

RCPsych INSIGHT



Tackling the mental health impacts of climate change

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COLLEGE NEWS IN BRIEF

Fight for parity

Nearly 700 College members emailed their MP to support RCPsych's campaign to amend the Health and Care Bill, so that every local area has a clear duty to put mental health on an equal footing with physical health.

As a result of members' efforts, the recent second reading of the Bill saw many MPs reference the College's concerns in Parliament. Key among them is the omission of a mandated mental health representative on Integrated Care Systems' (ICS) boards, and a duty for ICSs to promote parity of esteem. RCPsych is calling for amendments to include a requirement for both mental and physical health representation

in ICS governance and for ICSs to plan for and report every year on the steps they have taken to further parity of esteem for mental health. The College has also put forward a number of other suggestions relating to workforce planning, addressing inequalities, and working with patients, carers and the voluntary, community and social enterprise sector.

With the Bill at committee stage, RCPsych is hopeful that the amendments we have suggested will be discussed and make their way into the final legislation. Thank you to everyone who took part in the campaign.

Modernising HQ



London office, 21 Prescot Street

RCPsych is taking advantage of the fact that all College activity is currently being carried out online by refurbishing its central London headquarters on Prescot Street.

The refurbishments – set to be completed by early December – will provide an enhanced reception area, with exposed wood features; a digital display in the reception area featuring 'Faces of the College' highlighting the diversity of the College; a recording studio for the provision of digital events; enhanced video-conferencing and audio-visual facilities for the hosting of

hybrid events; private meeting rooms, with enhanced IT to allow members to carry out consultations remotely, and more gender-neutral toilets.

As the College modernises, it also celebrates its past – and, as we mark our 180th anniversary this year, we are including a special historical supplement with this issue of *Insight*. The supplement charts our journey from the very first meeting of our earliest predecessor body, at Nottingham Asylum in 1841, right up to the present day.

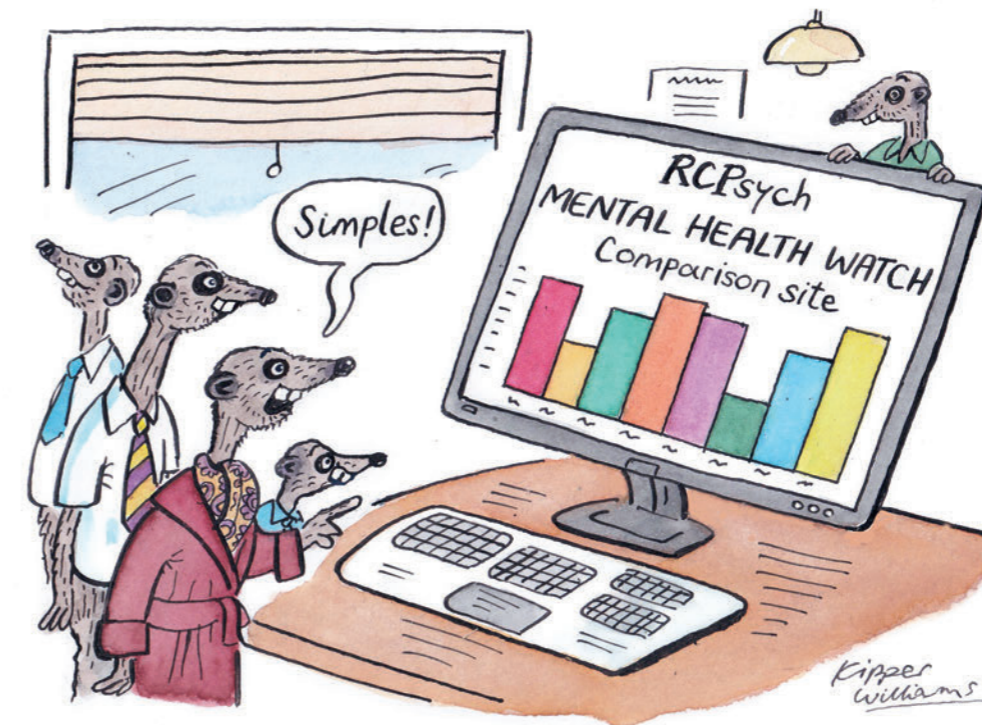
Top table



First Lady Dr Jill Biden and HRH The Duchess of Cambridge

At this summer's G7 meeting in Cornwall, RCPsych Registrar, Dr Trudi Seneviratne, was invited to participate in a roundtable discussion convened by HRH The Duchess of Cambridge alongside First Lady, and teacher, Dr Jill Biden. The discussion centred around the importance of early childhood experiences on lifelong outcomes and what can be done to make a difference.

Dr Seneviratne talked about the need to support parental mental health and the importance of early intervention. The discussion also broached the issue of stigma surrounding mental health across the world and how this prevented people from accessing support. Dr Seneviratne said she was proud to have met these two "strong and visionary women".



Find out more about the College's easier-to-use-than-ever relaunched Mental Health Watch website on pages 4-5



President's update

Earlier this year, Chief Executive Paul Rees and I were invited to present to the Academy of Medical Royal Colleges on the introduction of the RCPsych values. I believe taking a values-based approach has had a truly transformational effect on our organisation, and it's great we are now recognised as leading the way on taking a values-based approach in the College sector. This has allowed us to take important decisions as a College.

Last year, we decided to divest from fossil fuels and move all our investments to a green and ethical portfolio in line with UN Sustainable Development Goals. As this issue of *Insight* highlights, the College has been granted official observer status at COP26. I'm honoured to attend such an important conference, have the opportunity to highlight the mental health impacts of the climate emergency and offer our ideas for solutions.

This issue also focuses on the progress RCPsych has made on co-production over the last two years. Co-production is vital to the College's work and helps to ensure we make the most appropriate recommendations for improvements to mental health services.

I'm proud the College is leading the way in so many areas, and that we continue to drive towards the best future possible for psychiatrists and patients.

Dr Adrian James

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To send us your insights, email magazine@rcpsych.ac.uk or tweet using #RCPsychInsight

Your comments on *Insight* issue 16:



Responding to the 'Women open up' article on the Women and Mental Health Special Interest Group's '25 women' project:

"Found it as a pleasant surprise when I had taken #RCPsychInsight to read on the train today. I hope more will read these stories because I for one know that one of the #25WomenInPsychiatry blogs changed my life in a positive way. Hope to share more about that when ready."

Dr Shevonne Matheiken

Responding to 'Finding a way through', an interview with Professor Jackie Hoare on the challenges faced by young people living with HIV and how research and remodelling care systems can help:

"Congratulations to Professor Jackie Hoare for her amazing work supporting mental health outside of the normal confines of psychiatry clinics and for becoming the first psychiatrist on the GMC register for neuropsychiatry!"

Professor Marc Mendelson



Dr Tim Ojo

A new watch

The relaunched Mental Health Watch website aims to make it easier than ever for members to understand the performance of services across England – and to drive improvements.

Dr Tim Ojo has a simple way of summing up the Mental Health Watch website in just two words: "Treasure trove".

Initially launched in 2019, the site unites 25 different datasets, which together provide a comprehensive view of how well the English mental health system is performing.

"Mental Health Watch evolved from thinking about how the government

"Essentially, it's a repository of information that anybody can use to bring pertinent issues to attention"

could be held to account in delivering the ambitions of the Five Year Forward View for Mental Health," explains Dr Ojo, the College's Associate Registrar for policy support and the chair of the expert reference group for the project.

"Essentially, it's a repository of tightly curated information that anybody – service users, carers or professionals – can use to bring pertinent issues to attention."

The aim of the recent relaunch is to enhance that ability further still. The homepage (mentalhealthwatch.rcpsych.ac.uk) now features a prominent orange button labelled 'Local area reports'. Click it and it's possible to view, download and print a report covering any one of England's 42 integrated care systems (ICSs).

"These allow users to look at an area's performance compared with England and to compare performance against the previous year," explains Sam Hunt, who is the College's data

analysis and research manager.

Each report is based on six key indicators of the 25 on the site. All have been intentionally chosen for their topicality and pertinence: among them are inappropriate out-of-area placements, spending on mental health services per person (which is, notably, adjusted for need) and performance against the waiting time target for children and young people referred urgently with an eating disorder.

"It allows members to approach their local commissioners, the board members in their trust or MPs to say: 'Performance in our area on this indicator is struggling, we need more resources or more focus on this'," says Hunt.

One area where there is a particularly stark variation across the country is inappropriate out-of-area placements. The issue of patients having to leave their local area to be able to access an in-patient bed is one which has been on the national agenda for some time.

In 2016, the government set a target of eliminating all such cases in acute adult mental health services by 2020/21.

It's a target that's been missed by some distance nationally, but Hunt says the picture is not consistent across the country. "Basically, nine trusts are currently responsible for over half the inappropriate out-of-area placement days. These outliers don't seem to be able to get a handle on it for whatever reason – it might perhaps be the rural nature of the area, persistent challenges about bed availability, or capacity of local community services."

Urgent referrals for children and young people's eating disorders show similar variation and the increase in demand during the pandemic has compounded the problem. "We've seen a 100% rise in urgent cases over the last year," explains Hunt, "so the number of areas that are meeting the target has shrunk considerably."

He anticipates that the impact of the pandemic will be a key focus of Mental Health Watch in the coming months, with attention on how demand for services is changing and whether there are enough resources to deal with such fluctuations.

"A key thing for the College and for our members is whether the NHS Long Term Plan funding – currently in place up to 2024 – is going to be enough. There were already some doubts about that before the pandemic," says Hunt. "If we do now see this continued growth in demand, then we have a stronger case to push for extra funding on top of the settlements already in place."

"If we can't point to actual hard facts and figures, it becomes an issue where people who are not minded to spend more on mental health will say: 'We've given you enough'," adds Dr Ojo.

Mental Health Watch, he says, enables anyone to say: "These are the comparators, these are the areas where people are spending less for better outcomes – what are they doing that we're not doing?"

"For me it's a privilege being involved in Mental Health Watch," he concludes. "And that's simply because it affords me the opportunity to support people in using data to improve quality of care."



College members networking

During the summer, psychiatrists from around the world took part in the first membership survey to be held by the College.

In total, 3,429 College members, out of the 18,859 who were eligible, took part – with people completing it in countries as varied as India, Nigeria and New Zealand, as well as England, Scotland, Wales and Northern Ireland. This puts the participation rate higher than the average membership survey.

The results showed that, overall, nearly two thirds (64%) of members rated the organisation positively – and just 9% rated the organisation negatively, with 28% of members rating the organisation neither positively nor negatively.

Those who rated the organisation positively did so for a range of reasons, including thinking that the organisation provides good learning, training and CPD, is inclusive and supportive, and advocates for the psychiatric community, with strong communications. Members also praised the College's strong leadership, strategy and vision, and responsive and helpful staff.

Those rating the organisation negatively did so because of concerns around value for money and expense, exams and training, and a lack of inclusion. Some also felt the College does not focus on what is important to them.

When rating the organisation, there was a clear difference between people at different stages of their career – and this was a theme that was reflected throughout the whole survey.

While 72% of retired members rated the organisation positively, this figure fell to 59% for core trainees and to 62% for SAS doctors and for consultants.

When asked about how the College has responded to the pandemic, 62% of members said the College had supported its members well during COVID.

With the College having migrated all its services and activities online during the pandemic, our members were asked how they wanted to engage with the College in future.

Membership survey results

Survey shows 64% of members rate the College highly.

When it came to courses, conferences and events, 83% of members wanted the ability to engage via online and face-to-face platforms – with only 4% wanting only to engage in-person.

With CPD activities, 78% wanted to engage via online and in-person platforms, and just 1% wanted to engage face to face only.

When it came to College committee meetings, 57% of members wanted to

engage via online and face-to-face platforms, and just 2% wanted to engage only in-person.

With the RCPsych International Congress, 72% wanted the chance to take part via online and in-person means, and just 8% wanted to take part only face to face.

Meanwhile, 55% of members rated the organisation as providing good value for money – counterposed with

33% who said the organisation delivers poor value for money. Thirteen per cent of members expressed no view.

Members were asked how satisfied they were with College services and activities.

The most popular College outputs were: the *British Journal of Psychiatry* – with 78% of members satisfied; *BJPsych Bulletin* – with 75% of members satisfied; the College's conferences – with 74% of members satisfied; College webinars – with 67% of members satisfied; College CPD – with 66% of members satisfied; and CPD Online – with 64% of members satisfied.

Looking to the future, we asked members what they thought the College's priorities should be over the next five years.

The answers showed that many members are keen for the College to take a campaigning approach to its work, with over half (57%) wanting the College to prioritise campaigning for parity of access and funding for mental health services, and the same number calling on us to prioritise supporting CPD. Over

RCPsych Member Survey Action Plan

The College is pleased that the results of its first ever membership survey are broadly positive – and that almost two thirds (64%) of members rate the organisation positively.

However, our members clearly believe we have areas for improvement – as a result we intend to roll out an action plan in response to the issues raised.

The College Officers and the Senior Management Team have proposed the 10-point plan below, which will be discussed at the next meeting of the RCPsych Council in October.

The College should:

1. Better communicate with members on the whole package of services and activities that are delivered by the College
2. Deliver a blended model for services and activities (with both online and face-to-face platforms) in the post-lockdown era

3. Increase the emphasis on supporting member wellbeing
4. Better promote ways that members can get involved in the College
5. Improve promotion of the Psychiatrists' Support Service – which exists to support psychiatrists who are in difficulty or in need of support
6. Promote the recent upgrade of CPD Online to our members
7. Increase support for SAS doctors and affiliates
8. Enhance support for the Psychiatric Training Committee – which represents trainees
9. Make research a priority for the College
10. Ensure regular consultation with members about what they think of the College's services and activities.

half of members (54%) said RCPsych should prioritise campaigning for a bigger psychiatric and mental health workforce, with 45% wanting the College to prioritise campaigning for, and supporting, wellbeing for psychiatrists. Forty-four per cent would like to see the College prioritise online provision of courses, events, exams, ceremonies and resources.

In response to the survey, College Registrar Dr Trudi Seneviratne said: "The results of the member survey are incredibly instructive.

"There was clear evidence that our members think we are on the right strategic path – and that they think we deliver many good services and activities.

"It was also clear that there is strong support for the agreed post-lockdown service delivery model – which will retain a lot of the digital gains made during the pandemic, while continuing with some in-person activities.

"The survey also showed our

members like our inclusive approach, as well as our strong communications. And they like our CPD offering, and our education and training."

Looking at the less positive feedback received via the survey, she said: "There is still a proportion of members who do not feel included and are negative about our current strategic focus.

"Those members are more likely to rate the College poorly and question the value of their membership.

"It is critical that while our membership is a broad church, we listen to those who are less satisfied and strive to provide a membership offer that meets their needs too.

"We hope that our proposed action plan – that will go to Council in October – will help ensure we are able to improve member experience for everyone."

To find out more about the membership survey results, visit: www.rcpsych.ac.uk/members/membership-survey

Working together

RCPsych's co-production strategy has seen a range of patients and carers employed by the College with the collective aim of improving services. Here, we look at the progress that has been made.



Simon Rose

“Co-production makes us all human, we have to listen to and respect each other’s perspective and make compromises”



Sheena Foster

model. A carer representative, she was involved in organising the conference and co-presented at the online event. She is also involved with the College's Oversight Group, which ensures

implementation of the strategy, as well as the Forensic Quality Network, and has been involved with the writing of policy and peer review of secure settings. Being part of peer review ensures that patient and carer input can directly improve the way services are run.

Talking about co-production, she boils it down to its essence. The humanity of the connections – of seeing and hearing each other. “For real co-production to work we need to understand the perspective of psychiatrists and front-line staff. Co-production makes us all human – we have to listen to each other and respect each other’s perspective and make compromises. Embracing each other’s humanity will help services change.”

“It is very hard for psychiatrists to fully embrace co-production as they are seen as responsible clinicians. It takes courage to give up some of that power, listen more and take on board what other people are saying.”

Sheena describes the difficulty she has had as the mother of a service user: “Psychiatrists put up professional boundaries. My son is more than his illness and I want to be seen as a person and see

the psychiatrist as a person. That is how co-production will move services forward as we are all aware of the impact of our behaviour on each other.”

The College's Quality Networks are another area to benefit from co-production, where patients and carers help develop and review quality standards, guidance and audit tools. Sheena describes her recent involvement in the Forensic Quality Network and the updating of guidance for secure services. “We were given the capacity to be heard and to work on an equal basis with security staff and front-line staff. It was co-production in action – producing something that is more meaningful because it has been created with the involvement of so many different people.”

Beyond workers like Sheena, the College has also appointed a patient representative and carer representative onto its governing Council. Simon Rose, the patient representative, is perfect for the role as he works full time as a lived experience educator at Derbyshire Healthcare NHS Foundation Trust.

He describes his role on Council as “a critical friend”, at times needing to prod the College in the right direction, for example, by

pushing for voting rights on the Council or ensuring patient and carer representation in its race equality work. “The challenges are welcome and they encourage reflection,” he says. “Not everything I say gets accepted but at least my voice, speaking on behalf of patients, is heard and listened to and acknowledged.” He says the past 18 months have been a learning curve. “We’re on a journey and things are better and more advanced than two years ago.”

For Simon, the new worker role is helpful. “There is a process to justify why you want a patient rep – what they will bring and how you will support them. Involvement has become more meaningful and less tokenistic.”

He does, however, think that co-production as a buzzword can get in the way of meaningful collaboration. He believes true co-production is aspirational and will not be achieved while a power imbalance remains. But, he says, he doesn't think that co-producing everything is necessarily the right way to go.

He talks about a “ladder of involvement”. “At times, when full co-production is not achievable or appropriate, there is scope to collaborate and work together and learn

from each other. We can get as close to co-production as we can while doing the right thing by the College and patients.”

“There needs to be a real range and diversity of voices that are heard. There needs to be space for as many people to be heard as we can possibly get,” he says. And the College is working towards better representation and diversity among its recruits. “It's making those little steps, actively wanting to make sure that the worker cohort is representative. There are huge spaces being opened up for different voices to be heard, and knowledge and wisdom to be accessed.”

So, 18 months on, RCPsych's co-production initiative is going in the right direction. Co-production should be a continuous journey and as Sheena says: “We are just beginning but the signs are good and there is a commitment to it.” Simon agrees: “The College has an idea of where it wants to go and it is committed to getting there.” Even if true co-production is an unachievable ideal, patients and carers are increasingly being listened to and heard across RCPsych and this can only be good for the development and improvement of services.

ROYAL COLLEGE OF PSYCHIATRISTS
**International
Congress 2021**



Professor Sir Michael Marmot

“**H**ats off to the conference team for a great virtual experience and all from the comfort of my box room office!” This comment from one participant of this year’s fully online International Congress, reflected the views of many of the 3,400 delegates. Another simply wrote: “Blown away actually, was brilliant.”

Congress catch-up

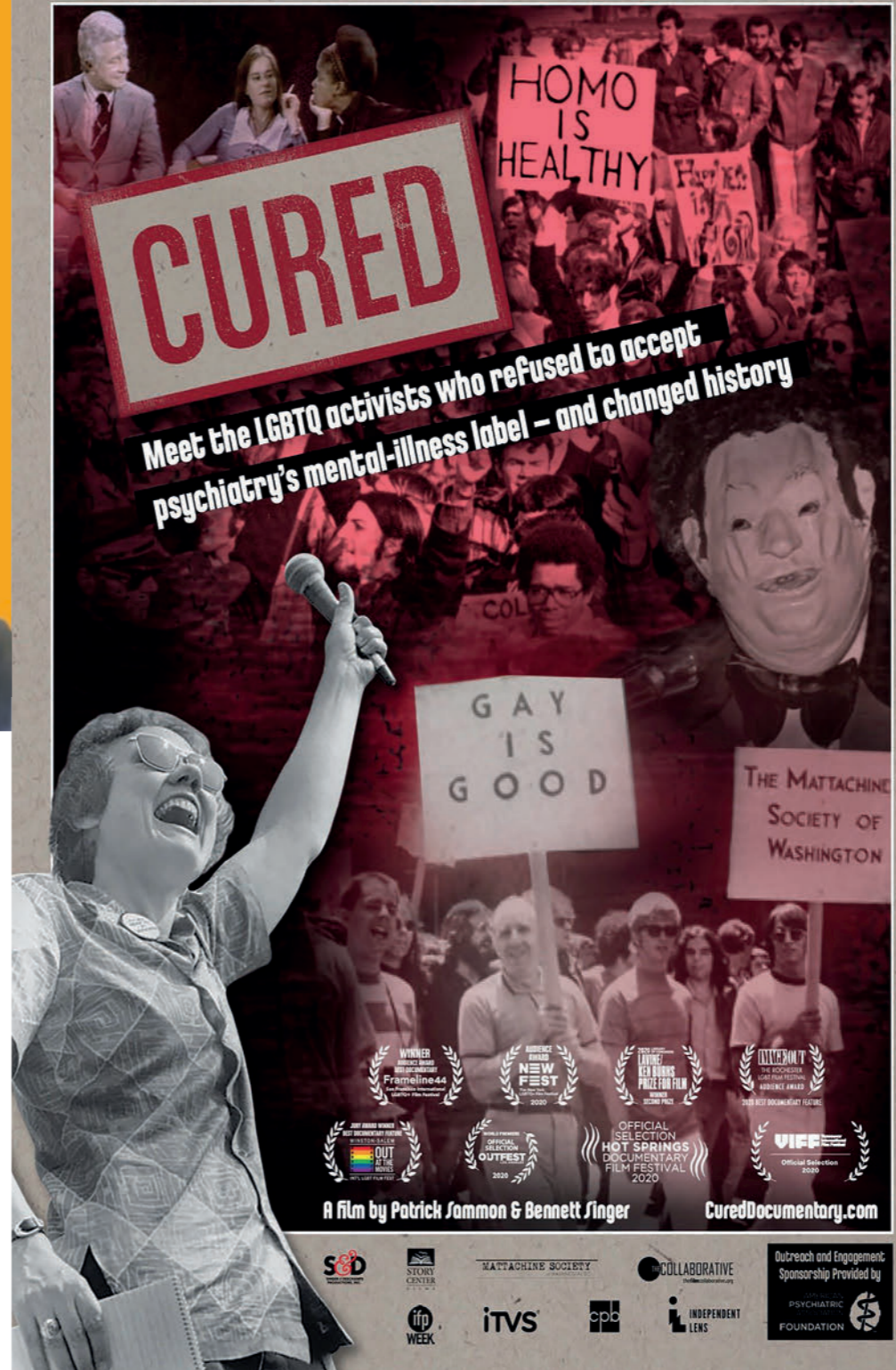
This year’s virtual RCPsych International Congress was a celebratory and inclusive event packed with opportunities to learn, laugh and debate.



Michael Rosen

Audience participation was also mandatory at the Congress Cultural Fringe, which featured a huge variety of activities across the four days – from yoga to salsa dancing and from wine tasting to poetry. A particular highlight was the award-winning film *CURED* – about the LGBTQ activists who refused to accept psychiatry’s mental-illness label and changed history – and the post-screening conversation with the film’s makers, Bennett Singer and

“Fascinating” –THE HOLLYWOOD REPORTER
“Striking” –USA TODAY
“Suspenseful” –BAY AREA REPORTER
“Moving” –WINSTON-SALEM JOURNAL



Patrick Sammon, in conversation with Rainbow SIG Chair Dr Maire Cooney and Dr Josep Vilanova. For fans of comedy, the interactive comedy show starring Rachel Parris and Marcus Brigstocke was also a rare treat, with the well-known comics providing over an hour of psychiatry-based laughs, games and competitive lip-synching. Popular among the 100+ sessions, were presentations on treatment-resistant psychosis, and the art

and science of de-prescribing psychotropic medication, which featured talks from Professor Wendy Burn, Professor David Taylor and Dr Mark Horowitz. Delegates in need of ‘down time’ could also browse the many fascinating posters and ‘stroll through’ the interactive exhibition hall. Among the several thousand who attended were delegates from 57 countries, including Australia, New Zealand, Ireland, USA and Canada.



Marcus Brigstocke and Rachel Parris

A record number of trainees, students and foundation doctors also attended compared with previous years.

Around 95% of delegates said their overall experience of the online Congress was ‘excellent’ or ‘good’ and over half said they would like to attend Congress online in future years. Reasons cited included the ability to watch more lectures and at a time that suited them, as well as the comfort and convenience of not having to travel. Roughly two thirds of people watched via a mix of live and on-demand, with a third watching live only. Screen fatigue and the lack of opportunity to network and socialise in person with other delegates were cited as reasons for preferring an in-person event. “I did enjoy this online experience and felt it was run extremely well, but it’s exhausting staring at a screen for 6 hours a day for 4 days in a row,” wrote one.

This speaks, in part, to the sheer number of opportunities to learn, discuss and meet colleagues that were on offer over the four days. If you missed out in June, there is still time to catch up with all the content available on demand up to 31 December this year.

You can still register to access this year’s Congress content at: www.rcpsych.ac.uk/events/congress2021

Regarding women

RCPsych's take on the Women's Health Strategy for England, which should set out an ambitious and positive new agenda with women's voices at the centre.

Public health is women's health, and women's health is public health," says Dr Mayura Deshpande, RCPsych Ethics Lead and member of the Forensic Faculty. Dr Deshpande is one of several faculty and committee representatives to attend a roundtable convened by the College in response to the announcement of England's first-ever Women's Health Strategy. "The very fact that we are talking about a women's health strategy is a sad indictment of where we are as a system," she says.

The Women's Health Strategy seeks to challenge the male-by-default approach to healthcare. Despite comprising half of the population, women still face discrimination regarding mental health diagnosis, treatment and access to services. Earlier this year, the government called for evidence to inform the Strategy.

Dr Deshpande argues that many mental health diagnoses are rooted in "old-fashioned, outdated and discriminatory frameworks" that disadvantage women. For example, women are overrepresented among people with borderline personality disorder (BPD). "I speak as someone who's spent a lifetime making these diagnoses," says Dr Deshpande. "I think the diagnosis is handed out to women without a robust assessment." This is especially problematic, she argues, as BPD is "a diagnosis of exclusion, in that it is used to exclude a person from



Dr Jo Black

accessing mental health services". There are also concerns about the gender gap in autism and ADHD research and data, and the need to understand the mental health impacts of trauma better.

"Historically, 'difficult' women have been diagnosed with a number of conditions in an attempt to understand female pain and distress, but those diagnoses don't always fit, and they certainly don't fit for women who have experienced trauma," says Perinatal Faculty Chair Dr Jo Black who also participated in the roundtable.

"Very commonly, we see there's been an intergenerational cycle of trauma

and distress and deprivation and mental illness," she says. "But if, historically, women haven't had a great response [from services], they're reluctant to come forward." Dr Black worries that the COVID-19 pandemic is worsening barriers to care. "Those in our communities who are already disadvantaged financially, living in insecure housing, and from certain demographic groups who are already disadvantaged, have become even more so. There's a real worry that unless we are ambitious and speak to it and recognise it, it could carry on unchecked."

Placing women's voices at the centre of their health and care means being curious about their experiences across their lifespan. "We are not curious about the emotions and mental health across the lifespan of girls and women – about menarche, pregnancy, menopause and the postmenopausal years," says Dr Black. "I've met women who have been prescribed medications that can affect a foetus, and no one has had a conversation with them about what would happen if they were to become pregnant."

"There are mental health difficulties that can cause sexual health problems," she continues. "We've got women who

perhaps have had trauma in the past who don't go for routine sexual health screening, and then we give them medication that can affect their sexual function or sexual pleasure. We might talk to men about that, but we don't talk to women about it." How many women and unborn children may have suffered iatrogenic harm because they were treated "like they were just like a man, but a bit smaller?" Dr Black asks.

This approach is also harmful for trans men, non-binary and gender non-conforming people: "We need to ensure everyone with mental health concerns can access maternity, abortion and menopausal physical and mental health care, irrespective of sexual or gender identity," says Dr Black. "We cannot just ignore this because it is hard."

This one-size-fits-all or male-by-default bias is also evident in the mental health estate, particularly in the high-security designs of forensic units. "There's been recognition that women who require secure services or forensic services need a relational approach to security rather than the old-fashioned physical approach," says Dr Deshpande. For example, the NHS is now piloting a blended approach to women's secure services, which focuses on relational security and trauma-informed

care and environments.

Still, the mental health estate needs transformation, says Dr Black. "Some of our services are still based in crumbling asylums or aging community mental health estates. They are not family-friendly spaces and often can't accommodate babies or children, meaning mental health services are structurally less accessible for many women."

Though the pandemic has seen many services move into the digital space, with phone and online consultations, this also presents challenges for women's and girls' wellbeing. Dr Black says: "We know that domestic abuse has been missed by healthcare, and I feel that very sharply now where we are often delivering interventions by video consultation, and we're not sure how much those conversations are being overheard by coercively controlling partners."

"Now, we're having to reimagine the spaces that we work in because of the pandemic, and I'm hopeful that we will begin to imagine family-friendly, healthy spaces instead of magnolia, little-box consulting rooms. That might be community venues; it might be parks, going for walks. It might be art venues or community kitchens,"

Dr Black says, adding that it's about meeting people where they are. She looks to the example set by volunteers for Re4orm, a community interest organisation in Torquay, who repurposed an old UB40 tour bus into a mobile community centre. "Where could we meet people where they are?"

RCPsych's response to the government's strategy consultation highlighted the many concerns raised at the roundtable and put forward recommendations, including staff training and support, research investment, and better recognition of changing health needs across the life course. It also pressed the need for sufficient resources to be allocated if the strategy is to achieve its aims.

The College is also turning its attention to how it can help implement the strategy, alongside the Academy of Medical Royal Colleges and others, as well as how RCPsych can address the challenges faced by women within the mental health workforce, drawing on the College's Equality Action Plan, published earlier this year.

RCPsych's Equality Action Plan can be accessed at [rcpsych.ac.uk](https://www.rcpsych.ac.uk)



Dr Mayura Deshpande



Dr Shuo Zhang

The climate emergency is a mental health crisis

This has been a year of extreme climate events. Across the globe, wildfires, dust storms, unprecedented heatwaves, record snowfalls and devastating flooding have contributed to a sense that climate change is spiralling out of control. The physical impact is all too plain to see: many have died or been injured, many more have lost their homes and been displaced, and infrastructure has been destroyed. But less appreciated is the profound effect climate change has on mental health. Studies show that suicide rates increase during heatwaves. Flooding is associated with depression, anxiety

As the UK gears up to host the UN's annual Climate Change Conference in November, the College is preparing to make its voice heard.

“‘Eco-distress’ is becoming widespread, particularly among the young”

and post-traumatic stress disorder. ‘Eco-distress’ is becoming widespread, particularly among the young: a 2020 survey by RCPsych found that 57% of child and adolescent psychiatrists reported seeing children and young people distressed about the climate crisis and the state of the environment. Tackling these issues is a key priority for RCPsych, who last year announced

its divestment in fossil fuels and, in May, published a position paper on the climate emergency. This autumn, the College has a unique opportunity to make its voice heard at the highest level. In November, the UK plays host to the 26th UN Climate Change Conference of the Parties, or COP26 as it is commonly known. Representatives of more than 200 countries will gather in Glasgow to hammer out an agreement on how to achieve ‘net-zero’ greenhouse gas emissions by 2050.

Although mental health is not on COP26's agenda, RCPsych has been granted official observer status, and College President Dr Adrian James will lead a delegation to the conference. On 10 November, in association with the Royal College of Physicians and the Royal College of Paediatrics and Child Health, the College will host a related event in London on the theme of ‘The future of healthcare if we do nothing: what we must adapt now so we are resilient to the effects of climate change’.

Dr Shuo Zhang, a CAMHS psychiatry trainee and member of the College's Sustainability and Planetary Health Committee, will be one of RCPsych's COP26 delegation. “Through our interventions, we hope to be able to communicate our concern about the impact of the climate crisis on the mental health of our patients,” she says. “We will urge governments to agree more ambitious carbon reduction and mitigation targets and offer our ideas for solutions that will protect the health of the planet and our patients.”

A particular focus of the College's intervention at COP26 will be on children and young people and how they are affected by climate change. The scale of the challenge is outlined by paediatrician Ann Samson and ‘School Strike for Climate’ activist Marco Bellemo in an editorial in *BJPsych Bulletin*. “Because of their immature physiological systems, reliance on adults and likely repeated exposure to climate events over time,” they write, “children are more vulnerable to the negative effects of climate change than adults.” These effects include PTSD, phobias, sleep disorders, cognitive deficits, and feelings such as helplessness, hopelessness, grief and anger. Air pollution, both a cause and a consequence of climate change, is linked to increased infant mortality and to neurodevelopmental disorders in children.

Dr Zhang is concerned to ensure that the voices of young people are heard at COP26. “Children and young people are growing up in a world that is increasingly complex and uncertain, that they have inherited rather than created,” she says. “They must lead in developing the solutions, rather than having them imposed on them. Proposed interventions should put social and intergenerational justice considerations at their heart. There is more and more evidence regarding the therapeutic benefits of nature for mental health and developing minds. Rejuvenating the natural world and investing in nature-based initiatives, particularly in urban environments, offers solutions for climate change, as well as for better physical and mental health.”

Action at a national and international level is key to combatting climate

change. But, as Dr Zhang points out, psychiatrists can also take steps to work more sustainably in their everyday practice. The carbon footprint of the NHS is the largest in the UK public sector and greater than the entire footprint of Estonia and Slovenia combined. The manufacture of medication and medical equipment accounts for 60% of the NHS footprint. Doctors, including psychiatrists, are responsible for ten times the amount of carbon in their clinical practice compared with in their home lives. The *Greener NHS* report, published last October, makes reducing emissions a key responsibility of all NHS staff.

“Psychiatrists can do many things in their daily practice to mitigate the effects of climate change on the mental health of the people they look after,” says Dr Zhang. “They range from considering their prescribing practices and choosing wisely, to considering social- or nature-based interventions as part of the recovery care plan, to working with their trust to develop and implement a Green Plan.” There are many ideas and resources on the RCPsych website, she says.

“In terms of minimising our own carbon footprints,” Dr Zhang adds, “there are some obvious things like flying less, cycling more, reusing and recycling more and eating less meat. However, something that is less obvious, which people might not think so much about, is to switch any savings to an ethical bank that does not invest in fossil fuels, as this will have an impact beyond just the individual.”

Dr Zhang has been involved in previous international climate talks – in Durban and Copenhagen – and she is cautiously optimistic about the likelihood of meaningful agreement at COP26. “There is much broader consensus that the global community needs to take urgent action on climate change,” she says. “I hope that our experience and expertise as psychiatrists will help our message to be heard by the COP delegates and will translate into action in the negotiating rooms. COP26 will be a huge sharing platform of passion, expertise and experience and it will be a great learning opportunity for the College.”



RCPsych CEO Paul Rees and President Dr Adrian James

Leading **the way**

Earlier this year, RCPsych was recognised by the other UK medical royal colleges as leading the way in the college sector when it comes to taking a values-based approach.

When the College drafted its values in 2018, it chose them for the following reasons:

Courage: Psychiatry has often been looked down on by other medical specialties and the College needs to show courage to promote the benefits of psychiatry and parity of esteem.

Innovation: Medical royal colleges tend to be conservative (with a small 'c') and traditional, but the external world is changing quickly, and it is critical the College embraces change, in order to remain relevant to its members.

Respect: RCPsych has a diverse membership and staff team, and it is vital that everyone is respected regardless of their background or characteristics.

Collaboration: There are 13 specialties and sub-specialties within psychiatry and eight College departments, and it is key that everyone works together as 'One College' in order to help deliver excellent patient care.

Learning: The College needs to promote learning and development for both members and staff and be a continuously improving

organisation – so that it can continue to deliver excellent services and support.

Excellence: In order to provide the best possible support to its members, the College needs to place an emphasis on providing an excellent member experience, as well as an excellent staff experience to ensure that staff feel supported and valued, and therefore motivated.

Ever since the values were agreed, the College has taken a proactive approach to embedding them, with officers talking about their importance in speeches with members – and coaching being provided for all College managers on how to lead in a values-based way.

With the values already rolled out, the College was well-placed to cope with the many challenges of the pandemic. As a result, during 2020:

- We delivered a comprehensive webinar programme, with 76,551 live and on-demand member views for our 247 online events, including 15,736 views for our specialist clinical paid-for content.
- We rolled out one of the biggest digital exams run by any medical royal college, with 3,218 candidates successfully sitting our virtual Clinical Assessment of Skills and Competencies (CASC), Paper A and Paper B, as part of our MRCPsych examination.
- Working in partnership with the NHS, we published comprehensive guidance for clinicians on how to deliver mental health services in the midst of the pandemic, on our website, within days of the first lockdown – with this information being viewed almost 500,000 times, with 21% of those views coming from overseas.
- Our Choose Psychiatry campaign helped further boost the popularity of psychiatry among foundation doctors, with 100% of psychiatric core training

places in the UK being filled for the first time on record.

- We helped to persuade the Government to firm up its promise of providing an additional £500m for mental health services in England in 2021/22, as well as additional funding for growing the NHS workforce and investing in the mental health estate, and a further £50m was secured for 2020/21 to provide support to patients being discharged from hospital in need of assistance.
- We secured our highest level of media coverage ever, with 13,207 media mentions (up by 34% on 2019) and an aggregate audience of 1.25bn (more than seven times higher than in 2019).
- We continued to run our quality improvement (QI) collaborative programme, which is one of the biggest QI initiatives in mental health globally.
- We divested from fossil fuels and moved all of our investments to a green and ethical portfolio in line with the UN Sustainable Development Goals.

The transformation of the College has been recognised by external bodies, with RCPsych winning Charity of the Year in the European Diversity Awards in 2019. Then, at last year's 'Memcom' UK membership sector awards, the College won Marketing Campaign of the Year for Choose Psychiatry and Paul won the CEO Leadership Award.

Adrian says: "The introduction of the College values has been truly transformational for our organisation. They have built on the fantastic work done by many members and staff in previous eras and helped us modernise our culture and improve the way we deliver services and activities.

"It's excellent for psychiatry that RCPsych is now being acknowledged by other medical royal colleges as leading the way on taking a values-based approach and embedding equality, diversity and inclusion."

Smarter sleep

Exploring an initiative to increase awareness of non-pharmaceutical interventions for insomnia.

Getting patients to sleep well is critically important. Sleep research has exploded over the last 10 to 20 years, establishing clear and

significant links between poor sleep and poor mental health. In fact, not a single psychiatric condition has been studied in which sleep is 'normal'. While it was once believed that the conditions themselves were the cause, mounting evidence shows a much more complicated two-way relationship, meaning that poor or insufficient sleep can exacerbate, and even trigger, poor mental health.

Being able to sleep well is all the more difficult on a hospital ward, and mental health in-patients are commonly prescribed hypnotics for the long-term management of disturbed sleep. While these medications can be used to promote sleep, the side-effects can be underestimated.

"When I first qualified as a pharmacist and moved into working in psychiatry, I was quite shocked by how liberally hypnotics such as zopiclone, promethazine and melatonin were being prescribed," says specialist clinical pharmacist, Alastair Paterson.

Paterson is the lead author of *BJPsych Bulletin's* recent paper 'The Smarter Sleep educational interventions: an initiative to reduce hypnotic prescribing in in-patient psychiatric care'. This set out to increase education and awareness of

"Insomnia has the same impact on quality of life as major depression"

non-pharmacological interventions, such as Cognitive Behavioural Therapy for insomnia (CBTi), as well as highlighting where practice is not keeping up with the evidence for managing sleep disorders. The initiative comprised three educational interventions – a video, poster and handbook – about sleep, sleep disorders, the safe prescribing of hypnotics and use of psychological strategies, such as sleep hygiene and CBTi.

CBTi is a short, structured and evidence-based approach that combats the causes of insomnia (whereas medications combat the symptoms), encouraging patients to look at their thoughts and behaviours. While in the short term it can be as effective as medication, its benefits can remain long after treatment has finished and can continue for years.

Many still see an important case for using hypnotics – particularly for short-term use for someone with significant insomnia – and these medications can be lifesaving. But their long-term use is not suitable for many patients. As with all

medications, hypnotics come with potential side-effects and they can lead to tolerance and dependence. It is also acknowledged they can worsen depression. For reasons such as these, guidance from NICE and the British Association for Psychopharmacology (BAP) recommends CBTi before considering hypnotic medication for patients with chronic insomnia.

Part of Paterson's motivation for spearheading this initiative was to help bridge the supply-demand gap in services.

"In my experience, there are not enough clinicians to deliver CBTi on the required scale. Any form of CBT is complex and requires a lot of training, but I felt that a lot of the broader and more basic principles involved in CBTi could be shared with other clinicians too, such as doctors, pharmacists and nurses. The aim was to make every discussion about sleep an opportunity to improve it, rather than the reality which is 'We recognise this is a problem, now refer to psychology and wait for a review'."

Improving sleep is particularly pertinent to psychiatric patients, given the length in-patient stays can reach. "In the

psychiatric setting, in-patient stays can last from weeks to months, even years, and many psychiatric in-patients will suffer with pre-existing sleep disorders long before they start their journey in hospital," says Paterson. "Compared with general hospitals, the longer time period these patients spend on the ward is both detrimental to their sleep and an opportunity for clinicians to help improve it."

His initiative aimed to enable every staff member on a ward to be able to offer a patient advice and guidance if they are struggling with sleep, instead of defaulting to hypnotics in the first instance without full assessment. What resulted was a change in culture "so that the mindset for patients prescribed hypnotics is now to reduce them during the in-patient stay wherever appropriate," says Paterson.

Dr Hugh Selsick, chair of RCPsych's Sleep Working Group, welcomes the study's push to incorporate CBTi principles into the management of all patients with insomnia, "which can only be a good thing," he says. "However, I

think it is important to point out that while hypnotics can lead to addiction, tolerance, depression and so on, these effects are not necessarily common and inevitable."

Dr Selsick is cautious of swinging too far in the opposite direction and not prescribing medication where it is necessary: "One should never leave insomnia untreated as it has the same impact on quality of life as major depression. CBTi should always be a part of that treatment, but one should address the risks and benefits of medication for each individual patient rather than having a blanket policy for all patients."

Paterson agrees: "It's not a case of eternal damnation for hypnotics, they can be very effective and clinically useful, but we just have to be thoughtful about when the right time to use them is. Unfortunately, CBTi and the Smarter Sleep interventions aren't quick wins, but sometimes that may be what a certain clinical situation calls for. There are also good results seen when hypnotics are used alongside the kind of sleep work I'm advocating for."

For Dr Selsick, there is still a case for long-term use too: "Some of us clinicians, and many patients, believe that the use of longer-term medication is sometimes needed," he says, "particularly as CBTi, as brilliant as it is, does not work for everyone."

Looking to the future, Paterson would like to see trusts having a 'sleep lead', who can talk to staff and patients alike about how they can improve their sleep, manage sleep around shift work or be involved in altering wards to optimise the sleep environment (such as silent closing doors, noise reduction and reduced blue light wavelength lighting later in the day).

"It would be interesting," he says, "to see how much shorter the length of stay would be for patients at any hospital if they were able to get as close to a proper night's sleep as possible."

Resources from the Smarter Sleep initiative can be found at:
www.cntw.nhs.uk/smartersleep

Illustration: Owen Gent



Dr Naomi Wilson

Improving veterans' mental health

The Head of Psychological Therapies for Combat Stress talks about its work, its priorities and RCPsych's new veterans quality network.

Last year, RCPsych's College Centre for Quality Improvement (CCQI) set up the Quality Network for Veterans Mental Health Services (QNMHS)

which aims to improve services for veterans by creating a network that shares best practice. Ten organisations have been through the review process which involves self- and peer-assessment. Among them is Combat Stress, the UK's leading charity for veterans' mental health.

Consultant Clinical Psychologist and Head of Psychological Therapies for Combat Stress, Dr Naomi Wilson, describes the charity's 'USP' as its focus on complex mental health needs that have arisen after multiple traumatic military experiences. Its interdisciplinary team includes psychiatrists, as well as psychologists, occupational therapists, substance misuse nurses and peer support workers who work together to find the right care pathway for the

"This was a chance to take a helicopter view"

individual. Veterans can self-refer via a helpline or NHS referrals can be made. The helpline is staffed by trained mental health support workers who also determine whether the veteran presents a risk to themselves or others, in which case they will be swiftly referred to their GP, crisis or emergency services.

"It is that first step of asking for help that is probably the hardest in a veteran's recovery," says Dr Wilson. "A lot of work has been done to reduce the stigma surrounding mental health issues in the veteran community and give them parity with physical health. If you had a broken leg, you'd seek medical attention; if you start to struggle

with post-traumatic stress disorder, you also need to get help." She says that although most of those who have had a military career do not go on to have mental health issues, there are particular experiences in the military that can make people more vulnerable.

Combat Stress aims to be clear about what it can and can't offer. If a veteran has a complex mental health issue that is related to their experience in the military and they are not in crisis, they will be referred for a clinical assessment. Veterans remain at the heart of everything the charity does and there is a collaborative approach to care planning. Treatments are based on building resilience, addressing the consequences of trauma and looking to the future, and they include intensive one-to-one work, group interventions and – before COVID – residential programmes, which will restart in 2022. There is also peer support led by veterans for veterans and a pilot programme for families to help support recovery. All of the services moved online during the pandemic and Combat Stress will continue with a blended approach as online services improved accessibility and were positively received.

The charity has a strong emphasis on evidence-based care and carries out research in areas such as complex post-traumatic stress disorder and moral injury to ensure its veteran-led, trauma-informed services are the best they can be. It was redefining its clinical pathways when COVID hit and the quality network review came after this. Dr Wilson says: "This was a chance to take a helicopter view and see how much we had enhanced our services. It was an internal validation to start with but the external validation that came from the peer review was the icing on the cake. It was great to have positive feedback from respected peers who understand our population. It was an opportunity for celebration."

Combat Stress is keen to share its expertise, and this can continue as the network grows. Dr Wilson and her colleagues valued the "level and depth of the forced interaction with other services; it opened up opportunities for collaboration and research."

Dr Wilson says: "For services thinking about joining, they should be confident they will get the help they need; it's a collaborative and supportive experience."