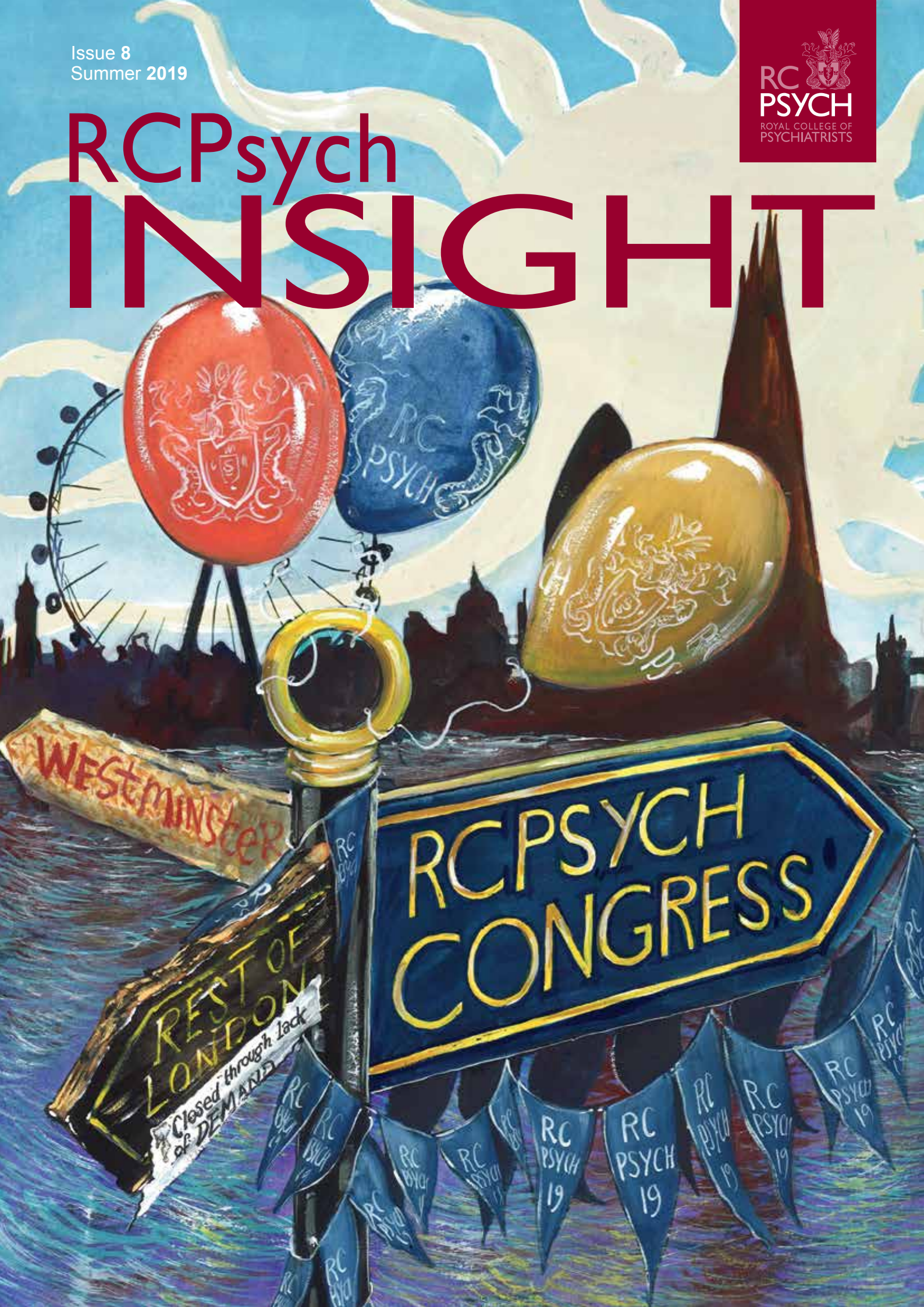


Issue 8
Summer 2019

RC
PSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS

RCPsych INSIGHT



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COLLEGE NEWS IN BRIEF



President's update

Professor **Wendy Burn**

Welcome to this summer issue of *Insight*. Those of you who are regular visitors to our website will have noticed that elections for your next president have opened. I have just one year in office left and I can highly recommend this post. There are few roles in psychiatry where you get regular chances to stroke Larry, the lovely cat who lives at number 10 Downing Street. There are other advantages too. I have been privileged to meet the most influential researchers, leading patient advocates, psychiatrists in roles similar to mine from all over the world and, most importantly, many of you who work in frontline clinical services delivering care to our patients. I have had a chance to make a real difference to the care that our patients receive. No two days are the same. Of course, being president isn't all excitement and fun; there are constant meetings to attend and an endless stream of emails to answer. You have to enjoy hard work! More importantly, it gives you a real chance to live the College values which we celebrate in this issue.

Mental Health Watch goes live

June saw the launch of the RCPsych's new Mental Health Watch website, (mentalhealthwatch.rcpsych.ac.uk), which lets you track how well the mental health system in England is performing. The site is unique in bringing together multiple NHS data sources with a quarterly survey of the views of over 600 psychiatrists working in the system. It means that commissioners, mental

health professionals and others with an interest in services can now easily analyse local and national performance data and trends in mental health. The site was launched at an event in Parliament hosted by Norman Lamb MP. It featured speeches from Mental Health Minister Jackie Doyle-Price and patient adviser Imogen Voysey, who has experienced mental health problems. RCPsych President Wendy Burn said the new website would "help us celebrate the good progress that is being made and hold government to account for its commitments on mental health".

These commitments by government include increasing investment in mental health services in England, establishing targets aimed at driving improvement in waiting times, as well as pledges in the recently published NHS Long Term Plan. Mental Health Watch has been designed to track how well these plans and their targets are being met. The site uses 25 performance indicators to measure the state of mental health services, divided into six themes: care, workforce, finance, quality, access to care, and leadership.



Public donations account for just 2.7% of mental health research budgets compared with cancer research, for which 68% comes from fundraising charities. Page 11 has more on the state of mental health research funding.

Royal seal of approval



RCPsych Patron The Prince of Wales

RCPsych Patron The Prince of Wales addressed the College's national social prescribing conference in June via a recorded video message of support (which can be viewed at: <https://bit.ly/2wRTq5C>). The College has thrown its weight behind efforts to support the growth of social prescribing, including helping NHS England nurture a network across the country of social prescribing leads within mental health organisations. In recognition of our work in this area, The Prince of Wales – a longstanding supporter of holistic care – also invited our President, Professor Wendy Burn, to a celebration of social prescribing at Clarence House in April. The event was also attended by patients who have benefitted from various forms of social prescribing.

Could it be you?

The RCPsych is embarking on its search for a new president. Nominations are now open for who will lead the College for the three years from mid-2020, when Professor Wendy Burn's term ends. The details of the nomination process are on our website (<https://bit.ly/2RaH027>) and the closing date is 9 August. Candidates will be announced in September and voting begins in December.

In April, the RCPsych also celebrated the election of 27 new College Fellows with a presentation ceremony followed by dinner. Each of them has been awarded Fellowship as a mark of distinction and recognition of their contribution to psychiatry. If you have been a member for 10 years or more and you would like to apply to become a Fellow, please see our website for details: <https://bit.ly/2XbZpRt>

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Want to contribute or offer feedback?
Send in your suggestions to magazine@rcpsych.ac.uk
#RCPsychInsight

Your feedback



I think what works so well about *Insight* is the balance it strikes between having meaningful content and not being too expansive. The articles are short and snappy and easy on the eye which makes them very digestible.

When we read journal articles, which obviously can be very long, we often tend not to read the whole thing. We're looking for the headline, maybe some data tables and a conclusion. The *Insight* articles give you those 'need-to-know' bits neatly, so you get the takeaway message.

Dr Shahid Latif,
Chair of the Transcultural
Psychiatry Special Interest Group

Insight is succinct and readable and I find it very helpful in that it gives a snapshot of what is happening in the College itself.

Dr Seema Azim,
consultant psychiatrist, Sussex
Partnership NHS Foundation
Trust

Picked up the Spring issue of *RCPsych Insight* last night. In addition to the magazine itself, I really liked the accompanying infographic on the College. A very clear description for members.

Mike Crawford,
Director of CCQI, RCPsych

Please send your feedback to magazine@rcpsych.ac.uk or tweet us with hashtag [#RCPsychInsight](https://twitter.com/RCPsychInsight)



Tackling harm online

The College welcomes government action to tackle the effects of digital technology use on the mental health of children and young people.



In April, the government published its long-awaited Online Harms White Paper, which calls for a new system of regulation for technology companies. It seeks to tackle a whole range of issues from cyberbullying to hate speech, as well as access to content seen as being

“Young people who are depressed or who may have self-esteem issues can really struggle online”

detrimental to mental health. The RCPsych endorses the central proposals in the white paper: the introduction of a new statutory duty of care, overseen and enforced by an arms-length regulator. The aim is to make companies take responsibility for the safety of their users online

and to tackle harm caused by illegal and socially damaging content and behaviour on those firms' services. Harms identified range from online material featuring suicide and graphic self-harm, to social media sites that facilitate bullying and online grooming, as well as disinformation and violent content.

“We have been calling for independent regulation and a duty of care,” says Dr Bernadka Dubicka, Chair of the Faculty of Child and Adolescent Psychiatry. She welcomes the government's plans and adds that “technology companies have been operating in the Wild West until now”. While acknowledging the complexity of the task of regulating online spaces

and the careful thought that will be required, “we urgently need to start the conversation,” she says.

Dr Dubicka also welcomes the white paper's focus on a broad range of online harms. “It shows that the government has understood the scale of the problem,” she says, whether it's the addictive nature of social media and gaming, the accessibility of harmful images or online grooming.

The College's stance on many of these issues will be set out in an extensive report later this year on technology use and children's mental health. Among our key concerns is the harm caused to the most vulnerable young people and those with existing mental health conditions.

“Young people who are depressed or who may have self-esteem issues can really struggle online,” says Dr Dubicka. “As clinicians, we encounter young people with eating disorders, for example, who will find images of young women who are very thin, as well as websites providing unhealthy tips on how to lose weight most effectively. If you are vulnerable already and are thinking about these things, then this is very concerning,” she says. “If young people are resilient, then they can

manage these pressures, but for some it is much more difficult,” she adds.

Technology also has the power to make a positive contribution to young people's mental health. “There are currently lots of useful websites for particular groups,” says Dr Dubicka, “for example, LGBT young people who might find it difficult to talk openly. They can gain huge support from online communities.” She also believes that there is real potential to teach young people resilience and coping skills via the online world.

“Technology firms should be investing in more support services for young people,” she says, “so that anyone searching for information about self-harming will find it much easier to access websites that offer help.”

The RCPsych has publicly called for a levy on social media firms to help fund research not just into the effect of screen time on children's health, but wider, long-term studies into the links between technology use and mental illness. “We need to understand what happens when children spend a long time online,” says Dr Dubicka, “but we also need research into what children are looking at and how different children may be affected by what they're seeing.”

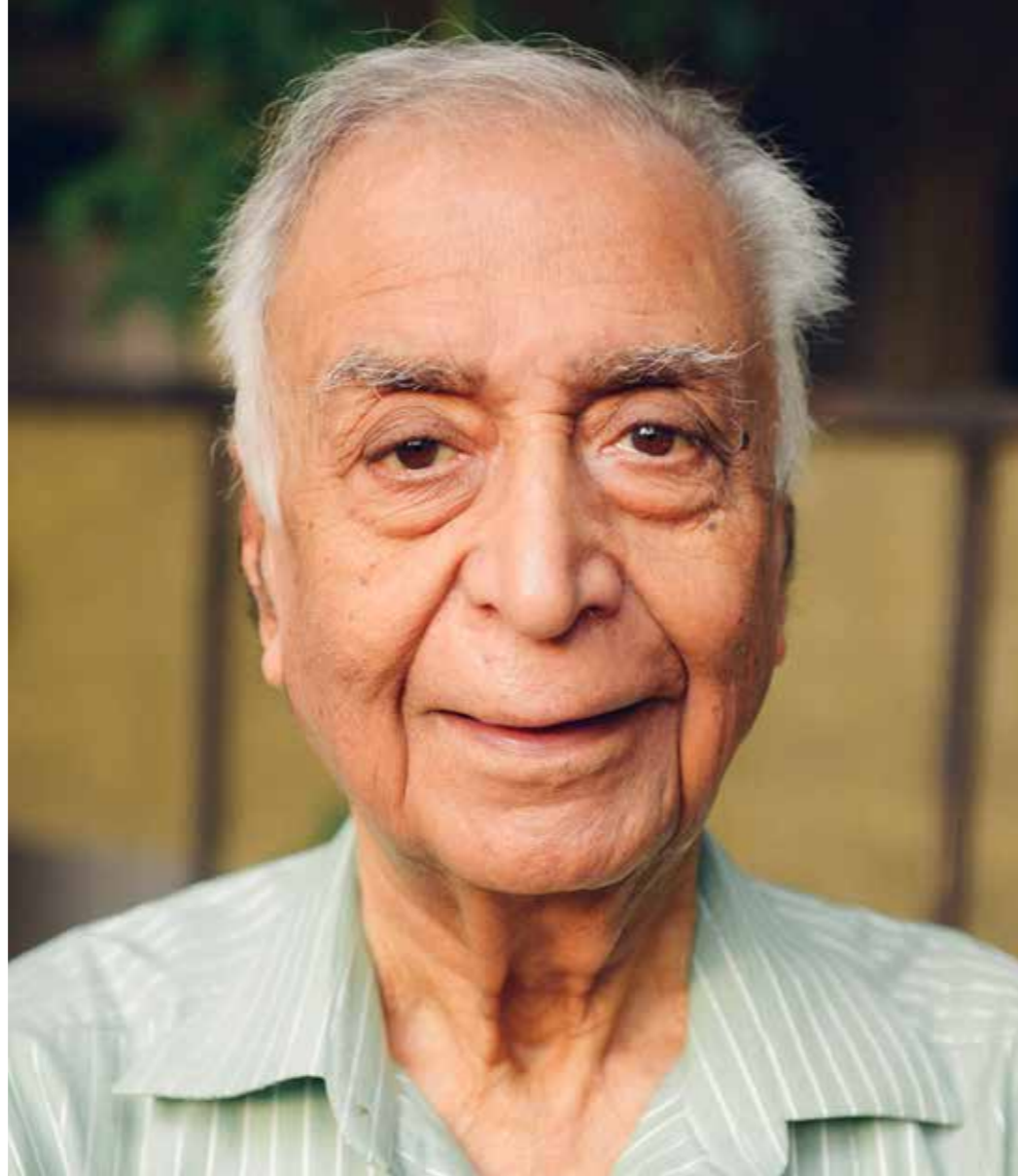
Dr Dubicka is clear, however, that social media and internet use are not the primary drivers of young people's mental health problems. “We know that poverty and abuse are much more important factors,” she says and would like to see much more government action to tackle these problems. “There needs to be enough investment in children and young people's mental health to stop them falling into crisis. That way, they don't end up accessing sites that push unhealthy weight loss and self-harm,” she says.

For now, the College recommends that psychiatrists consider the impact of social media and internet use on all children they assess for mental health problems. The RCPsych's forthcoming report will include further guidance for clinicians, including what steps to take if problematic technology use is identified. “Many young people's lives are now being dominated by the online world,” says Dr Dubicka. “As clinicians, therefore, it's important that we look at both their offline and online lives.”

It is good that the government is starting to recognise this too.



Dr Bernadka Dubicka, Chair of the Faculty of Child and Adolescent Psychiatry



Influential psychiatrist Narendra Nath Wig died in July 2018

Professor NN Wig remembered

On the anniversary of his death, we celebrate this giant of Indian psychiatry.

“Mental health is too important to be limited to mental health professionals”

family friend for over 50 years, “not only as an able teacher and tutor, but as a guru who educated them, not just about clinical medicine but even more about life.”

In other respects as well, Professor Wig was ahead of his time. More than three decades ago, he expressed

what was then the radical view that “mental health is too important to be limited to mental health professionals”. He understood that it was a matter for all of society, that it required a range of interventions and that people should be actively involved in their treatment. He fought for psychiatry to be integrated into general medicine, for it to be culturally appropriate and, where possible, moved from hospitals into community settings.

His approach often attracted opposition from sections of his profession. Professor Murthy recalls a dramatic meeting following the drafting of India’s 1982 National Mental Health Programme, in which a fellow senior psychiatrist challenged Professor Wig, declaring: “We will fly by helicopters to see each and every mentally ill person, rather than allow non-specialists to treat them.” Professor Wig’s vision, charisma and humility saw him win many battles, say those who knew him. “I used to ask him how he did it,” says Professor Murthy, “and he said: ‘I do not talk about myself. I say to people – tell me about you’.”

“He was a man of principle,” says Professor Dinesh Bhugra, former president of the RCPsych who first met Professor Wig when he was made an Honorary Fellow of the College in 1991, although the two had previously corresponded on issues as diverse as culturally appropriate assessment materials and Bollywood. “He taught me about being intellectually curious and about being humble,” he says. “He was enthusiastic about thinking outside the box and creating innovations in order to deliver better services.” A man of many interests outside of psychiatry including birdwatching, stargazing and music, he also had a keen interest in the cultural aspects of psychiatry and incorporated stories from Indian mythology, explains Dr Santosh Mudholkar, President of the British Indian

Psychiatric Association.

“To be a good psychiatrist you need to be aware of cultural context, as well as being humble in your opinions,” he says, “and that was what Wig was.” Born on 1 October 1930 in Gujranwala in Western Punjab, Narendra Wig was forced to flee his home at the age of 17 when the region became part of Pakistan. Influenced by his uncle, who was an eminent doctor, he chose to study medicine at Lucknow in northern India.

A Rockefeller Foundation fellowship brought him to the Maudsley Hospital’s Institute of Psychiatry in 1961 from which he visited prominent psychiatry training centres in America and Europe, and completed his diploma in psychiatric medicine. Having founded and then led the respected Department of Psychiatry at PGIMER while still in his thirties, Professor Wig’s subsequent work in community psychiatry – in particular his work on understanding the needs of the poorest people in rural areas – provided the model for India’s national programme introduced in 1982. It also inspired similar programmes in other developing countries.

Shortly after, he moved onto the world stage as Regional Advisor on Mental Health at the WHO’s Eastern Mediterranean office based in Alexandria. Among his achievements was the development of community mental health systems in Pakistan and Iran, and school mental health programmes in Egypt. His professional interests covered every area of mental health from the impact of contraception to the importance of spirituality. Extensively published in scientific journals, he also wrote for a lay audience and organised regular public lectures and discussion groups on mental health. He enjoyed a long marriage to his wife Veena, an art historian also known for the social work she did over many years. Veena predeceased him by three years. They are both survived by their two sons and four grandchildren. “Professor Wig was an inspirational leader,” says Dr Mudholkar, “and, because he was very humble, he understood people’s suffering and also taught us to keep our feet firmly on the ground.”



Professor Wig with his wife, Veena (Photographs: Shubh Mohan Singh MD)



Journalist and TV presenter Mark Austin and his daughter Maddy will share their story of her anorexia (Photograph: Anna Batchelor)

Stories from **the frontline**

A preview of three standout sessions from RCPsych's 10th International Congress.

“When it’s your own trauma, it is far more difficult to talk about”

feels the rewards from telling people’s stories through the medium of television are immense. “What you can do with a documentary or a TV show is connect viewers viscerally with the human stories of those affected by mental health issues,” he says. “You can create empathy and understanding at a very basic level.” Another speaker at Congress who is well accustomed to telling stories of “other people’s suffering and trauma” as he puts it, is the newsreader and former

foreign correspondent Mark Austin. When it came to speaking publicly about his own story, however, it was a completely new experience.

Austin’s daughter, Maddy, had experience of mental illness and around the age of 17 became seriously ill from anorexia. “When it’s your own trauma, it is far more difficult to talk about,” he says.

Prompted by his daughter, Austin made a documentary about how he failed to deal with her illness, how it almost destroyed their relationship and how he hadn’t understood anorexia as a mental health issue. “If I had, I would have approached it differently,” he admits.

Since then, they have used their experience to increase understanding of the illness and to campaign for better services, which for a long time they struggled to access. “Maddy

was the one who wanted to talk about it. She wanted to do the documentary because she hadn’t been able to get the help she needed. She said I should use her name so the story had more power,” Austin explains. “I didn’t think it was something I would do in my life, but now I feel quite comfortable talking about mental health issues.”

Another powerful story that will feature at Congress centres around how people cope in adversity. It is the tale of the 12 boys and their football coach who last July became trapped for more than two weeks without food in a cave in Thailand. Dr Teerakiat Jareonsettasin, who is both Thailand’s outgoing education minister and one of the few psychiatrists to have since talked to the boys, will be speaking at Congress about how they coped in the cave, during the rescue, in the immediate aftermath and in the months that followed.

One of the key lessons, says Dr Jareonsettasin, is that “simple, human goodness” matters. “The boys looked

after one another,” he says. “They started as a team and became a little society in that time. That they were a group made such a difference.” The benign, decisive and thoughtful leadership of their young coach was also key to their mental health, he adds. “He didn’t give up hope.” The optimism of the boys was another factor. Even though they were so far underground, they believed they were near the surface because they had heard a rooster crowing. As a result, the boys took it in turns to chip away a 4-metre-long tunnel using small rocks. “It was very primitive,” says Dr Jareonsettasin. “They were trying to save themselves. They were hopeful all the time.” Dr Jareonsettasin spoke to the boys in January this year and recalls being surprised about how well they were six months after they were rescued. “There is no depression, no anxiety disorders, no bad dreams and no signs of post-traumatic stress disorder (PTSD),” he says. “They live their lives fully.” The psychological support they received afterwards was also very “hands off”, he explains, so it didn’t reinforce the trauma. “During the crisis and its immediate aftermath, many experts were talking about PTSD, but that was wrong,” says Dr Jareonsettasin. “The boys didn’t experience acute trauma. They didn’t think they were going to die. They kept drinking water, which staves off hunger. They made jokes. They carried on living.”

“I think we will learn more from the boys about wellbeing and the importance of looking after one another, than we will about resilience,” says Dr Mark Berelowitz,

a consultant psychiatrist at the Royal Free Hospital who is speaking alongside Dr Jareonsettasin at Congress on what the boys’ experience can teach us. He describes how, when divers arrived in the cave to rescue the boys, they recounted that the boys didn’t cry, or cling to them, or ask to be taken first. “They looked after one another,” says Dr Berelowitz.

“All the literature on resilience is all about individuals. There’s nothing about building a psychologically healthy society. We need to learn more about building strong caring communities and groups, like these boys and their coach did.”

“The story from the boys’ perspective is much quieter than the one that travelled around the world,” says Dr Berelowitz. The global media headlines read like a plot from a blockbuster movie, full of action, daring and danger. The story inside the cave, from which the boys seem to have emerged remarkably well, is one of camaraderie, adventure, and of living in the present while hoping for the best. When it is made into a movie – and it will, as the boys have already signed with a production company – it seems we have as much to learn from how they graciously survived their ordeal inside the cave as we do from the incredibly brave efforts of those trying to rescue them from it.

RCPsych’s International Congress is being held 1–4 July 2019 in London. Programme information can be found on the College’s website: www.rcpsych.ac.uk



Louis Theroux will speak about making documentaries



Dr Teerakiat Jareonsettasin will reveal the lessons in wellbeing we can learn from the Thai cave rescue



Professor Rupert McShane, consultant at Oxford Health NHS Foundation Trust

Weighing up esketamine

The licensing in the US of a fast-acting antidepressant derived from the anaesthetic ketamine holds out the promise of a new generation of treatments for depression.

In March this year, US regulators approved a new type of antidepressant based on ketamine. Widely used in human and animal medicine as an anaesthetic and analgesic, ketamine is perhaps more commonly known as an illegal recreational drug that induces a spaced-out, dream-like state. The active ingredient of the newly licensed drug Spravato, made by Johnson & Johnson, is esketamine, one of the mirror molecules, or enantiomers, that make up ketamine. For some years, 'normal' or racemic ketamine has also been used with some success as an off-label treatment for people with major depressive disorder for whom all other treatments have failed. "As you'd expect with a group of patients with resistant depression, some do well and some don't," says Professor Rupert McShane, a consultant at Oxford Health NHS Foundation Trust where he leads

"Its effects are very varied. Sometimes it's very dramatic, sometimes it's very brief, sometimes it isn't effective"

a ketamine clinic for depression. "Its effects are very varied. Sometimes it's very dramatic, sometimes it's very brief, sometimes it isn't effective." When it does work, ketamine acts quickly – within hours or days, rather than the weeks or months seen with all other available antidepressants. It is generally given initially as an intravenous infusion and thereafter as injections and/or orally as a liquid. Esketamine can be administered as a nasal spray because it is more potent and

therefore a smaller volume is needed. Publicly available data from phase three trials in the US show that, in two of the four published studies, patients made significant improvements or experienced a reduction in relapse compared to a placebo. Following its approval in the US, intranasal esketamine is currently being evaluated by the European Medicines Agency. A decision by NICE is also scheduled for March 2020. Professor McShane points out, however, "with both ketamine and esketamine we don't have any aggregated data on the long-term harms in a routine clinical population." The drug is associated with a range of acute side effects, including dissociation, nausea, headaches and dizziness. Another concern is that a degree of tolerance might be expected with prolonged use of esketamine. Anecdotal evidence also points to people self-medicating with illegally obtained ketamine. As a result, the US Food and Drug Administration (FDA) required several 'risk mitigation' features before approving the drug. Intranasal esketamine cannot be taken home and instead must be administered under the supervision of a healthcare professional and monitored for at least two hours.

The Spravato registry collects data about people who take off-label ketamine and then switch to licensed esketamine, but does not track switching in the opposite direction. With some patients likely to migrate from esketamine to medically administered ketamine or to illegal, self-administered ketamine, Professor McShane is advocating that the UK introduce a comprehensive digital registry platform, one that can track multiple products, generics as well as new entrants and off-label use. The proposed registry system could collect data on all new drugs with misuse potential. Professor McShane believes that even with the rapid advances in our understanding of how ketamine and its derivatives work, much more research is needed. However, he also concludes that "given what we know, the benefits outweigh the risks". Neither ketamine nor intranasal esketamine work for everyone and when they do work, their beneficial effects may be short-lived. But even temporary relief of symptoms "can provide a window of opportunity for developing more resilience," he says. "The bit that we need to know more about is how best to tailor the psychotherapy we use before and after the medication is given."

Professor Rupert McShane has participated in advisory boards for Janssen Pharmaceuticals, which is part of Johnson & Johnson.



Research into mental health is chronically underfunded (Photograph: MQ / Benjamin Youd)

The state of mental health research funding

Progress is being made in mental health research, but more funding and expertise are vital if it is to make a significant impact.

Mental health may be slowly moving towards parity with physical health, but mental health research funding is still chronically lacking by comparison. A recent study by mental health research charity MQ has revealed just how large this gap is. Published in February, the study found that mental health research receives 25 times less funding, per person affected, than physical conditions such as cancer. The good news is that the Wellcome Trust, already one of the world's biggest funders of mental health research and a backer of MQ, earlier this year committed an additional £200m of funding over the next five years. It is focused on improving understanding of depression and anxiety, as well as psychological therapies that can be delivered early in life and early in the onset of illness. Beyond this, however, it is clear that mental health research struggles to attract funds. One particularly stark fact is how little comes from public donations, accounting for just 2.7% of mental health research funding. This compares with cancer research, where spending by fundraising charities makes up

over two thirds of funding. The MQ study also revealed worrying gaps in current funding, with only 5% of a modest overall budget being spent on the development of new treatments. Areas such as mental health in children and young people receive very little funding, while prevention of mental illness gets virtually no support. "The public engages with and recognises the need for cancer research in a way that it doesn't for mental health research," says Sophie Dix, director of research at MQ. There are a number of reasons why, historically, mental health research has attracted less funding. "Stigma is a major reason," explains Dix, "and that is only just beginning to change. People are starting to talk about mental health and acknowledge the need for better treatment and diagnosis. If you don't have people pushing the government for change, the funding won't come." The perceived difficulty in measuring mental health and the idea that research into it doesn't cost as much as that of physical health is still pervasive. There is also the issue that the government's funding mechanism, the Research Excellence Framework, places psychology, psychiatry

and neuroscience in a different category, which attracts less money than research into physical health. The College is calling for parity in how clinical physical and mental health research is rewarded. Funding alone, however, will not boost mental health research. "We need people with expertise to do the research," says Anne Lingford-Hughes, Chair of the RCPsych's Academic Faculty. The proportion of academic psychiatrists has declined in recent years as fewer people choose to progress through a research career. The College is working to support and mentor more trainees into mental health research and has proposed increasing the number of clinical senior lecturers by 50%. Currently, few clinical psychiatrists undertake research as part of their role, owing in part to a lack of exposure to the world of research, but also to the pressures of the job. The split across specialisms and lack of interaction between them also presents a barrier to research. "Collaboration is a vital part of research," says Professor Lingford-Hughes, who notes the links between the Academic Faculty and RCPsych's 12 other faculties representing the major specialties of psychiatry. "But we need the infrastructure to support this," she adds. The Clinical Research Network of the National Institute for Health Research is making progress in this area, helping academic psychiatrists to learn about and get involved with studies and trials that are taking place. There are some exciting areas in mental health research that could benefit hugely from more funding, such as the link between mental health and inflammation. Ultimately, if diagnosis, service delivery and treatment of mental illnesses are to be improved, an increase in research is essential.



Chair of the RCPsych in Scotland Dr John Crichton is campaigning for changes to the design and accessibility of kitchen knives

A sharper focus

Scotland has seen significant success in cutting street knife crime. Dr John Crichton, forensic psychiatrist and Chair of the RCPsych in Scotland, speaks about how lessons from this success – and the redesign of kitchen knives – could help reduce the harm from domestic violence too.



New Point knives have an R-shaped tip which reduces the risk of injury

Knife crime is hardly out of the headlines these days as England faces a shocking 54% increase over the last five years. But north of the

border quite a different picture is emerging as, for the first time since the 1950s, Scotland has a lower rate of homicide than England and Wales.

Over the past decade, Scotland has seen a 64% reduction in knife crime, which is reflected in a fall in the number of weapons found by police and reduced numbers

“Most murders are impulsive and unplanned, using a weapon that is to hand”

of people admitted to hospital for knife wounds. But Chair of the RCPsych in Scotland Dr John Crichton warns there

is no room for complacency. While the number of homicides in public places has noticeably fallen, the rate of murders in the home has dropped less rapidly.

As a result, Dr Crichton – who has first-hand experience of working with people charged with knife crime, including murder – is campaigning for changes to both the design and accessibility of sharp-tipped kitchen knives in the home, particularly in families where there is a known risk of violence. This, he believes, is how the success seen on Scotland's

and Saturday night, and no longer taking a weapon,” Dr Crichton explains. “The culture has changed through incentives and penalties aimed at reducing weapon-carrying. Initially, there were frequent police searches in known trouble spots. This was followed by youth initiatives educating young people about the dangers of knife violence and providing them with more opportunities.

“For example, there’s the Navigator programme and the ‘No Knives, Better Lives’ campaign. There are volunteers meeting young people involved in violence in casualty departments. And there are people with lived experience of knife crime who can speak about its dangers and use that clinical contact as a window of opportunity to change lives.”

Such initiatives in Scotland’s cities have been credited in helping decrease the consequences of violence on the streets. Not only has there been a large drop in murders, but the number of people admitted to hospital with knife wounds has dramatically fallen. Some of these strategies are now being adopted by cities in England. Notably, the so-called ‘preventative’ approach taken by Glasgow has been adopted by the Mayor of London, Sadiq Khan.

“Although we’ve come a long way in reducing knife crime and the consequences of violence on the street,” says Dr Crichton, “the challenge now in Scotland is how we deal with homicides in people’s homes and this is where my research into kitchen knives comes in.” After watching a documentary on knife crime, industrial designer John Cornock developed an unusual knife that reduces the risk of injury. Readily available to purchase from places like Amazon, his New Point knife has a combination R-shaped tip, with a rounded edge instead of a sharp point and a blade for cutting underneath.

While it can still chop vegetables, the tip makes penetration more difficult. It also snags on clothing and skin, making it very unlikely to inflict a fatal wound.

Doctors have long lobbied for kitchen knives to be redesigned. They argue that while a redesign is not a complete solution to the complex problem of knife crime, it could help to save lives.

Dr Crichton sees the intervention as being akin to the substantial reduction in coal gas suicides in the 1960s when the UK changed its gas supply from coal to natural

gas. Simply removing instant and easy access to knives reduces the chances of knife crime occurring in the first place. But as Dr Crichton highlights, many clichés are used in the media around murder weapons. “We’re constantly fed a media diet of crime drama, but this is not real life. Most homicides are impulsive and unplanned, using a weapon that is to hand. If there is an argument and a kitchen knife is grabbed, then there can be dreadful consequences.

“There is so much misrepresentation in the news, which ultimately leads to mistakes. People think samurai swords and zombie knives are the weapons most used in murders. But that’s not the case – it’s kitchen knives.”

John Cornock’s design is a safer knife because, in a stabbing action, it has a rounded tip that prevents penetration. It was given a patent after being tested by the Home Office, which revealed it was safer in a stabbing attack than wearing a police anti-stab vest.

“If there was widespread adoption of round-tipped knives, then it would make homes at risk of domestic violence substantially safer,” stresses Dr Crichton.

“Half the battle is changing people’s opinions. We understand it when it comes to gun ownership and gun murder rates but not so well when it comes to knives.

In places like Switzerland, where there is high gun ownership but low rates of gun homicide, guns are locked away securely.

It takes effort to get them and they are less likely to be grabbed impulsively. By putting up these barriers, you can divert behaviour.”

Recently, Dr Crichton took his campaigning to 10 Downing Street when he attended a summit on serious youth violence. He talked to ministers and other officials about improving mental health services for those affected by youth crime, with officials getting insight from someone who has experience of the Scottish system.

As the medical profession deals with the problem in care systems across the country, Dr Crichton has one top tip to bear in mind: “If you have patients with a history of weapon use then you should be advocating safer environments in the home. We should be looking at potential weapons and encouraging people either to store them away securely or substitute them with safer alternatives.

“If we make it more difficult to use a weapon in violence, then the lethal consequences of violence will fall.”

Mental health in Myanmar

Buddhist monks and nuns provide a vital link to communities in a first for this pioneering **RCPsych overseas volunteers project**.

It is unusual to begin a training workshop on mental health with chanting, but this was the case during the latest visit by a group of College volunteers to boost mental health services in the Southeast Asian country of Myanmar.

Organised by the College's Volunteering and International Psychiatry Special Interest Group (VIPSIG) and the UK charity Mind to Mind Myanmar, the project, now in its fifth year, saw the UK volunteers for the first time discuss mental health issues with a group of 30 Buddhist monks and nuns. To promote awareness and reduce stigma around mental illness with the wider public, the group plans to post a short video on social media of the workshop featuring the monks and nuns discussing mental health problems.

Community psychiatrist, Dr Nwè Thein, who is from Myanmar but practises in Shropshire, explains the rationale for working at a community level with religious leaders. "Monks and nuns will never

"Their primary duty is religious but, because they have an influential role in their community, the things they say really count."

become mental health professionals," she says, emphasising that their primary duty is religious, "but, because they have an influential role in their community, the things they say really count."

The pilot workshop with monks and nuns, which took place over two days at Shan State Buddhist University in the city of Taunggyi, focused on exploring general concepts of mental health and the importance of biopsychosocial factors in causing mental illness. The UK group of

five psychiatrists and one clinical psychologist also passed on practical tips about how these respected community leaders might provide psychosocial support and reduce stigma in their communities. Topics included depression, anxiety, suicide prevention, difficulties with children and young people, psychosis, substance misuse and dementia. Dr Thein is Mind to Mind Myanmar's founder and leads the Myanmar volunteer programme. With the broad aim of contributing to the improvement of mental health services in the country, previous visits have seen volunteer psychiatrists work with Burmese GPs from different parts of the country and establish links with psychiatrists in Yangon and Mandalay, where the medical schools and training hospitals are situated. Thanks to this sustained effort – and with the help of Facebook – it has created a community, primarily composed of GPs and trainee psychiatrists across Myanmar, committed to improving mental health. The project began in 2015 in response to an invitation from the GP Society of the Myanmar Medical Association. There are only around 250 psychiatrists in the whole country, serving a population of roughly 54 million. While figures from the Myanmar Mental Health Society show that only 300 patients were reported as being diagnosed

with depression in 2017, Burmese GPs say that they observe it much more frequently. Where treatment is available, it tends to be drug based and patients often face stigma. This year's trip has taken place against the backdrop of a regional humanitarian crisis in Myanmar. The volunteers, however, went out with the clear non-political brief to bring practical help and training to those in a position to offer grassroots mental health treatment. As well as working with Buddhist monks and nuns, this trip has involved training Burmese GPs and other doctors in the use of the World Health Organisation's Mental Health Gap Action Programme (mhGAP). This provides a range of evidence-based resources aimed at scaling up mental health services around the world, especially in low- and middle-income countries.

Professor Tin Oo, head of the Mental Health Department at the University of Medicine 1 in Yangon, describes the volunteers' introduction to mhGAP as "very useful" for his colleagues. He is also appreciative of the wider volunteer programme, which he sees as helpful in supporting Myanmar's mental health system. "Training is concentrated on the big cities," he says, "but the UK group's programme can build capacity among our general practitioners more widely."

Dr Thein is also excited by the positive

response the group received from working with the monks and nuns. "We have proved it is feasible," she says, "and we have been invited back." As well as widening the reach of their work with GPs and psychiatry trainees, Dr Thein hopes to develop more discussion and engagement with the Buddhist community on their next visit to the country.

Connecting with their religious hosts was important to the project, explains volunteer Dr Sophie Thomson, who chairs VIPSIG and has been on all six visits to Myanmar. "We were humbled by the kindness and generosity of the monks and nuns and their eagerness to learn," she says. "Despite coming from a completely different place, we had wide-ranging discussions on how we approach mental illness and what treatments we consider effective." She adds: "It was vital that we were clear about what they needed to know: that mental disorders are illnesses, that they are treatable and not only with drugs."

Much has been achieved on this visit and on a very limited budget. The RCPsych contributed to the volunteers' flights, with expenses and materials covered by the project's hosts, the volunteers themselves and the charity. Through its fundraising in the UK, Mind to Mind Myanmar also

financed two charity clinics in Mandalay and the neighbouring township of Amarapura, where medication is made available for those unable to afford it. For UK psychiatrists, the experience gained from volunteering in developing countries can bring professional benefits, such as improving clinical and teaching skills, learning to operate with scarce resources and developing cultural awareness. For Dr Thomson, every training session is a new experience, raising new questions, issues, attitudes and opportunities for mutual learning. There are also personal benefits to volunteering overseas, she says: "It is very moving to be able to give something back. You have the chance to see how something relatively simple can potentially make a huge difference to people's lives."

Dedicated to Chris Vassilas FRCPsych, one of the programme's most committed volunteers, who recently passed away.

If you would like to volunteer overseas with the RCPsych, more information is available on our website.

- The College's volunteer scheme: <https://bit.ly/2WFJR3X>
- VIPSIG: <https://bit.ly/2ZIPzd5>



Burmese monks taking part in a training session on mental health issues (Photographs: DerZinB)



UK-based psychiatrist and volunteer Marlar Minn-Din leading a training session in Myanmar



Dr Lesa Wright advises both the Welsh government and the NHS on digital health technologies

Digital futures

Digital technologies are often blamed for causing mental health problems, but could they offer solutions too? We look at the promise and pitfalls from digitising mental health services, the role of regulators and how the College is getting involved.

For many people with mental health problems, taking the first step to seeking help can be the hardest. But what if it was as easy as logging onto Facebook's Messenger app and starting a conversation with a chatbot designed to offer emotional support? This is the promise of Woebot, an 'automated conversational agent' that delivers cognitive behavioural therapy through 'human-like' conversation. Chatbots are one of the technologies with the greatest potential in mental health, according to consultant psychiatrist Dr Lesa Wright, who advises both the Welsh government and the NHS on digital health technologies. "Chatbots provide an optimal way to reach large numbers of people," he says, "at a time when there is a shortage of therapists, an increase in demand and pressure on budgets." Another promising area of technology is the use of data and artificial intelligence (AI) in the diagnosis of mental health conditions. "Various startups are trying to use AI and machine learning to diagnose, monitor and eventually make treatment

“Regulators are in a much better position than the public thinks we are in”

recommendations for illnesses like depression," explains Dr Wright. "It is one of the hottest areas in digital health." As someone who has been writing software code most of his life, Dr Wright is enthusiastic about the potential of digital apps, AI and machine learning to benefit patients. But as an advisor to regulatory bodies on the safety and efficacy of new technologies, he is also mindful of their shortcomings. He notes, for example, that while there are studies on the acceptability of chatbots in mental health, more evidence is needed to show how, who and even if the technology helps. He is also critical of the current hype surrounding AI. "Right now, it promises the stars but gets to the moon." Systems

simply haven't delivered yet, he explains, citing projects that have claimed to use AI when in fact they have relied on people manually inputting treatment recommendations to deliver results. Another problem is that systems are rarely open to independent evaluation, something that Dr Wright believes is misguided. "If you can't independently verify claims, how can you trust them," he says. "There is currently no incentive to make companies ensure that their products do what they say on the tin." This is why regulation matters: to ensure that standards – whether on efficacy, safety or privacy – are met. And it is why the NHS, the National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA) are taking action. "Regulators are now in a much better position than the public thinks we are in," says Dr Wright who sits on the MHRA's advisory body for apps, digital health and AI. There is still some catching up to do in what is a very fast-moving field, he adds, but bodies like the MHRA are asking the right questions: what is the evidence base for these new technologies; how much evidence do we need; and what quality does the evidence need to be? This is where he sees the RCPsych playing an important role: determining where the level of evidence should be to recommend technologies. "The College is very well placed to help set standards," says Dr Wright who, as the College's AI lead, is heading up our work with the MHRA. He believes a wide range of people should be involved in this effort, including those without expertise in technology who bring both broader experience and greater objectivity. For regulators, the need to inform the public and build trust is crucial, says Dr Wright. "But what matters most is finding out what works."



Professor Wendy Burn, President, Dr Adrian James, Registrar, and Dr Kate Lovett, Dean of the RCPsych

What do we value?

The RCPsych has adopted a new set of values that underpin everything we do. Here the College officers set out why they are vital to our organisation.

At the RCPsych we want to create a culture that is positive, empowering and enabling for all our members and staff, as well as for patients and carers. So, last year we introduced a new set of values and behaviours to try and embed this culture across the organisation. After consulting with Council, Trustees and staff, we decided as a College to adopt the following six values: courage, innovation, respect, collaboration, learning, and excellence (forming the acronym C-I-R-C-L-E). We believe **courage** is an important value for the College because we represent a specialty that is, at times, questioned by some mental health

practitioners and even looked down on by other medical specialties. It is critical we stand up for psychiatry and actively promote its benefits to patients. We also need courage to challenge and hold government and arms-length bodies to account – something that we have done most recently over government funding and the NHS Long Term Plan. **Innovation** is essential if the College is to remain relevant to members and continue to help them improve patient care. This means being alive to new ideas and leading on new ways of working. A good example of this is our work helping to set standards for new digital mental health services (see page 16 for more on this). Thirdly, we chose **respect** because, as an organisation with a diverse membership

and staff, it is critical that we promote diversity and challenge inequality where we find it. We have introduced a 'speaker diversity policy', for instance, which says College members and staff involved in programming College events should strive to ensure that speakers represent the diversity of the membership. Our values have also inspired us to carry out a staff gender pay audit later this year, which as an employer of fewer than 250 people we are not legally required to do. And College conferences now welcome babies-in-arms and provide baby-feeding spaces, encouraging new parents to attend. Perhaps the most visual celebration of diversity are the rainbow lanyards the College issued to all delegates at last year's International Congress, and more recently made available to College staff.

Collaboration cuts across so much of what we strive to do: whether that's working with partner organisations in the health system or helping doctors across the 13 specialties and subspecialties within psychiatry to come together to benefit patients. To be effective and efficient, RCPsych staff also need to work together as 'One College'.

Adopting a **learning** culture means that we strive to continuously improve by recognising where we have been successful and where we are going wrong. This extends to *Insight* magazine too, so please send us your feedback (magazine@rcpsych.ac.uk). Our final value, **excellence**, speaks for itself. We want to deliver outstanding service to members, patients, carers and others that we have contact with. Members and staff should have an excellent experience of the RCPsych.

These values are becoming embedded in the College through staff training and appraisals. Disciplinary codes for College employees – and members – have also been tightened up, with the inclusion of a requirement to behave in line with the values. We hope that all College members and committees will adopt and proactively promote the values and behaviours, where possible. Remember, if in doubt as to what to expect from other members and College staff, think: C-I-R-C-L-E.

Professor Wendy Burn, President
Dr Adrian James, Registrar
Dr Kate Lovett, Dean
Dr Jan Falkowski, Treasurer (not pictured)

To see our full set of values and behaviours please go to: www.rcpsych.ac.uk/values



Trainee psychiatrist Dr Angharad de Cates

Psychiatry meets neuroscience

As neuroscience continues to drive advances in psychiatry, trainee psychiatrist Dr Angharad de Cates reports back from the recent Festival of Neuroscience in Dublin on its potential to provide us with new and deeper insights.

Until now, most treatments in psychiatry have been discovered by chance," says Dr Angharad de Cates, a Wellcome Trust Clinical Research Fellow at the University of Oxford. "Neuroscience is beginning to help us to direct our treatments from first principles," she says, "rather than just working backwards and trying to understand why those treatments work." "Psychiatry is behind other branches of

"Psychiatry is behind other branches of medicine in its understanding of the underlying mechanisms at work but, we're rapidly catching up"

medicine in its understanding of the underlying mechanisms at work," she adds, "but, we're rapidly catching up." As part of the College's work to accelerate the integration of neuroscience into psychiatry, Dr de Cates was one of 12 trainee psychiatrists awarded a bursary to attend the recent Festival of Neuroscience in Dublin run by the British Neuroscience Association. The trainees were funded by the Gatsby Charitable Foundation which, alongside

the Wellcome Trust, is supporting the RCPsych to increase collaboration and knowledge-sharing between the two disciplines. The ultimate aim is to get the discoveries made in labs into clinics and benefiting patients.

One of the Festival's standout sessions explored how neuroscience is helping to advance our understanding of mental health and practices in psychopharmacology, particularly in relation to children and adolescents, but also how it throws up some potential ethical problems.

One pressing issue facing psychiatry, explained Dr Ciara McCabe of the University of Reading, who began the session, is the limitations of pharmacological treatments for adolescents with depression. While it is one of the leading causes of illness

and disability among 10 to 19-year-olds, antidepressants and psychological interventions are not always effective, she explained. Treatment could be improved, however, if we understood more about how the brain is involved in generating symptoms of depression.

Take one of the main symptoms in teenagers: anhedonia, the inability to enjoy previously enjoyable activities. Researchers hope that by targeting this symptom, which is related to reduced responses to reward in the brain, and by increasing our understanding of how the brain responds to reward, better treatments may be developed. The session also explored how neuroscience might help clinicians gain greater insight into risks associated with antidepressants. Professor Judith Homberg of Radboud University in the Netherlands presented her work on investigating a potential link between autistic traits in children and SSRI use during pregnancy. She has sought to understand this possible connection by studying the effects of serotonergic drugs on the brains of rats in a bid to discover a mechanism by which SSRIs might give rise to autism-like behaviour.

"There is a very real need to appropriately treat depression in pregnant women," says Dr de Cates but she believes this type of research could be beneficial for clinicians in helping to counsel patients properly. "We have tried to look at this issue observationally," she says. "The

hope is that such studies can provide us with a greater degree of certainty that we can't get by other means."

The session continued with ethicist Dr Gabriela Pavarini of the University of Oxford drawing attention to advances in neuroscience and genetics, and the opportunities and dilemmas this might present to young people. Her work around predictive testing in mental health looks at how adolescents would feel about receiving information on their risk of developing a problem. Her research found that half of those she spoke to were unsure whether they would want to be measured for genetic vulnerabilities, if such tests existed. In addition, 80% of those who would undergo risk testing would want it to be conducted by the NHS or in another clinically supported setting, rather than remotely at home. Reporting back from the conference, Dr de Cates is hopeful about the advances that neuroscience will bring to psychiatry. "However, as we progress," she says, "continuing to translate that understanding for the benefit of patients is going to require a multi-disciplinary effort, involving not only psychiatrists, but scientists, ethicists, academics and clinicians."

The College's five-year programme with the Gatsby Foundation and Wellcome Trust to integrate neuroscience into psychiatric training and raise the profile of neuroscience in the profession is a vital part of this journey.



The Festival of Neuroscience in Dublin: Dr Gabriela Pavarini (second from left), Professor Judith Homberg, (third from left), Dr Ciara McCabe (third from right), Dr Angharad de Cates (second from right)



Psychiatrist Dr Deborah Judge helped create the drop-in centre for the charity Action for Children

The **one-stop** shop

A novel redesign of services in Guernsey means that young people on the island can now access mental health and other services under one roof.

Tucked away off the high street behind the front door of a townhouse, teenage mothers with their babies chat on sofas, a girl taps away on a laptop and a group of lads play FIFA. In the corner, a young man discusses getting his own flat while a cookery lesson is in full flow in the kitchen area.

It could be a youth club, but it isn't. It's Action for Children's Guernsey Youth Housing service in St Peter Port and a drop-in centre for the island's relatively small population of under-25s with complex needs, including mental health, almost half of whom have drug and alcohol issues. What sets it apart from other services is how those needs are being addressed. It is a pioneering 'one-stop shop' where young people can freely access professional support and treatment for all their issues under one roof.

Interventions encompass housing, education, access to work, financial advice, court and probation support, as well as health and mental health services. Crucially, each of the young person's



Guernsey offers an open-access service for young people (Photograph: Action for Children)

needs is addressed as part of a wider system rather than dealing with them individually and in isolation. The therapeutic model also encourages young people to set goals, develop self-confidence and build trusting relationships.

This unique, multi-systemic and holistic approach is the result of a collaboration between the social enterprise Youthinc and the charity Action for Children.

Dr Deborah Judge, a consultant child and adolescent psychiatrist and Youthinc's co-director, devised what she terms a 'youth-centred integrated approach' for Action for Children. This involved the charity adapting

its existing Guernsey service and making sure their team of youth key workers had the right skills to provide more targeted support to young people.

"We like the idea of youth key workers as coaches," says Dr Judge. "Young people can pitch up at the drop-in centre at any time and find people to help them. It's welcoming and respectful without all the usual form-filling and difficult conversations about their issues."

Young people are first encouraged to build a trusting relationship with their regular key worker. Together, they can then start to unpick the complicated relationship between what happened in their early lives and their current emotional trauma and substance misuse.

"If people have multiple issues, the typical response has been either to send them off to different agencies to sort out each problem individually or refuse them access to specialist CAMHS altogether."

But at the Guernsey service, thanks to the supportive relationship between the young person and their key worker, multiple parallel treatment plans can be coordinated. The youth worker can facilitate access to, or liaise with, other services, and professionals come to the centre to meet the young person rather than the other way around. "The service itself becomes a hub for young people, agencies and professionals," says Dr Judge.

Her 'lightbulb moment' came a decade earlier on a working trip to Australia where she visited pioneering youth mental health and addictions services, including Melbourne's Youth Substance Abuse Services and Headspace. Here, she saw how health, mental health, social services and charitable organisations had formed a consortium to provide open-access, multi-function youth services.

Action for Children Guernsey was open to a similar approach and, after funding was agreed, Youthinc's model was trialled in 2016. It has since been commissioned for a further five years thanks to the improvements it has made to young people's mental health, with 209 accessing the service last year.

Now Youthinc is writing a handbook to help youth workers in community settings understand and use the model. But replacing traditional approaches has not been easy to implement, Dr Judge admits. "You have to think about the whole system and it requires changing people's minds about the way they see therapeutic relationships around young people."