt with boundaries when swimming with patients. A few times, as consultant at a residential psychiatric unit for adolescents, I took my turn in joining the weekly swimming session. It was OK, including the changing room nakedness.

Now, well retired from NHS or clinical work, I like to swim three times a week: usually 1K, in 30 minutes. I continue to work on tumble turns and to have coaching.

I enjoy my thoughts while swimming, such as what to put in this piece; and occasional flashes of emotional insight about the relationships with my friends. I imagine my blood vessels growing and relaxing to increase the available capacity so that I can keep my blood pressure at healthy level. And then, the relationships with other swimmers: B who swam with eyes jaundiced two weeks before death and G, one of the first of the new older unemployed, who wasn't there this week.

> ***"I can still see the water, smooth and all for me; and feel the plunge."***

Collisions between swimmers do not hurt and my only serious injury was self-inflicted. The ... coach, who had taught me to experience the sensuality of the water, had not come to a session, but sent a message to swim as many lengths as we could. Petulantly, I started briskly and, when I hurt my shoulder, continued senselessly. It took years to get really free of the problem and I learned much from Roger Wolman's sports injury clinic at the Royal National Orthopaedic Hospital; and from several physiotherapists. I like systemic understanding of my shoulders, with stretching and strengthening; and, aware of supraspinatus tendon's tiny blood supply, I change strokes each length.

I do the National Swimathon (usually 2.5K) annually, enjoying fundraising for a secular hospice.

Swimming pools used to have diving boards. Once I dived off the top. After the class my coach talked me through it. Just once. I can still see the water, smooth and all for me; and feel the plunge.

Peter Bruggen
Retired psychiatrist

SINGING IN A BULGARIAN CHOIR

by Dr Alison Conway

When I was at school a music teacher told me I could not sing and so I did not consider joining a choir until I was in my 40's. I initially went to an evening class and when this came to an end I came across a very charismatic Bulgarian singer who wanted to start a choir. I had heard a famous Bulgarian choir Les Mysteres de Voix Bulgares and found the music very different from anything I had heard before so I decided to take the plunge. To start off there were only a few of us and it took us many weeks to learn each song by ear. In the next 11 years the choir has grown in size and accomplishment. We are now around 40 strong and span a wide range of ages and all backgrounds. About a third are Bulgarians and the rest are many different nationalities. Some people have more of a musical background than others but a lot of us still learn the music by ear with the aid of recordings of our rehearsals and the parts of songs uploaded on the internet (adult learning in practice).

People often ask me what appeals about this type of singing. It is usually unaccompanied and has unusual rhythms and harmonies to the western ear. A lot of our repertoire consists of arrangements of traditional folk songs about maidens and soldiers (Bulgaria has a very bloody history) with quite a lot of sock knitting and wedding ritual thrown in. We also sing a few Orthodox songs which are very beautiful. And yes all the songs are in Bulgarian which has its own challenges.

A lot of our repertoire consists of arrangements of traditional folk songs about maidens and soldiers (Bulgaria has a very bloody history)

When we did our first concert in a small church in Paddington I was terrified but now feel much more confident going on stage and through the choir I have had many amazing experiences. We have performed in a wide variety of venues in London and around the country. We won the open section of the BBC 3 Choir of the Year competition in 2007 and performed with a rock group as part of the Electric Proms. We have sung on a barge travelling on the Thames as part of the celebrations marking the reopening of the Festival Hall. This summer we sung in an event in a forest in Sussex and just before Christmas we released our second CD and performed at the Cadogan Hall with the English Chamber Orchestra playing arrangements of 4 of our songs.

I have been pondering how this helps me as a psychiatrist. Of course it is a great antidote to the stresses of working in today's NHS. Singing in a choir is incredibly uplifting and rewarding. It involves a lot of team work and certainly in our choir the whole is much greater than the sum of its parts. One thing I have gained which is often missing in my work is the experience of enjoyment in participating and perfecting something that then gives pleasure to others. I have learnt a lot about leadership from our choir leader who works us hard and tries valiantly to maintain order (we are often told to stop being so friendly during rehearsals as we tend to talk too much). Her communication with an audience is fascinating to watch. I have made many new friends and my partner often calls the choir my second family. Finally as an old age psychiatrist I have been inspired by the work the choir has done with a Bulgarian composer who has written many amazing songs for us in his 70's and continues to churn them out.

If I have whetted your appetite do look on our website: www.londonbulgarianchoir.co.uk

Alison Conway
Consultant Old Age Psychiatrist

Bucket Lists - or 'Essential things to do or see before you die' by Dr. Michael Bloomfield

I recently watched a film called "The Bucket List" (2007) which tells the tale of completing a list of things to do before one kicks the proverbial. I wondered: 'What would I put on my List?

As a trainee, I anticipate that most of us would share some common items: to have long-lasting, productive and loving relationships, to succeed in our careers, etc. But what of the more fantastical? I began thinking of sky-diving, bunjee-jumping and the like but was surprised at where my research - and imagination - took me.

One of my fondest memories, first-kisses notwithstanding, was in the Australian Outback. After riding a camel, I slept in the open air (on a swag – naturally) under the most beautiful stars I have ever seen. I remember reaching out with my hands as if I could touch the stellar blanket above (that ticks all the boxes).

Running with a celestial theme I've always wanted to see the Northern Lights. If you haven't seen Joanna Lumley's documentary about the Aurora add that to your list.

Turning to the internet for inspiration: Scuba diving in the Great Barrier Reef was sensational. I did see a shark, but that doesn't count as swimming with sharks and I'd rather swim with dolphins, after all they have healing properties (Antonioni & Reveley, 2005). And what about dancing the Rio carnival away in the Sambadrome – that looks like amazing fun! Whilst in Brazil why not visit the Iguaçu falls? And then perhaps pop in to Buenos Aires to watch the tango. I suppose I could spend a whole day eating junk food without feeling guilty but what about driving (fast) to Vegas in a convertible listening to loud music.

> ***"Whilst in Brazil why not visit the Iguaçu falls? And then perhaps pop in to Buenos Aires to watch the tango."***

Some of the web's other suggestions bordered on the narcissistic (having your portrait painted), the exhibitionist (getting up to allsorts in most forms of public transport) and the oedipal – (Give your mother a dozen red roses and tell her you love her!). Others were prudent (learning to take a compliment), romantic (falling deeply in love) and moving on psychologically (learning to forgive your parents). Others still were wise (being able to reflect on your weaknesses and realise they can also be your strengths) and profound (accepting yourself for who you are).

It's a shame I never flew on Concorde (big cross) but I have piloted a plane before (ticks all boxes) so why not aim higher, buy a Virgin Galactic return ticket to space AND experience weightlessness? Well I would need to win the lottery for that... perhaps its time to get back down to Earth and be grateful I have lived in an age where its even possible to have our Maslow needs met and hopefully have some fun along the way...

Antonioli C, Reveley MA. (2005) Randomised controlled trial of animal facilitated therapy with dolphins in the treatment of depression. BMJ. 331: 1231.

Michael Bloomfield
MRC Clinical Research Fellow & Honorary StR (SLAM & CNWL)

Journey into Psychiatry

by Dr. Su Sukumaran

"Seems withdrawn, has lost appetite. Not sleeping. Low mood". Those nursing observations led to my becoming a Psychiatric referral, and a tired but pleasant Senior Registrar duly appeared. I snapped at the poor man: "My father has just died and I've had a stroke: I'm p---ed off, not depressed!" Fortunately, he agreed with me but I appreciated that a busy surgical team had considered my psychological health. Later, it was my GP who spotted when I did become depressed – I had asked if I might be hypothyroid.

It was 1991: I was in a London neurosurgical unit, with a dense hemiplegia following a haemorrhagic stroke, while my father had succumbed to longstanding illness on the other side of the world.

I was a Paediatric SHO, but the stroke meant that I could no longer safely carry out delicate procedures, such as intubation, on children. However, the training scheme co-ordinators held my place on the rotation and suggested a Community Paediatrics post, where I managed examinations and developmental checks of relatively well children, and no complex procedures were necessary. When I couldn't return to my own, 2nd-floor, flat, they organised ground-floor hospital accommodation.

I recovered, but not enough to return to hospital Paediatrics (required for the MRCP) and decided to switch specialties. Psychiatry had appealed since my student days, and my trainers sensitively helped me to transfer rotations. Others suggested alternatives: my GP offered help to enter her specialty, while my neurosurgeon said they needed a Medical SHO in his team. I eventually combined my interests in Child Psychiatry. Within Psychiatry too, support has been plentiful. Diversity and 'difference' is generally accepted, and help is always available. Managers have been proactive about my needs as a disabled person, and colleagues have looked out for me as I assessed potentially violent patients.

> ***"one brandished her umbrella to stop traffic while the other rescued my groceries."***

The importance of a support network was also brought home to me during that time. Most of my family were far away but luckily I had many friends in the UK, mainly from university. In Medicine, we are good at looking after our own; still, I was impressed by how quickly news of my illness spread. Friends and colleagues called from Australia and America, flew in from Ireland and Germany, or drove every weekend in wintry weather from the Northwest.

There were kindnesses from strangers too: The Charge Nurse who joined my friends in an impromptu jamming session on the ward. The ex-Forces hospital volunteers who joked about 'war wounds' as they wheeled me to Physiotherapy. The tiny octogenarians who helped me cross the road after I'd fallen outside Sainsbury's: one brandished her umbrella to stop traffic while the other rescued my groceries.

I am grateful to a system that gave me access to both high-quality care and career support. I feel my experiences have given me credibility when speaking to people with chronic illness or disability. As a Psychiatrist, I try to think holistically and keep my basic medical skills up to date. I remain fascinated by the interface between mental and physical health, and have particularly enjoyed my Liaison posts. I remember that chronic pain is depressing and admire the courage of families living with cancer or muscular dystrophy. I also remind myself that poor mental health impairs physical wellbeing, and to avoid assuming that when a Psychiatric patient presents in distress, the problem must be psychiatric. However, I did once snap, albeit after a 16-hour workday, at a hypochondriac patient who'd woken me at 3am, saying she was having a brain haemorrhage. She had a tension headache.

Dr Su Sukumaran
Consultant Child and Adolescent Psychiatrist
Barnet, Enfield and Haringey Mental Health NHS Trust

MedFest

MedFest was founded as the UK's first Medical Film Festival. It is run by The PTC and is supported by the RCPsych Public Education Committee.

Our first festival 2011, explored "The Image of Doctors in Film". Medfest was warmly received at 9 Universities throughout the country, with the notable honour of a review in The Lancet.

Medfest 2012 will build on the success of 2011. As previously, it will be a 1 month film festival, touring throughout the UK, this time to 16 universities. Events are FREE to attend and will take place in February-March.

The theme this year will be: “HealthScreen”: Understanding illness through film

We hope to provoke debate of the social, political and ethical implications of depictions of health and illness on our screens. When inaccurate, these portrayals can create myths, propagate falsehoods and incite stigma. But when correctly presented, they have the potential to empower patient groups and dispel prejudice.

Our London Events in 2012 are as follows:

St Georges - 15th February
Kings College - 16th February
Barts and the London - 23rd February
University College London - 1st March

Please see our website for details:
www.medfest.co.uk
And follow us on twitter - @ medfest

Dr Rory Conn
CT2 Psychiatry Trainee, Royal Free
RCPsych Trainees Committee
RCPsych Public Education Committee

A NICE Fellow

by Dr. Angela Hassiotis

The NICE Fellows and Scholars programme was one of the recommendations made by Lord Darzi-NICE's first Honorary Fellow- in his far reaching report High Quality Care for All (DH, 2008). Lord Darzi saw the Fellows and Scholars programme as a way to improve clinical standards of care and anticipated that clinicians would be more willing to apply clinically and cost effective treatments if these were championed by the very people who deliver care in the NHS.

The first cohort of 10 Fellows (senior clinicians) and 10 Scholars (speciality trainees) were appointed in 2010. There has since been a further intake of another 20 Fellows and Scholars in 2011 and the 2012 recruitment process is under way. Significantly, in an attempt to join up both health and social aspects of care, three Social Care Fellows were appointed in 2011.

All NHS and Social Care professionals are encouraged to apply.

I am one of the 2011 class of Fellows. I applied for the post for several reasons; I am passionate about evidence based practice, I think that it is important to follow a care pathway to avoid mistakes and omissions in patient care and I wanted to extend these perspectives to my practice in the psychiatry of learning disabilities. Furthermore, I wanted to find out more about how NICE works and what really goes on behind the completed guidelines that we see delivered to our offices.

And some things about NICE

1. NICE is an independent NHS body for England and Wales
2. A Citizens Council, entirely made of up of members of the public is an independent advisor on all recommendations
3. NICE has an international arm to advise on guideline development abroad
4. NICE has a role in the management of the Quality and Outcomes Framework (QOF) by prioritising areas for indicator development
5. NICE launched NHS Evidence in 2009 to improve knowledge dissemination of best practice and innovation. Within it, there is QIPP (Quality Innovation Productivity and Prevention), a comprehensive database of best practice examples
6. NICE pathways combine all information about a topic in an interactive diagram
7. NICE is producing quality standards, that is, "markers of high-quality, cost-effective patient care"
8. NICE is the most prolific authors of guideline development and technology appraisals anywhere in the world; 781 todate!

What does a Fellow do?

Fellows, are appointed for a non re newable three year term following interviews. Some Fellows have come with specific projects which were part of their existing commitments and others have a more ambassadorial role in promoting the work carried out by NICE and establishing links with frontline staff. All, however, are committed to improving clinical standards both locally and nationally and exploring ways in which they can lead in clinical and service innovation. We have had an induction and two full day seminars since March 11. We were also invited gratis to the NICE conference in May 11. There have been opportunities to take part in other NICE related activity such as methods review workshops and technical forum teleconferences.

In my case, I am a member of the Quality Standards Group in my local trust and supervise a guideline implementation project within the local clinical leadership programme.

Challenges

The impact of the Fellows-and Scholars-programme remains to be seen. So far the milestones for the post are mainly individual but all Fellows and Scholars are assigned mentors.

The emphasis on saving costs in response to the ongoing financial difficulties may lead to lack of recruitment to the programme. This can potentially be important because organisations must support the applicants in this role.

Angela Hassiotis (class of 2011)
Reader and Consultant Psychiatrist, UCL and Camden and Islington Foundation NHS Trus
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Please also see:
http://www.nice.org.uk/get-involved/nice_fellows_and_scholars/nicefellowsandscholars.jsp

Are we doing enough for students with mental health problems? Considerations for mental health professionals.

by Dr. Leonard Fagin

In its recent report on student mental health, The Royal College of Psychiatrists reported that rates of mental ill-health symptoms are higher among students than among the general population, but that there is no evidence that students experience higher rates of mental disorders or illness.

Official statistics from the Higher Education Statistics Agency (HESA) in the UK suggest that the proportions of undergraduates declaring a mental health difficulty on entry to higher education rose from 5 in every 10,000 in 1994-5 to 30 in every 10,000 in 2004-5, with a gradual rise in postgraduate and undergraduate students reporting mental health difficulties despite the relative stability of total student numbers. Of interest is the steady rise in those reporting autistic spectrum disorders, usually Asperger's syndrome.

University life can be stressful for a whole variety of reasons, including academic pressures, relocation, relating to new peers, financial pressures and personal and familial expectations. The massive expansion of university places prior to 2003 has also brought into higher educational institutions cohorts of young and older students from non-traditional backgrounds, including foreign students, who also have special needs. With funding pressures University staff-student ratios have declined; increased pressures on staff to generate income and to carry out research has reduced time available for pastoral duties, and modularisation of curricula have broken up stable peer groups.

These difficulties may have profound implications: some students might drop out of university or show academic decline, others persevere despite their symptoms, graduate and end up in local psychiatric services on leaving University. Those experiencing mental health problems may cause distress to other students or tutors; engage in offending behaviours, in abuse of alcohol or drugs or indeliberate self-harm or suicide. They may have difficulties in asking for help or have problems in engaging with local psychiatric services whilst at University.

The College report suggested that better arrangements for communication and collaborative work should be undertaken between University departments and mental health services. Student Counselling Services are able to offer short-term counselling for students who are experiencing distress. Any work that is undertaken with a patient known to mental health services would obviously benefit from communication and collaboration, as long as the student provides consent.

University Mental Health Advisors usually have a backgroud in a community psychiatric nursing or psychology and They are able to respond quickly to students experiencing a mental health crisis, to give advice to the student, and to act as intermediaries with local mental health services and GPs if required. They also have a role in raising awareness of mental health issues in university academic staff and mentors, home wardens and Disability Services.

What should a mental health professional be considering if his/her patient wishes to go to University?

Mental health professionals have an important role in preparing their patients to become more resilient and to anticipate any problems which might occur, thereby increasing their chances of academic success. The following are some questions that might be considered if a patient is contemplating this move.

1. Has the future student taken into account the likely stresses that he or she is likely to face in our modern universities, particularly in the first year?
2. Where will the future student be living?
3. Will the future student disclose their diagnosis to the University?
4. If the future student moves out of the catchment area, who will assume care?
5. How might the future student's illness affect his or her ability to study?
6. If the student is taking medication how will it affect his or her ability to focus, concentrate and summon enough energy to complete assignments and studies?
7. Are you, as the current doctor of the future student in touch with the Student Counselling Services and the University Mental Health Advisor?

Having a degree increases the chances of purposeful and satisfying employment in the future, and this in turn may have a beneficial effect on mental health. However, the evidence suggests that students with prior mental health problems are vulnerable in the university environment, and will benefit from well coordinated care.

Dr Leonard Fagin
London Metropolitan University

A fuller version of this article is available on request
lfagin@blueyonder.co.uk

A Patient Presents ....

by Diane Goslar

A Patient presents although not, in this case, to a psychiatrist but to a keynote seminar in Whitehall addressing two Westminster forums took place in November 2011. The Chairs of the 2 panels were MPs; the panel members were health lobbyists and senior executives from the drinks industry. Quite a mix. A service user speaking here was very unusual so this was a real opportunity to have a voice.

The title was "Alcohol – a New Approach to Responsible Drinking". As you can imagine, there were somewhat different viewpoints held by the panellists. At times very vocal and passionate. I was on the panel that discussed the Responsibility Deal alongside the Special Adviser from the British Liver Trust, the Chairman of the Portman Group, and the Chief Executive of the British Beer and Pub Association. There were about 180 delegates attending including the ubiquitous press.

Originally I was to speak on the pricing of alcohol in Scotland, and it's safe to say that this is not my forte. I was, therefore, very relieved when a Member of the Scottish Government was available to speak on that topic. Instead I was asked to give my thoughts on the "Responsibility Deal" – something on which I had very definite views.

Basically I said that the Responsibility Deal on Alcohol (between the Government and the drinks industry) wouldn't work and was bound to fail from the outset. This was primarily because it is totally voluntary and secondarily because it presents a basic conflict of interest for the drinks industry which is, after all, there to make profits for its shareholders.......

> ***"Surprisingly, one of the panellists from the drinks industry wished me good luck".***

Each panellist speaks for (a strictly controlled) 6 minutes putting forward their view. After 5 minutes a yellow card is held up and after 6 minutes a red card, which means "stop speaking". That's rather daunting. I never looked at the person holding up the cards but practised timing the speech beforehand.

Being aware that the delegates had paid quite a lot of money is somehow quite a responsibility – and the room was full. However it seems that all went well. Interestingly, after we'd finished a few people came up and said that they had friends/family with alcohol problems and that they had found the presentation informative and empathetic. Surprisingly, one of the panellists from the drinks industry wished me good luck. I didn't expect that.

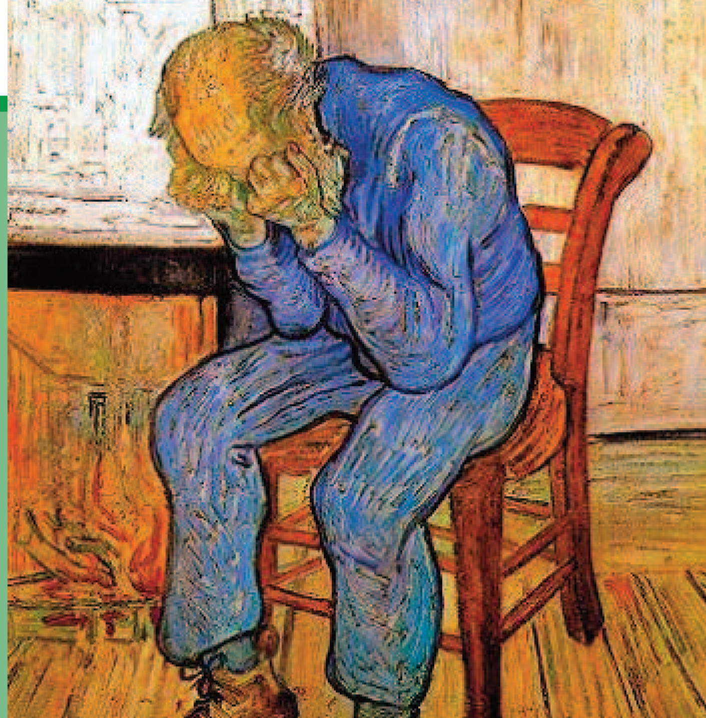
Would I do it again? Providing I knew what I was talking about then, yes, I would.

I do hope that it means other service users will be asked in the future to take part in these keynote seminars to Westminster Forums, as it opens up to a wider audience and gives a different perspective.

Diane Goslar

Behavioural and Psychological Symptoms of Dementia Training in Care Homes in Ealing, West London

by Dr. Dulith De Silva



In the UK about 250,000 people with dementia live in care homes, and many will experience behavioural and psychological symptoms of dementia (BPSD). There is a real need to improve the understanding and treatment so that people can 'live well with dementia', the goal of England's National Dementia Strategy.

Pharmacological management has focused on antipsychotics, even though from the total of 180,000 people with dementia who are treated, only 20 per cent will derive some benefit (Bannerjee, 2009) and there is emerging evidence of detrimental outcomes (Ballard et al, 2009a).

One reason that drugs are so heavily prescribed is that BPSD are frequently perceived as distressing and burdensome to both the person with dementia and their carers. However, research shows that only about a third of people with dementia are distressed by the symptoms and the effect on carers remains unclear. How staff respond to patient behaviour has been found to vary due to factors such as how the staff are organised in the care home rather than the behaviour itself.

Helping caregivers to understand why behavioural and psychological symptoms can develop can change how they feel about whether that person's behaviour is actually 'challenging'.

Vicious Cycle

The majority of care home staff are low paid, and have limited career progression opportunities. This leads to high staff turnover. Commission for Social Care Inspection (CSCI) reports turnover rates of care workers to be 23.2% in nursing homes and 21% in residential homes. High staff turnover is a huge disincentive to the employers to invest in training and development, yet lack of those opportunities further increase the turnover.

> ***"High staff turnover is a huge disincentive to the employers to invest in training and development,"***

My Project in Ealing, West London

Under the guidance of my consultant, Dr. Sujoy Mukherjee, I organised a series of BPSD workshops in our area. I also discussed the project with the consultant Psychologist in our team who agreed to offer us 2 sessions per month. Currently 2 trainee psychologists are involved in our project. So far we have completed training in 5 care homes and our aim is to complete BPSD training in all 12 care homes in our area. A minimum of 10 carers in each care home have attended workshops. We intend to evaluate the project by incorporating training effectiveness and training follow up questionnaires.

Limitations of current initiative

There is significant evidence that for any training program to be effective it has to be provided on an ongoing basis at regular intervals. high turnover of staff means we need to provide training at least every 6 months.

In order for this to be effective I need a successor to continue the initiative when I have moved to another training post.

Vision for the future

We are planning to conduct a survey on training needs in care homes throughout London.

We would like this model to be piloted more widely incorporating the following:

1.Senior Trainees in Old Age Psychiatry could have a specific training objective of providing training to a care home once/ month
2. Clinical supervisors provide support and guidance.
3. Clinical Psychology input should be incorporated where available.
4. A standard format of training would be adopted and then feedback would be sought.

Dulith De Silva ,
ST6 in Old Age Psychiatry for West London Mental Health Trust.

A walk in the Dark Side ...

Attending a 'Clinical Leadership Course'

by Dr. Dipesh Mistry

I have taken the first step towards what some of my colleagues refer to as 'The Dark Side'- I have attended a 'Clinical Leadership Course'. Until now, I always used study leave to attend courses focused on developing my clinical rather than people management skills

Initially, I was sceptical about the programme. I recall berating myself on the first day for not attending a 'proper clinical course'. I previously associated words like leadership, service planning and management with - I hesitate - as it seems so obvious - but with those non-clinical people in suits who are forever asking me to complete forms - in other words - with managers. My perception soon changed after I learned medically qualified managers have been around for some time. To my surprise the General Medical Council have issued specific guidance for doctors engaged in managerial roles. 'Management for doctors' was first published in February 2006.

This discovery marked the beginning of a process, where some of my long held beliefs about the roles and responsibilities of a doctor were challenged. The Clinical Leadership Programme I attended was delivered through a series of short lectures, workshops and highly interactive group discussions. We examined what it means to lead and manage in the context of a vast and complex organisation such as the NHS.

A key highlight of the course was a talk from the Trust's Medical Director who quickly quashed my assumption that a Masters in Business Administration (MBA) is a prerequisite to becoming a Medical Director. I also learned that doctors do not forgo their clinical responsibilities in taking up the role of Medical Director – the Trust's Medical Director was a brilliant example of this.

Given the current climate of austerity, and the many changes facing the NHS, it was becoming ever more clear that doctors are expected to contribute towards the efficient running of the organisations in which they work.

> ***"...some of my long held beliefs about the roles and responsibilities of a doctor were challenged"***

This realisation left me feeling hopelessly unprepared and I became increasingly aware that I had completed 9 years of undergraduate and postgraduate medical training without any formal training on operating as an effective leader or manager.

The course tutor reassured me that in my current role as a trainee in Psychiatry I already had exposure to a number of senior colleagues who operate as 'medical-managers'. Furthermore, the multisite multidisciplinary nature of my work provides me with ample opportunities to practice the managerial skills I have learned.

Overall, I found the Clinical leadership Programme enjoyable and refreshing. My scepticism regarding the role of managerial colleagues has been replaced with curiosity! On a more serious note, I have learned that the traditional medical model where doctors work solely as clinicians, is outdated and that medical management is here to stay.

Dipesh Mistry
CT2, Highgate Mental Health Centre

Does medical school lead students to repeatedly visit the doctor with concerns about having serious health problems: A cross-sectional study of 'Medical Student Syndrome'

by Lauren Waterman

I surmise that some currently active factors will remain relevant to how we will deliver services over the next twenty years. They will include our ever active attempts to position ourselves as professionals who are central to sensible decision making and resource allocation through our skills in assessment, diagnosis, treatment and biopsychosocial management of patients with mental health difficulties. We will continue to strive to be influential and to offer coherence, consistency, containment and leadership qualities within multidisciplinary teams and in the development of care pathways and managed clinical networks. We will seek to deliver clinical services in primary care and near to a patient's home. We will use the continuing influential voices of patients and of their families in maintaining flexibility in the delivery of otherwise prescriptive manualised evidence based interventions. We will use IT to its maximum advantage and do what we can on the telephone, on Skype and online.

In our contacts with patients the psychiatrist's role as a doctor of the mind and a doctor of the body will be more clearly defined by the continuing explosion of scientific knowledge on the development and functioning of the brain. We will be enthused by new and exciting findings on epigenetics and attachment that will advance our understanding of trauma, of autonomic reactivity, and of sensorimotor bodily functioning. Combinations of differing approaches will create a more whole 'body and mind' experience and will enhance the effectiveness of therapeutic interventions. We will learn new skills about sharing relevant information with patients and about helping patients decide on the options for intervention that best suit their needs.

"There is even evidence to suggest that law students may be more health anxious than medical students"

We will continue to be thoughtful, mindful and good value in crisis situations. We will encourage colleagues, by example, to find a healthy balance between their own professional and personal lives and in this way sustain the work they do with others. We will need from time to time in our professional careers to undertake additional trainings to expand our knowledge, our skills and our competencies as the evidence base for what we do evolves. As you can see, I am describing a pattern of pragmatic continual evolution in which we as professionals seek to have some ongoing personal and organisational influence.

Lauren Waterman
Imperial College London
Medical School

Medical student research prize. Research done during intercalated BSc in psychology at the Institute of Psychiatry, Kings College London, supervised by Professor John Weinman

The London Division has established a prize for the best research project and the best essay conducted by a medical undergraduate in the London Division. This should describe a research project in psychiatry where the student has made a significant contribution. The topic should ideally be agreed with a psychiatric tutor or with the head of the Department of Psychiatry

London Division Medical Students Essay Prize

The CAGE

Synopsis of the prize winning essay

The Cage looks into what it means to be imprisoned. It is a story about pain, restriction and the perpetual search for freedom.

The piece follows the thoughts and hardships of an unnamed individual as they struggle to cope with an unrestful mind. From a first person perspective, we observe how this influences the way they live, and ultimately who they are.

The Cage is split into three sections, each addressing the reader to different facets of the overarching story. Each individual section ties together, forming a cohesive narrative which develops alongside with the subject of the piece.

The goal is to ultimately provide an experience for the reader, to see through the eyes of a person facing such difficulties.

An experience which may be all too familiar for patients, loved ones and doctors alike.

More information about essay prizes can be found at
http://www.rcpsych.ac.uk/members/divisions/london/researchandessayprizes.aspx

The Medical Students' Essay Prize has been set up by the London Division for all medical undergraduates in the London area.

This can be on any topic related to Psychiatry. Applicants might like to consider a literature review, an essay written as a debate on a topical issue in psychiatry, a description of a significant experience in psychiatry whilst at medical school etc. The topic should ideally be agreed with a psychiatric tutor or the Head of the Department of Psychiatry

LONDON DIVISION VACANCIES

1. Deputy Regional Advisor, Central London

Job Purpose:

- A complementary role to that of the Regional Advisor and will act on their behalf in their absence,
- Is not necessarily expected to become a Regional Advisor in due Course,
- Term of office is for five years,
- Deputy Regional Advisors have a special responsibility for gathering and collating information about workforce issues; including acting as Returning Officer for the College's annual Census of psychiatric staffing.

2. Regional Representative, South East London
3. Regional Representative, North West London
4. Rehabilitation & Social Faculty
5. Liaison Faculty
6. General & Community Faculty

Job Purpose:

- To work closely with other Specialty Regional Representatives, Regional Advisors and Deputy Regional Advisors in providing relevant specialist advice to employers in relation to the development, assessment and approval of job descriptions for Consultants, Specialty Doctors and Associate Specialist Grades,
- To offer specialist advice at an early stage with a view to enabling the job description to be assessed and approved in a timely manner,
- To hold other offices where appropriate: i.e. membership of a Division, Faculty or Section, specialty tutors or members of sub-committees of Schools of Psychiatry.

For further details and a job description for any of the above positions, please contact the Division Manager,
Susan Halliwell:
0207 977 6650 or
shalliwell@rcpsych.ac.uk

Executive Committee Members

Dr Oyepeju Raji	2010 (E)	Chair
Dr Cyrus Abbasian	2010 (C)	Newsletter Editor
Dr Kostas Agath	2011 (E)	Financial Officer
Dr Saeed Alam	2011 (C)	Affiliate Representative
Dr Mark Andrews	2009 (C)	Deputy Regional Advisor
Dr Rosemary Ball	2011 (C)	Rehabilitation & Social Faculty
Mr Raymond Brookes-Collins	2009 (C)	Carers Representative
Dr Andrew Cohen	2010 (C)	Child & Adolescent Faculty
Dr Vivienne Curtis	2010 (C)	Regional Advisor
Dr Jan Falkowski	2010 (E)	Elected Member
Dr Charlotte Feinmann	2010 (C)	Liaison Psychiatry Faculty
Dr Emily Finch	2009 (C)	Addictions Faculty
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Dr Andrew Holwell	2010 (E)	Elected Member
Dr Peter Hughes	2010 (C)	Regional Advisor
Dr Pamela Hughes	2010 (C)	Psychiatric Training Representative
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Dr Andrew Kent	2007 (C)	Perinatal Psychiatry
Dr Michael Maier	2010 (C)	Immediate Past Chair
Dr Alan McNaught	2010 (C)	General & Community Faculty
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Dr Ilyas Mirza	2011 (E)	Elected Member
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Dr William Travers	2009 (C)	Regional Adviser
Dr Ian Treasaden	2007 (C)	Forensic Psychiatry Faculty
Dr Morris Zwi	2010 (E)	Elected Member

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

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