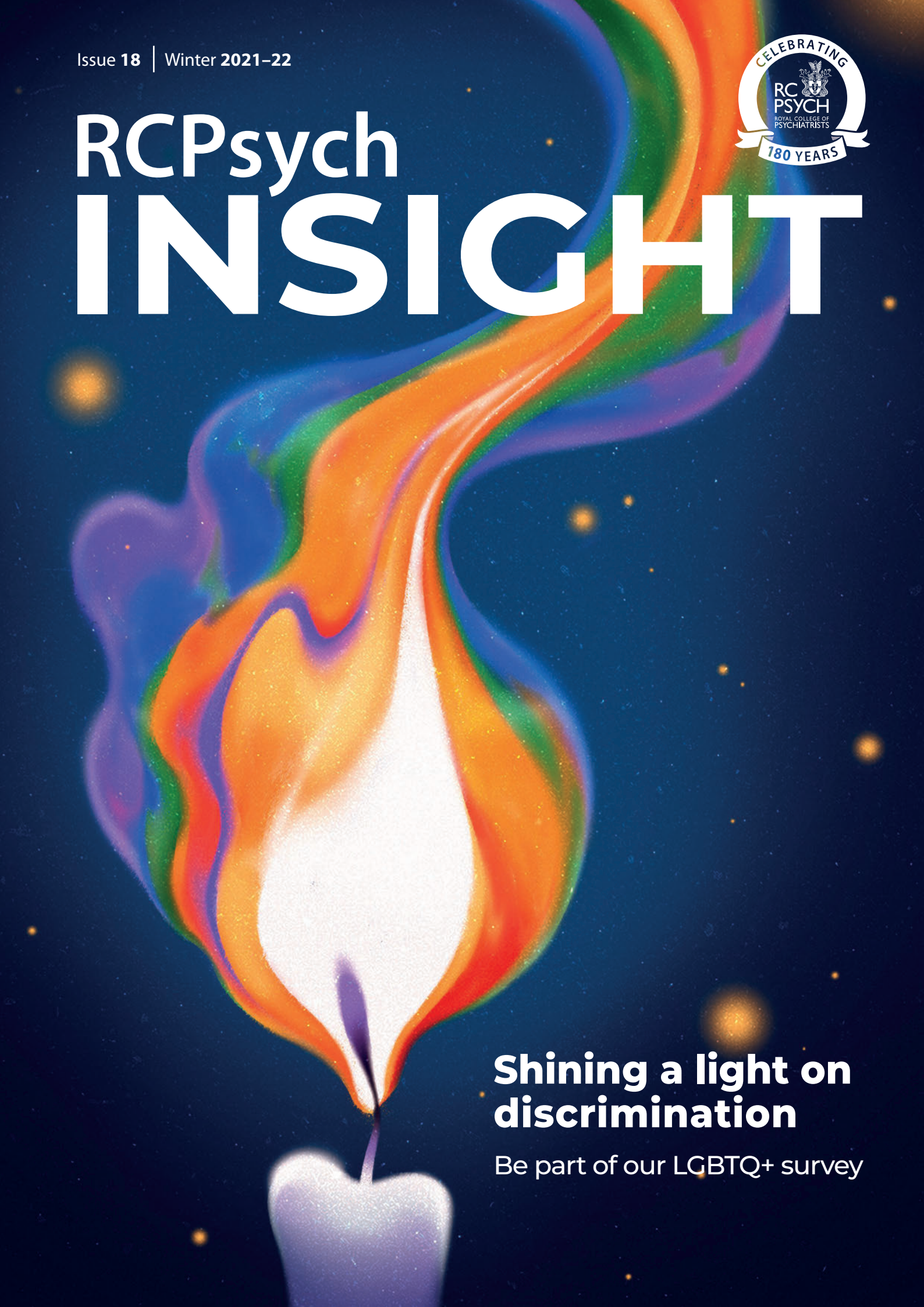
Issue **18** | Winter **2021–22**

CELEBRATING RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS 180 YEARS

RCPsych INSIGHT



Shining a light on discrimination

Be part of our LGBTQ+ survey

Contents

COLLEGE **NEWS IN BRIEF**

Media presence

It has been a bumper year for RCPsych media coverage, with media mentions totalling 11,427 and a total reach of 678 million people.

Highlights have included coverage of the hidden epidemic of eating disorders, the record numbers of children and young people seeking help with their mental health, the need for more perinatal support, and a sharp rise in addictions – all a result of the pandemic.

The College also highlighted the racial discrimination faced by some Black, Asian and Minority Ethnic doctors, and took advantage of the climate emergency news agenda to promote its sustainability objectives.

The fight for fair funding has never been far from mind, with the College highlighting bed shortages and waiting times, as well as the refugee crisis in Afghanistan and the need for mental health support for asylum seekers. There was a strong media focus on influencing the Spending Review, with the College continuing to bang the drum for parity of esteem and highlighting the mental health backlog massively exacerbated by the pandemic.

Highly commended

Former Dean Dr Kate Lovett, CEO Paul Rees and HR Director Marcia Cummings receiving the award

The College's efforts to support psychiatrists and mental health services during the pandemic were recognised in the 2021 'Memcom' (UK membership sector) Awards, with RCPsych winning the 'Highly Commended' award for Best Member Support during COVID by a large organisation.

Following the onset of the pandemic, the College became the first medical royal college to roll out a large-scale webinar programme. It also rapidly digitised the delivery of its MRCPsych examination, allowing it to be taken remotely, and collaborated with the NHS to provide comprehensive guidance on running services during the COVID era.

Tackling gambling addiction

RCPsych in Northern Ireland is working with the Department of Health to ensure there is a public health approach to tackling gambling addiction, and is taking part in discussions on setting up a support service in Northern Ireland. This follows calls by the College for gambling addiction to be taken seriously as a mental illness after plans were announced to relax some of the existing legal constraints around gambling in Northern Ireland.

The College's strategic public health discussions, while still in the early stages, are therefore an important step in the right direction.

College HQ reopens

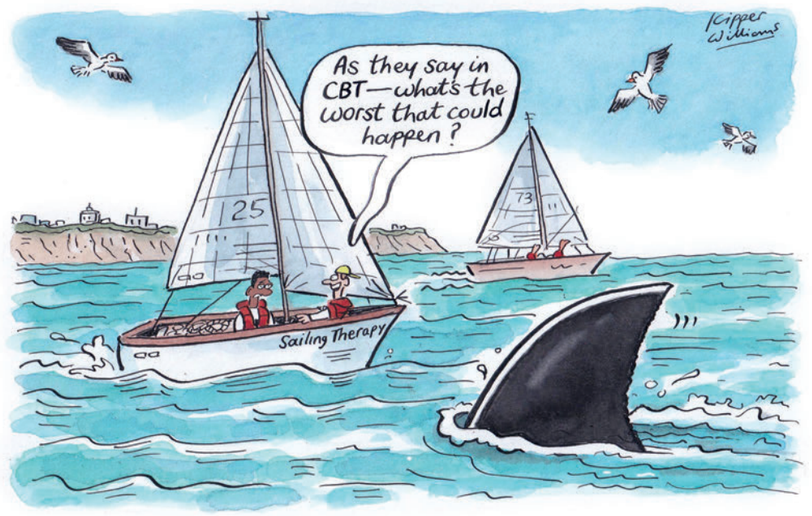
RCPsych's newly installed 'history wall'

The College has taken advantage of having migrated all of its activities online, during the pandemic, to deliver a major refurbishment of its central London headquarters at 21 Prescot Street, Whitechapel.

Through the office upgrade, the College has made sure that its main office is fit-for-purpose for members and staff to return at scale once COVID-19 restrictions are lifted once again.

The revamped office – which officially reopened on 6 December – includes a recording studio for digital events; private meeting rooms, with enhanced IT, to allow members to carry out remote consultations; and an upgraded auditorium in anticipation of the delivery of hybrid events from mid-2022.

In addition, the refurbished office reflects the diversity of the College, with a 'Faces of the College' digital feature in the atrium showing a diverse range of members; a colourful history wall, reflecting both the history and diversity of the organisation; and the installation of gender-neutral toilets.



Find out more about a novel, UK-based sailing project for patients with early-stage psychosis on page 20

Editors: Gemma Mulreany and Frances Wotherspoon
Writers: Colin Richardson (p4–5, 8 and 12); Rebecca Harrington (p6–7, 13 and 14–15); Dr Samara Linton (p9); Paul Rees (p10–11); Claire Read (p16); Kitty Richardson (p17); Gemma Mulreany (p18–19) and Frances Wotherspoon (p20)

Clinical Editors: Dr Tony Rao, Dr Lenny Cornwall and Dr Anand Ramakrishnan
Design: Lee Braithwaite
Illustration: Mojo Wang (front cover); Kipper Williams (p3) and Owen Gent (p18–19)
Photography: Grainge Photography and Simon Hadley

President's **update**

While we continue to live with the uncertainty of COVID-19, the College is working hard to secure a better future for psychiatrists and patients alike.

As this issue of *Insight* highlights, we know there continues to be high vacancy rates for psychiatrists around the UK. However, the College is pressing on to ensure we bring more people into the profession and keep them there.

Our Equality Action Plan, published in January 2021, says we'll engage with members to understand their experiences to stamp out discrimination. So, we're carrying out an LGBTQ+ survey which will help us understand whether LGBTQ+ psychiatrists have experienced discrimination, bullying or harassment and from whom. I encourage you all to take part, regardless of how you identify, to help us understand where more work needs to be done.

As mentioned in autumn's issue, it was an honour to lead RCPsych's delegation to COP26 in Glasgow. Despite health having a smaller presence than expected, we were able to work together to strengthen our collective voice. Our joint event with RCP and the RCPCH 'What is the future for healthcare if we do nothing about the climate crisis?' was a great success. As RCPsych's position statement on the climate and ecological emergency highlights, we continue to need immediate and radical action.

Dr Adrian James

Your *Insight*

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

Your comments on *Insight* issue 17:


The climate emergency is a **mental health crisis**

Responding to issue 17's coverage (article and front cover) of the climate emergency as a mental health crisis and the College's preparations for COP26:

"Whilst I admire your vision for the College and passion for campaigning, I would question the wisdom of promoting the issue using the same rhetoric as the climate activists. If 57% of CAMHS colleagues are seeing children and young people 'distressed about the climate crisis' would it not be preferable for the College to take a more measured approach which reassures [those] frightened by that very activism? It seems more compassionate to explain that there is hope for meaningful change."

Our response:

Our response: Thank you for your feedback on our handling of this complex issue. While we believe the current climate situation is severe, we agree we must avoid causing undue anxiety. In our article, we highlighted climate change's toll on mental health – a concern we feel is not central enough to climate discussions. We wanted to promote action and suggest how our members could contribute. In the future, we will also aim to highlight the potential for improvement and possible alternatives if global aims aren't met.

Additionally, we would like to flag up our resources for managing climate distress in children and young people, which can be found by searching 'eco distress' on the mental health tab at **www.rcpsych.ac.uk.**


Junior doctors taking a well-earned break outside Westminster earlier this year

Making up **the shortfall**

There aren't enough psychiatrists to go around, and the shortfall is set to increase. But the College is tackling the problem on several fronts.

This year's RCPsych Census, the results of which were published in November, shows that more than one in 10 consultant psychiatrist posts in the UK is unfilled. Vacancies are highest in addictions, eating disorders, and child and adolescent psychiatry. With both demand for and spending on services increasing rapidly, there will be even fewer psychiatrists to go around in future unless more is done to bring people into the profession and keep them there.

"We're spread too thinly, and we need to be prioritising the care of our patients"

The Census also shows big variations in vacancy rates around the country: four times higher in Trent and the North-West regions than in North Yorkshire, for example. In response, the College is contacting MPs in areas with the highest vacancy rates with a call to action.

Dr Ellen Wilkinson, the College's Workforce Lead, says the situation is worrying, more so, she adds, because "there isn't a simple solution; there's no magic bullet". Instead, a range of actions needs to be taken, some quick and relatively easy to accomplish, while others will take many years to come to fruition.

For years now, the College has been working hard to increase the number of medical students who choose psychiatry. In 2017, the ante was upped with the launch of the Choose Psychiatry campaign, which is part funded by Health Education England (HEE). Each October, the month when medical students decide which specialties to pursue, the campaign unleashes a social media blitz, backed with specially made videos. This year's video features psychiatrists talking about what they get out of their job alongside people with lived experience of mental illness talking about how psychiatry has helped them.

The campaign has undoubtedly been effective, as Dr Kate Lovett, RCPsych's Presidential Lead for Recruitment, explains. "For the last two years, we've achieved 100% fill of core training places," she says. 'I don't think we can attribute all the success to the campaign, but it has definitely had an impact and given a sense of momentum and professional pride."

Last year, the College persuaded the government to fund an additional 120 core psychiatry training programmes from this year, an increase of more than a quarter. Scotland has also funded an extra five training places. There were plans to fund a further 140 training places in England next year, but the recent spending review has thrown that into doubt.

While these additional trainees are welcome, many more are needed. In England, proposed reforms to the Mental Health Act will place new responsibilities on psychiatrists. By 2023/24, the College estimates an additional 333 full-time psychiatrists will be required to cope with the new demands, at a cost of £40m. A further 161 will be needed by 2030.

At the same time, the NHS relies heavily on doctors trained in other countries. Work done by RCPsych and the Royal College of Physicians estimates that for the NHS to be self-sufficient, there needs to be a doubling of medical school places. Dr Lovett welcomes an "exciting development", a recent position statement by the Medical Schools Council, which takes a broadly similar view. "It's given an extra impetus to the College's campaigning," she says.

It takes at least eight years, after graduation, to train a psychiatrist. It often takes longer, as people take breaks in their training. So, it's imperative that more urgent action is taken to reduce the pressures in the system, which have been ramped up by the Covid pandemic. Retaining existing staff, using them more effectively and tempting people who have left the profession to return are all strategies that need to be pursued.

"Probably the biggest thing that the College can do, and has done work on, is to keep the psychiatrists we already have," says Dr Wilkinson. "One of the reasons that people leave the career early or don't come back is because of burnout. The College approves job descriptions, and it has added a section on wellbeing, which serves to ensure that employers think seriously about it. And there's the Psychiatrists' Support Service, which offers support by phone and email."

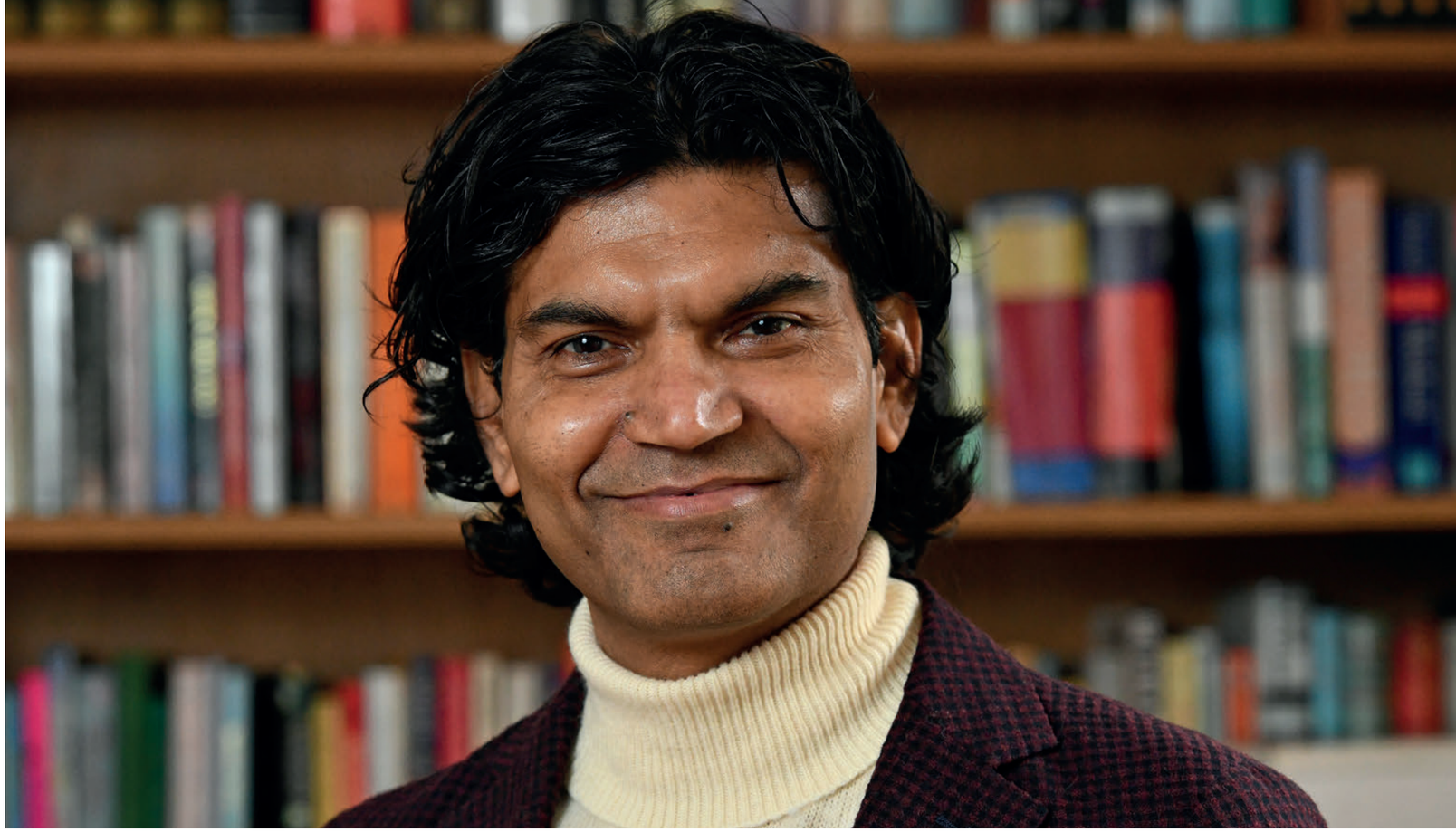
There's also what is often called 'work hygiene', which usually boils down to the simplest and cheapest things. Dr Lovett recalls talking to some trainee psychiatrists who told her that "they didn't have access to very basic facilities, such as being able to make a hot drink, when they were on call. There should be no organisation in the country that doesn't have the wherewithal to sort out something like that."

Greater job flexibility, part-time working and a decent working environment in buildings fit for purpose are among other factors that Drs Lovett and Wilkinson are keen to impress upon employers.

Helping psychiatrists to be more effective is also key. "We need to think about additional roles," says Dr Lovett, "such as physician associates and advanced clinical practitioners, that can support us in the work we do. Even straightforward things, like having a really good medical secretary, can go a long way because we're spread too thinly and we need to be prioritising the care of our patients."

Meet the **new Dean**

Professor Subodh Dave was elected as the College's Dean earlier this year. Here, we talk to him about his passions, priorities and plans for the five-year role.



Professor Subodh Dave

Subodh Dave took on the role of Dean of RCPsych in June and has hit the ground running, having already worked on the new person-centred training curricula that will come into effect next year. He has a wealth of ideas for psychiatry education that includes tackling the evidence and practice gap, challenging differential attainment, improving digital literacy and creating novel problem-solving schemes.

Professor Dave is a dynamic character. He ran his first marathon in his 40s, having run in shorter track events at medical school. He has completed the world's six major marathons and one ultra-marathon – 45 miles in 10 hours 36 mins reaching almost 18,000 feet in the Himalayas. Despite saying he is not really a cyclist, he completed 900 miles in 10 days when he cycled from Land's End to John O'Groats during lockdown to raise awareness and funds for the mental health charity Doctors in Distress. The drive and determination shown in his sporting challenges also shine through his passion for psychiatry, education and social justice.

He has a clear vision about how to make changes to psychiatry training that will improve patient outcomes. He believes that psychiatrists must be aware of wider health inequalities and their education and training must reflect this. "Professional values are structured around the relationship between doctor and patient. This can be at the expense of the doctor-community relationship. Doctors and even specifically psychiatrists can be unaware of their responsibility to the community. While it is important to focus on the individual in front of you, you need to keep the wider context in mind because sections of our society are being left behind."

"You need to keep the wider context in mind because sections of our society are being left behind"

This subtle but significant recalibration involves a focus on the psychiatrist's role as a preventionist as well as an interventionist. "This requires a fundamental shift in the way we train psychiatrists. They need to understand the factors that cause inequalities in health outcomes at a population level and the factors that perpetuate them." He says that medical education can only be considered robust if it "performs for the most vulnerable sections of society".

Data is the key to this: "We have the data and we need to use it," he says. And he hopes to start a programme that supports clinicians to have caseload-based discussions, using data to help improve quality of care.

Professor Dave believes in the pursuit of the individualised care. "The art and science of medicine is about applying population research to individuals. Are we able to understand the unique biology of each individual? Can we understand their psychosocial context? I want to see psychobiosocial formulations embedded in practice and training so we can genuinely personalise our care for each patient." He also believes in learning from people's experiences: "Getting individual narratives into training programmes is vital so we learn from people not just textbooks."

Education is another of Professor Dave's passions. His mother was a teacher in the working-class neighbourhood where he grew up in Mumbai and he saw her create aspiration through education. "Teaching is a noble thing – good teachers pass on their wisdom," he says. Of his many past achievements, he says he is most proud of his 2017 award for RCPsych Trainer of the Year. "The award is special because it's a nomination from people who have learnt from you. Every trainer should be invested in the success of the future generation."

He has previously set up acclaimed mentoring programmes. "Everybody should have mentoring and coaching support," he says. "That unconditional safe space to discuss issues is invaluable." He wants to ensure that mentoring is proactive and is put in place early – particularly for international medical graduates when they are new to the country. He believes that this will help address differential attainment.

The new Dean has set up a network of directors of medical education and local education providers to improve clinical placements and assessments. He wants to provide CPD materials that can make a direct impact on "humongous" waiting lists. He has asked clinical providers what they need to upskill the workforce to make a dent in the lists. It can take years to translate evidence into practice and he wants to find practical ways to reduce that gap. He says it is a mistake to see education and service provision as separate. "Education can relieve service pressures, but weaving education into service provision to enable a safe and effective learning environment needs an initial investment of time and resources."

This forward-thinking investment is also needed when tackling the recruitment and retention crisis that has been exacerbated by the pandemic. He says that the College's focus on recruitment needs to be sustained but "the 13+ years needed to train a psychiatrist is a long incubation period. We need to understand why people quit and what will make them stay".

One of the keys is to "strengthen psychiatry's unique identity," he says. His pride in the profession is evident: "We make a difference and our patients value what we do." He also believes that psychiatry is at the cutting edge of medicine because "we ask the big questions about how the psychosocial world reacts with human biology".

Professor Dave has two initiatives that he hopes will bolster psychiatry's identity while promoting education: a national University Challenge-style psychiatry quiz showcasing the profession's academic depth and diversity; and the 'Dean's grand rounds' in the form of free webinars examining a theory–practice gap, with solutions sought at ground level, integrating data with lived experience and academic evidence.

The Dean's predecessor, Dr Kate Lovett, left a note for him with an allusion to the message left in the Treasury when the Conservative party took over in 2010. Instead of "There is no money", the note spoke of the abundance of education. Professor Dave is grateful for the legacy that Dr Lovett and previous deans have left. "The College has such a strong foundation – I am privileged to be able to build on it."

And his message to members is to "turn up" for change, whatever their pace: "As a runner, I think that changes need to be made step by step. So, turn up at the starting line and see where you can get."

With his enthusiasm and abundance of plans for his time as Dean, Professor Dave has made an impressive start off the blocks.

'Recovery Road' by a young person from Stephenson Ward at Ferndene, part of QNIC

The quality **pioneers**

Twenty years ago, the College set up the Quality Network for Inpatient CAMHS, transforming services and inspiring similar networks across the range of mental health disciplines.

Sometimes, it's those after-work conversations that have the most unexpected and far-reaching consequences.

In 1997, six mental healthcare professionals, who had been reviewing child and adolescent mental health services (CAMHS) around the country, were reflecting on their findings. They agreed it would be a good idea to form a network to improve the quality of services on offer. Four years later, that conversation bore fruit with the establishment of the College's Quality Network for Inpatient CAMHS (QNIC), the first of its kind.

The catalyst for setting up QNIC was the publication of the National In-patient Child and Adolescent Psychiatry Study (NICAPS) in 2001, commissioned by RCPsych to review in-patient CAMHS services around the country. The study chimed with the experiences of the original group of six: it revealed a huge variation in the staffing composition and quality of care provided, with many services working in complete isolation from one another, often in buildings that were totally unfit for purpose. The College set up QNIC within months of the study's publication, to address its main findings.

"It's a place to support and inspire each other, to share best practice and problem solve together"

Angela Sergeant, a senior nurse in a specialist eating disorders service and deputy chair of of the College Centre for Quality Improvement (CCQI) Accreditation Committee, was one of the original six. She recalls visiting services in the late 1990s that were unsuitable for the needs of children and young people. "There was a lack of emergency beds, with most units only taking planned admissions," she says. "In addition, there were very few staff who had specialist CAMHS training, and many services lacked multidisciplinary staff – very few had a social worker and occupational therapists were almost unheard of."

At first, QNIC was a peer-review network. Services who joined up would appoint staff members to conduct reviews of their own service, as well as others. Patient representatives were also involved, as part of the College's co-production ethos and young people with lived experience have co-designed the quality standards used in the review process. "It's fabulous to have them along with us," says Angela.

In 2010, QNIC introduced accreditation for services that could demonstrate a high level of compliance with the standards through a rigorous assessment. Over the past 20 years, overseen by a dedicated team at the CCQI, QNIC has grown to encompass 95% of eligible services in the UK; and it also works with overseas services. There are now 28 College Quality Networks, inspired by the success of QNIC, covering over 1,600 mental health services across the country.

For Dr Mary Docherty, consultant liaison psychiatrist and joint Clinical and Strategic Director of the CCQI, "the building of the community that comes with the network has been really significant for CAMHS. It's a place to support and inspire each other, to share best practice and problem solve together." She also cites QNIC's role in "the driving up of standards around staffing" and improvements to the built environment. Multidisciplinary working is now the rule rather than the exception and most services have emergency access.

Looking to the future, Dr Docherty says that CAMHS is facing staff shortages and the closure of some services. And so, as well as "continuing to grow and nurture the network, QNIC will also be needing to think of innovative solutions to these and other challenges".

Dr Mona-Lisa Kwentoh

The first **of many**

The Association of Black Psychiatrists-UK has been in operation for little more than a year. We reflect on its achievements, including its first annual conference, as well as its future aspirations.

Sessions on anti-racist approaches to improving mental health, reducing ethnic disparities, and popular culture and mental health were packed into the busy agenda of the annual conference of the Association of Black Psychiatrists-UK (ABP-UK). Held in October, just one year after the Association's launch, this conference was the first of many to come, and reflected the momentum and visibility it has gained in such a short space of time.

ABP-UK strives to shine light on the differential experience of racism and, as part of the conference, presented findings from its survey on the workplace experiences of Black psychiatrists. "This survey is the first of its kind," says ABP-UK's Public Relations Officer, Dr Mona-Lisa Kwentoh. Of the 109 respondents, more than half (53%) reported that workplace discrimination negatively impacted their mental wellbeing, and just over a third (34%) had considered leaving their jobs due to workplace discrimination. The main barrier to reporting workplace bullying and harassment was cited to be a lack of confidence in formal processes.

The results, which Dr Kwentoh describes as "very harrowing," were shared at a town hall meeting with ABP-UK members and RCPsych President, Dr Adrian James, and Dean, Professor Subodh Dave, in attendance. Due to be published in collaboration with the Institute of Mental Health, these findings will inform ongoing work by a number of stakeholders to improve workplace experiences.

Dr Olukemi Akanle

"When people share negative experiences, it is important that they are validated and there is an attempt to proffer practical, proactive solutions," says Dr Kwentoh. "And as psychiatrists, we should practise what we preach – we need to put our own house in order first, so we can pass that message along to our patients and the communities that we serve."

One important consideration is how these experiences are intertwined and reflected in popular culture. To this end, the ABP-UK set up a Culture Club, which offers a safe space for discussion of films, documentaries, music and television shows that focus on mental health in Black communities and racial trauma. This initiative is the brainchild of Dr Akeem Sule, co-founder of a unique social initiative drawing connections between mental health and hip-hop music called HIPHOP Psych.

"We talk about what we watched or listened to, how it relates to mental health, and how we can relate what happened in those films to our personal experiences and that of our patients," says ABP-UK member Dr Olukemi Akanle.

The Culture Club aims to serve as a forum for public education, helping people understand experiences beyond their own, promoting engagement and better understanding. "All manner of issues are captured in these movies and they provide a good place to start having discussions about racial trauma," Dr Akanle continues. "It's not just about the experiences of Black people; it's also about other forms of inequality and discrimination."

The ABP-UK has been working with the College, as well as other organisations, to improve member engagement and patient care. Dr Kwentoh explains, "ABP-UK is not just a peer-support network, we have a responsibility to the wider community as a whole."

For Dr Kwentoh, the conference brought a stark reminder of this responsibility when a speaker, Ajibola Lewis, gave a heart-breaking account of the death of her son, Seni, following physical restraint in hospital – something that is disproportionately experienced by Black patients. Her call to action to all mental health clinicians was to ensure that "our choices reflect our hopes, not our fears".

"Equality and inclusion is everyone's responsibility," says Dr Kwentoh. "We need a culture of collective responsibility where we all work to make our health system and communities the places we want to be in."

What the **College does**

Feedback from the RCPsych membership survey showed members would like more information about the totality of what we do. This is a list of our key services and activities.

Training, education, recruitment, retention and research

- Delivering the digitised Paper A, Paper B and Clinical Assessment of Skills and Competencies (CASC) exams
- Recruiting and training new examiners
- Promoting the importance of neuroscience in psychiatry
- Delivering a comprehensive CPD programme
- Validating more than 11,000 CPD submissions per year
- Supporting the Psychiatric Trainees' Committee
- Attending careers fairs and running summer schools to promote psychiatry
- Delivering the Invited Review Service
- Rolling out the College's coaching and mentoring, and wellbeing and retention strategies
- Running the Medical Student and Foundation Doctor Associate Schemes
- Delivering Portfolio Online
- Engaging with Heads of Schools of Psychiatry
- Processing and recommending trainees for completion of certificates for CCT and CESR
- Managing the CESR process, including the recruitment and training of evaluators
- Managing quality assurance of psychiatric training and evaluation
- Publishing the Quality in Training Report and Psychiatrists' Census Report
- Planning and delivering the annual MRCPsych Course Organisers' training
- Managing the Child and Adolescent Psychiatry run-through programme.

Policy, communications and campaigns

- Influencing the governments at Westminster, the Scottish Parliament, Senedd Cymru and Northern Ireland Assembly
- Lobbying politicians and opposition parties in all four nations
- Responding to government and NICE consultations across the UK
- Influencing the content of the party manifestos in Westminster and devolved nation elections
- Running the award-winning Choose Psychiatry campaign
- Campaigning to promote the benefits of psychiatry
- Campaigning with the Mental Health Policy Group to promote 'parity of esteem' for mental health services
- Campaigning on the climate emergency and ecological crisis
- Producing original research and data analysis to support our campaigns
- Supporting the All-Party Parliamentary Group on Mental Health
- Generating high-profile media coverage in England, Scotland, Wales and Northern Ireland
- Tracking media coverage of mental health issues
- 24/7 responding to the news agenda and journalist enquiries
- Issuing press statements
- Writing commentary articles and blogs
- Responding to negative stories about psychiatry
- Producing RCPsych Insight membership magazine
- Publishing College reports and position statements
- Conducting member surveys
- Running the Mental Health Watch website
- Managing relationships with all NHS bodies across the UK
- Regularly liaising with other mental health charities
- Tracking the roll-out of NHS strategies across the UK
- Modelling and analysing NHS spending and NHS workforce commitments across the UK
- Updating and maintaining RCPsych's website content, including production of videos, blogs and podcasts
- Running the College's social media accounts
- Producing the RCPsych e-newsletters
- Publishing mental health patient materials and information
- Working with Cambridge University Press to publish the College's world-leading learned books and journals, including *BJPsych*
- Promoting research in our journals and books with podcasts, video abstracts and events
- Working in partnership with the *BMJ* to publish 'Evidence Based Mental Health'
- Working with the NHS to deliver COVID-19 guidance for clinicians
- Tracking the impact of COVID-19 on services
- Promoting other roles in the mental health multi-disciplinary team
- Promoting the benefits of ECT and defending ECT services
- Working in collaboration with the Academy of Medical Royal Colleges.

Member services and support

- Delivering ceremonies – including the RCPsych Awards, Presidential Lectures, New Members' Ceremonies and New Fellows' Ceremonies
- Delivering a comprehensive programme of paid-for and free webinars, courses and events
- Delivering Foundation Fellowships, run-through training and credentials
- Producing eLearning modules and podcasts
- Delivering a range of projects with Health Education England
- Hosting and delivering the MindEd online platform
- Delivering the annual International Congress
- Supporting our 13 faculties, three devolved councils, eight English divisions, six international divisions and 15 SIGs
- Promoting equality, diversity and inclusion for members, workers in mental health services, and patients and carers
- Celebrating events such as Pride, International Women's Day, South Asian History Month, Black History Month and International Day of Disabled People
- Rolling out the RCPsych International Strategy
- Supporting international volunteering
- Helping to deliver the Medical Training Initiative (MTI) scheme
- Supporting diaspora groups of psychiatrists
- Ensuring that job descriptions for psychiatrists are appropriate and realistic
- Engaging with patient and carer representatives
- Promoting psychiatry in medical schools by working with Psych Socs
- Delivering Section 12 and Approved Clinician training
- Delivering and managing the Psychiatrists' Support Service
- Supporting hundreds of College post and office holders
- Running annual elections across the College
- Promoting the College values of Courage, Innovation, Respect, Collaboration, Learning and Excellence.

Promoting standards, quality and quality improvement

- Delivering the Quality Network for:
  - Inpatient CAMHS
  - Inpatient Mental Health Services for Deaf People
  - Eating Disorders – Adult Inpatient
  - Eating Disorders – Adult Community
  - Learning Disability Services – Adult Inpatient
  - Learning Disability Services – Adult Community
  - Perinatal Mental Health Services – Inpatient
  - Perinatal Mental Health Services – Community
  - Older Adult Mental Health Services
  - Psychiatric Intensive Care Units
  - Mental Health Rehabilitation Services – Inpatient
  - Mental Health Rehabilitation Services – Community
  - Forensic Mental Health Services – medium secure units
  - Working Age Adult Acute Wards
  - Forensic Mental Health Services – low secure units
  - Veterans Mental Health Services
  - Prison Mental Health Services
  - Community CAMHS
  - Crisis Resolution and Home Treatment Teams
- Accreditation for Community Mental Health Services
- Early Intervention in Psychosis Network
- Enabling Environments
- National Enabling Environments in Prison and Probation
- Memory Services National Accreditation Programme
- Accreditation Programme for Psychological Therapies Services
- ECT Accreditation Service
- Psychiatric Liaison Accreditation Network
- Community of Communities
- Serious Incident Review Accreditation Network
- Prescribing Observatory for Mental Health
- ACP 360 – multi-source assessment for psychiatrists
- Multi-Source Assessment for Expert Psychiatric Witnesses (MAEP)
- Child and Adolescent Psychiatry Surveillance Unit (CAPSS)
- National Audit of Dementia (NAD)
- National Clinical Audit of Psychosis (NCAP)
- College Public Mental Health Unit
- Enjoying Work Quality Improvement Collaborative
- Advancing Mental Health Equality (AMHE) Quality Improvement Collaborative
- Suicide Prevention STP Transformation Programme
- Mental Health Safety Improvement Programme – covering Reducing Restrictive Practice, Sexual Safety collaborative, and Suicide Prevention
- One-off reports and reviews setting out contemporary and historical standards, and quality indicators, in range of services
- Competence framework for physician associates
- Competence framework for children and young people's inpatient services
- Evidence-based guidelines for mental health services in Ukraine
- Evaluation of the introduction of physical activity into IAPT pathway for depression
- Analysis and evaluation of the NHS Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).

No wrong **door**

How RCPsych in Scotland persuaded the Scottish government to adopt its five priorities for mental healthcare using award-winning campaigning.

"**F**ar too often, people are on waiting lists, only to be told after such a long wait, that they have the wrong sort of mental health problem, or it isn't sufficiently severe," says Professor John Crichton, College Treasurer and previous chair of RCPsych in Scotland.

An impetus to address this led to 'No Wrong Door', a near year-long campaign run in the lead-up to the Scottish Parliamentary elections in May, which put mental health at the heart of the political debate. "We adopted the phrase 'No Wrong Door' to convey the need for people to access the right care, in the right place and at the right time," says Professor Crichton.

The campaign manifesto called on the five main political parties to sign up to five key pledges. All signed up to at least three and, crucially, the Scottish National Party (SNP) and the Scottish Greens, who are now in government together, signed up to all five.

"There's no place for resting on our laurels"

This means that between now and 2026, the Scottish government is committed to increasing spending on mental health services to 10% of the overall health budget, representing £438m of additional investment. It has also pledged to draw up a national mental healthcare workforce plan to tackle staff shortages, adopt a public health-led approach to addressing drug and alcohol addictions, spend more on mental health services for children and young people and introduce a national transitions strategy so that young people move seamlessly into adult care. Together, these policies will take Scotland a huge step forward towards parity of esteem with physical health.

The priorities of the campaign were derived from work with College members, people with lived experience of mental ill-health, as well as third sector and public health organisations. Professor Crichton also drew on his experience gained in setting up a very successful service, Veterans First Point, a collaboration between the NHS and the Armed Forces Covenant. "The key thing about it is that people can self-refer and will immediately get a screening assessment from a peer-support worker," he says.

In November 2020, the College published its manifesto and the hard work of winning over the public and the politicians began in earnest.

Aidan Reid, self-professed 'policy geek' and RCPsych in Scotland's Policy Officer, was one of the small team of three full-time equivalents that drove the campaign forward. They very successfully got politicians 'in the room' with Professor Crichton and other leaders of the College in Scotland.

Meanwhile, Devolved Nations Press Officer, Laura Varney, worked to turn the complex policy issues contained in the manifesto into attention-grabbing headlines. She pitched stories on the theme of fairness – mental health services were not receiving their fair share of funding – to a wide range of print and broadcast media. In total, the articles and opinion pieces she placed reached around 14.7 million people.

The 'No Wrong Door' campaign was so successful that it won silver in the Public Affairs Campaign of the Year category at the Chartered Institute of Public Relations (CIPR) Pride awards ceremony in October.

The campaign's success already spoke for itself. The award was simply the icing on the cake, although Professor Crichton is "absolutely thrilled" to have received it. Aidan Reid says it's "a recognition that what we did was exceptional in terms of the quality of campaigning. We're not going to be saying to ministers 'We're silver award winners', but we will be saying to ourselves 'Okay, this is what we were able to achieve. Let's keep this going'."

And that's the next challenge: holding the government to its promises. As the co-leaders of Scotland's Mental Health Partnership, and with a nearly daily dialogue with civil servants, the College is well placed to do that. But, as Professor Crichton acknowledges, "it will require constant attention. There can be no place for resting on our laurels."

Inside **COP26**

Dr Jacob Krzanowski talks about his experiences representing RCPsych at COP26 – and how psychiatrists can help tackle climate change.

This year was a first for RCPsych – an invitation to the United Nations Climate Change Conference, which has been running since 1995. Among the College's attendees was Planetary Health and Sustainability Committee member Dr Jacob Krzanowski, who describes the event as a "meeting of people from across the globe coming together on behalf of humanity". Their aim: to negotiate actions to slow and prevent further damage from a planetary crisis.

The College's status at COP26 in Glasgow was an official observer, the function of which is to advocate for its position and hold parties to account on their promises. Dr Krzanowski found this role "overwhelming and exciting". It was also challenging to advocate for the links between climate change and mental health, which was done at any given opportunity – participating in panel discussions, asking questions during talks, speaking to delegates, negotiators and industry representatives, or providing feedback to Alok Sharma, President for COP26.

The topic of health has been notably absent from previous COPs, but attendees were encouraged that mental health was being represented. "Until you start a conversation, it's hard to understand why people don't think about mental health in this context. Even gently exploring the implications on one's mental health of losing a home to flooding can help open that window."

Over COP's two-week span, the talks revolved around three major responses to the climate crisis: mitigation, adaptation and dealing with loss and damage. Dr Krzanowski found there was a greater focus on mitigation regarding emissions,

Dr Jacob Krzanowski

but less on responsibility for adaptation or loss and damage. "Many of the wealthiest and influential countries are finally realising that it's going to knock on their door. But instead of committing to stopping fossil fuel consumption or providing adequate resources to those most affected, true action remains agonisingly out of reach."

For Dr Krzanowski, the lack of focus on adaptation was frustrating. "We need to help people understand that a decarbonised society can very much be the kind of world you want to live in. It will take imagination, courage and the will to create a better world," he says. Health professionals and RCPsych can get involved by transforming healthcare. "We must build the most supportive, resilient healthcare systems possible. Central to health's adaptive response should be providing care that is just, kind, equitable and effective." The NHS is committed to being carbon net zero by 2040. Using this as a starting point, he would like "healthcare professionals to be empowered to act as advocates for the communities we serve so they have the best chance to live free of illness. That would be truly sustainable."

It is also important that RCPsych champions its members. "The pandemic was hard and more challenges lie ahead. But community is paramount for us to have the wellbeing and resilience to represent and care for our patients," he says. This should extend to an alliance with other sectors and a focus on holistic and preventive care while using interventions in an effective, evidence-based manner informed by principles of sustainability.

Tackling climate change can feel overwhelming, but Dr Krzanowski has advice for College members:

- Build your community.
- Share resources, knowledge and experience by starting a local sustainability group, making changes using the Sustainability in Quality Improvement framework.
- Take heart in knowing that a lot of the work psychiatrists do is already sustainable!
- Help shape your trust's Green Plans.
- Be more literate about climate justice. "The more you know, the greater difference it will make. Have faith in the process of knowing more."
- Get outside and enjoy nature. "It's another thing to not think too much about and have faith in."

The College at COP

An exceptional collaborative effort between members and staff led to RCPsych's participation at COP, which involved presenting at 3 events, producing 25 short films for social media, writing 8 blog posts and tweeting or retweeting 177 times. The College also held a special event, run in conjunction with the Royal College of Physicians and the Royal College of Paediatrics and Child Health, covering health emergencies we will see if no action is taken on the climate crisis. RCPsych also participated in the Healthy Climate Prescription campaign (an open letter urging climate action by organisations of the health community) which gained over 100,000 signatures.

Shazada Bates, a speaker at the workshop, who gave a first-hand account of her experience, and adult diagnosis, of ADHD

St John's Medical College, Bangalore

Bangalore city

Paying attention to adult ADHD

A new College collaboration is raising awareness of adult ADHD and how it can be diagnosed and treated in India and other parts of South Asia.

Although ADHD is commonly diagnosed in childhood, there are a growing number of people who are reaching adulthood before it is spotted. If left unmanaged, this neurobiological condition can have a huge impact on quality of life, negatively affecting education, personal relationships and work life.

This makes it all the more important for clinicians to keep ADHD on the table as a possible new diagnosis for adults, but awareness of this can be very variable. Depending on the country you're in, there can also be societal or structural boundaries to a diagnosis being reached.

So, as part of its international strategy, RCPsych developed an online workshop on adults with ADHD run in partnership with the UK's Centre for Autism and Neurodevelopmental Disorders and Intellectual Disability (CANDDID) at Cheshire and Wirral Partnership NHS Foundation Trust, and India's Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD) at St John's National Academy of Health Sciences in Bangalore.

Clinical director and co-founder of CANDDID, Professor Sujeet Jaydeokar, spoke of the collaboration as "an exchange of knowledge and skills" with the UK sharing specialised knowledge about neurodevelopmental disorders with generalist doctors. "Awareness of adult ADHD is increasing in the UK, but in many countries the focus is still on children," he says. "We wanted to focus on the challenges facing general adult psychiatrists when seeing someone with ADHD – how they could recognise and treat it."

Participants were based in India, Sri Lanka, Pakistan and the UK. The workshop included case reports, a first-hand account from a patient, and sessions on neurobiology and treatment strategies. It also included a session about adult ADHD in India given by Professor Ashok Mysore, the head of CARE-ADD – one of the few specialist centres in India.

Professor Mysore, who was involved in setting up the collaboration, explains that a lot of missed diagnoses are down to the way Indian healthcare is structured, where the private health system contributes about 80% of mental healthcare. Unlike in the UK, there is no communication between settings and there is no shared patient record. This all leads to a fragmented picture where trends will be hidden. "It interferes with the clinician's longitudinal perspective," says Professor Mysore. "There is no thick file accompanying the person that makes you see patterns of behaviour or evidence that other clinicians have detected difficulties."

Unaddressed ADHD has been associated with increased morbidity, mortality and injuries due to the disinhibition, impulsivity and risk-taking behaviour that is part of the condition. Symptoms are often masked by other comorbidities, meaning in many instances an adult ADHD diagnosis is only reached after there has been a crisis with another presentation – it might be self-harm, substance misuse, severe anxiety or depression. "The initial presentation will be dealt with and if the patient sticks with that same care for a while, the doctor might see the underlying difficulty," says Professor Mysore.

Unlike in the UK, people in India figure out how to access healthcare for themselves – and how to pay for it. There is a significant service gap for mental healthcare, and 'softer diagnoses' such as ADHD will be lower on the list of priorities, although Professor Mysore says there is an increasing awareness of ADHD among generalists in urban settings.

Family is key to care: "The team is the family," says Professor Mysore. It would be rare for an individual to access care directly. Families might be keen for a diagnosis in childhood, where a medical explanation may be sought if the child is performing poorly at school. In adulthood, if the symptoms of ADHD can be written off as "likeable imperfections" – a phrase used by Dr Tito Mukherjee in one of the other workshop sessions – they are likely to be buffered by the family. Professor Mysore says this extends to arranging a marriage where the prospective partner can continue to buffer any 'quirks'. Although this could contribute to underdiagnosis, "there may not be a need to medicalise the condition if it is not having a negative impact," he says.

Families generally seek help when they are struggling and the person has become a burden. There is no standard way of diagnosing ADHD in India, but the WHO scale is used as part of further investigations. From Professor Mysore's experience, it is hard to convince parents to recognise an adult diagnosis. There is also some resistance to pharmacological treatment, perhaps due to stigma, meaning counselling may often be preferred. And, even when not resisted, medications are not always readily available.

Non-pharmacological management of ADHD, therefore, is particularly important and was the topic of one of the workshop's sessions led by Professor Jaydeokar. His focus was on imparting knowledge of psychoeducation and strategies based on cognitive behavioural therapy, as well as other therapeutic approaches targeting difficulties around relationships, family life and employment.

For those that do take medication, the three main types prescribed in India for ADHD are methylphenidate, atomoxetine and bupropion. Although medication can be highly effective, many patients do not stick to a regimen. "The nature of ADHD gets in the way of sustaining therapy," says Professor Mysore. "Many adults with ADHD will find it too difficult to organise themselves to come back for prescriptions."

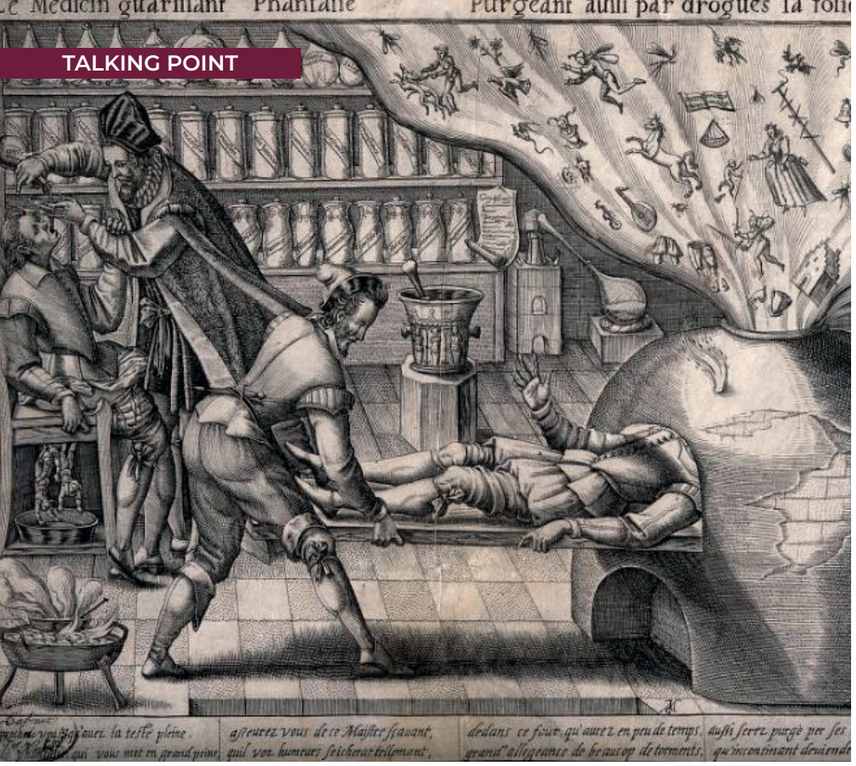
Again, it is the family that is relied upon to manage this and Professor Mysore advocates educating families about the benefits of treatment. However, he says, the numbers who stick to the programme are still small.

"Patients might come for five sessions, feel better and never come back. There is no team to track them or assess new difficulties. It might take a significant issue – severe panic, depression or a suicide attempt – to bring them back."

The workshop was the first to be tailored to an overseas audience and it will be a blueprint for further international work. Professor Jaydeokar hopes to make the workshops more interactive and reciprocal with more case discussions, as he has realised there is a need for more peer support. "Regular forums to discuss cases would be useful," he says.

Professor Mysore has a wish list of desired outcomes from the ongoing collaboration, including workshops on managing ADHD and comorbid conditions, and certificated courses. He would also like to reach areas where undiagnosed adults with ADHD may need support, such as university campuses and workplaces.

The plan is to extend the collaborative model to other neurodevelopmental conditions including autism and intellectual disability. Ultimately, international collaborations will improve patient outcomes by increasing global awareness of conditions and sharing specialist expertise.



A surgery where all fantasy and follies are purged and good qualities are prescribed (Wellcome Collection)

By which **standard?**

Should psychiatrists of the past be judged by the standards of today? A recent College webinar explored the possible answers to this complicated question.

A man who gave his name to a pioneering mental health hospital might reasonably be assumed to be a benevolent figure. But the tale of Henry Maudsley is rather more complicated.

Yes, he offered the funds to create what would become an eponymous hospital. He also offered up a potent mix of sexism, racism and a belief that those with long-term mental health conditions were beyond help.

Maudsley's case is far from an unusual one in the annals of psychiatry. It means the field faces the same challenge as wider society: should such individuals be judged by today's standards?

That question was at the heart of a recent College webinar and, for Professor Rob Poole, it's one which can be answered in just a few words. The co-director of the Centre for Mental Health and Society at Bangor University argued there is "no option" but to judge such individuals on today's understandings.

"We can only apply today's standards because there are no standards that are monolithic. Standards of the past were varied – there were different opinions about Maudsley in his time."

Past values were also, he pointed out, those of the rich and powerful. "And their views have no greater validity than anybody else's. When we talk about using the values of the time in which someone lived, it normally involves overlooking the maltreatment of some group of people or another."

That has a multi-faceted impact on those groups today, Professor Poole argued. Maudsley's belief, for instance, that 'degeneration' was passed from one generation to the next – and resulting restrictions on who was allowed treatment at the hospital he founded – had long-lasting consequences.

"That legacy can be seen through the history of the mental hospitals in the 20th century, where people with chronic mental illness were neglected, right up to today where very little research effort is put into helping people with chronic mental illness."

But Professor Sir Simon Wessely, Regius professor of psychiatry at King's College London and past president of the College, said all of this was to place insufficient focus on context. The cultural pessimism and social Darwinism that Maudsley embodied "were the two main intellectual views of that time," he argued.

"Why was he so pessimistic? The great asylums were failing, he knew that. Why? He didn't know that. He did notice something about lifestyle seemed to be the pathway to degenerative disorder. What he didn't know was it was about tertiary syphilis. And that helps explain this cultural pessimism that swept across Europe at the end of the 19th century."

Professor Wessely also stressed that Maudsley, for all of his now-problematic views, "did do a lot of good". The donation to create a hospital, for instance – a sum which amounts to millions of pounds in today's money – meant the start of out-patient treatment for mental illness.

So, does that mean we should continue to remember Maudsley – and other prominent psychiatrists – who did good alongside harm? Interestingly it wasn't just Professor Wessely who said the answer was yes.

"There's this idea of culture wars and that this is about cancelling people, which of course is a myth," said Professor Poole. "My argument is not that we should forget people, it's actually that we should remember them properly."

Visit **www.rcpsych.ac.uk/events/free-webinars** to watch a recording of this webinar and many others, and to sign up for future events.

Dr Pavan Joshi

Shining a light on **discrimination**

Here's why you should take part in RCPsych's LGBTQ+ survey, regardless of how you identify.

Dr Pavan Joshi was barely a month into his role as Chair of the RCPsych Rainbow SIG when he received an email from a distressed psychiatrist.

"He had recently relocated to the UK, and was experiencing homophobia at work," says Dr Joshi. "It was a very emotional email. I remember being surprised because his placement was just outside of London – somewhere I expect to be more progressive." Dr Joshi already knew there was work needed to investigate the experiences of LGBTQ+ people in psychiatry, but hearing this doctor's account sparked a sense of urgency. "We knew we had to do something."

Dr Joshi and his Rainbow SIG colleagues tried to find research that could shine a light on the workplace experiences of LGBTQ+ psychiatrists. When they found nothing, they reached out to the College. The resultant survey – which is open now – is a first for RCPsych. Aimed at both LGBTQ+ psychiatrists and their colleagues, it encourages participants to reflect on having witnessed or experienced discrimination, bullying or harassment related to gender identity and sexuality – and to share how their employers responded. The SIG and the College will utilise the results to build an action plan for supporting LGBTQ+ psychiatrists' wellbeing.

"You need a culture that makes saying or doing something discriminatory unsafe"

Asked why non-LGBTQ+ colleagues are urged to take part, Dr Joshi says that inclusion work cannot be done in isolation. "For example, when we are researching racism, it is important to hear from people who have witnessed racism, as well as those who have experienced it. We need the whole picture." Dr Joshi also hopes that the survey will help non-LGBTQ+ colleagues to consider their own role in challenging the status quo.

Dr Raj Mohan, Presidential Lead for Race and Equality and executive member of Rainbow SIG, says he has been contacted by numerous LGBTQ+ colleagues, whose mental health and progress at work has been impacted by discrimination. One challenge to tackling this issue within the health service is the lack of reliable reporting structures. "If there aren't safe, clear structures for you to report within, it diminishes your confidence. You have no idea what will happen as a result of your complaint." Despite the fact that all public sector organisations are bound by current equality legislation, he believes that much homophobia and transphobia goes unreported.

"When you ask senior leads in trusts, they are rarely able to tell you whether they have clear processes in place. You need better training, stronger management, revised employment practices… Most of all, you need a culture on the ground that makes saying or doing something discriminatory unsafe. Organisations really need to demonstrate that they're acting; it's not simply a case of saying that you are pro-LGBTQ+."

Dr Mohan is working with the College to create guidance for trusts on implementing the Equality Act, advising them on how to respond to different forms of discrimination. This work, alongside the survey, is one of the many prongs of the College's Equality Action Plan.

Dr Mohan and Dr Joshi are also deeply grateful to the late Professor Michael King, the founder and former chair of Rainbow SIG, who sadly passed away earlier this year. "Michael was a visionary and a strong advocate," says Dr Joshi. "He really pushed forward with LGBTQ+ issues – both within the College and when advising external groups and organisations. Without him, this work would not be the same."

For Dr Joshi, working on the survey has been affirming. "When I came out, I felt the connection and interactions I'd had with my colleagues changing," he says. "It was painful. So, it's validating to know the College is taking this issue seriously, and I am confident this survey will be an important contribution to the College's Equality Action Plan and encourage employers to take meaningful action."

The survey closes at 23:59 on Monday 31 January 2021. College members have already been emailed a link to take part. If you have not received yours, please contact **ruth.adams@rcpsych.ac.uk**

With spirituality **in mind**

Religious or spiritual belief is a significant part of many people's lives, but it's often not factored into mental health care by psychiatrists. Although complex, for the Spirituality and Psychiatry Special Interest Group, it can't be ignored and should be part of psychiatric training.

Illustration: Owen Gent

Spirituality in healthcare was widely seen as either irrelevant or a sign of eccentricity back in 1999 when RCPsych's Spirituality in Psychiatry Special Interest Group (SPSIG) was launched. The aim of its founder and first chair, Dr Andrew Powell, was to create a "safe haven" where psychiatrists could express their views of its relevance to psychiatry without fear of criticism.

SPSIG has since become one of the largest special interest groups in the College, with two active and varied day-long annual conference programmes, as well as numerous publications under its belt. Yet, spirituality remains somewhat outside of the mainstream, with consideration of patients' spirituality in mental health yet to make its way onto the psychiatric curricula.

Some of the reasons for this might seem understandable, when even conceptualising 'spirituality' is not straightforward. "It is difficult to define, and even more difficult to measure," says Professor Chris Cook, current chair of SPSIG. However, there is still general consensus that it is "commonly concerned with things such as meaning and purpose in life, with the human being in a relationship, and especially the relationship with a transcendent order," he says.

Whether expressed as part of an established religion or group, or as a private or individual matter, spirituality can be an important – and sometimes a central – part of someone's life that can interconnect with their mental health. This relationship can be complex – religious or spiritual belief is known to be a protective factor, providing motivation, hope and feelings of connection and being valued, as well as offering a community that might provide support. But it can sometimes also offer an unhelpful or unhealthy path – a faith community might be oppressive and authoritarian, and it might hold misconceptions around mental health issues.

"It's not about being an expert on religion"

One of SPSIG's crowning achievements is its position statement on spirituality and religion, which marked the first time the subject was addressed in College policy. It also was a catalyst for several similar organisations to follow suit and produce their own statements, with the World Psychiatric Association explicitly acknowledging SPSIG's statement in their own.

SPSIG's position statement calls for a tactful and sensitive exploration of patients' religious beliefs and spirituality to be routinely considered in, and sometimes be an essential component of, clinical assessment. Dr Sarah Eagger, a former chair of SPSIG, advises against direct questions which might shut down a conversation before it's begun. "Instead of asking 'Are you religious or spiritual?' I always ask people very broad questions like: 'What's important in your life? What gives you hope? What keeps you going through difficult times?' Then you could ask: 'Does that include any faith or belief that is important to you?'" she says.

Doctors may have negative attitudes towards religious faith or spirituality, and this might make them feel embarrassed or uncomfortable when talking to patients about these issues. They also might feel that they don't know enough about religion, or the possible religions a patient might have. "But it's not about being an expert," says Professor Cook. "It's about asking what their religion means to them and why it's important."

Patients can be hesitant to raise spiritual concerns because they're worried that they'll be pathologised – their beliefs just dismissed as being part of an illness. Likewise, there can be misconceptions around mental health issues among some faith groups, making it difficult to raise mental health concerns in that arena, meaning patients may find themselves facing a 'double taboo'.

This creates missed opportunities to have important conversations to build rapport and aid the therapeutic relationship. "Even though we've been talking about this for a long time now, it's not a standard part of an assessment. Yet, professionals will regularly ask about a patient's sex life, drug-taking or relationship with their parents," says Dr Eagger. "Engaging with patients on this topic says: You know what my worldview is, and you understand and respect it – you get me in some way."

Factoring in someone's religious belief into treatment is not just about considering whether they need to pray and somewhere to do it, or whether they need to wash themselves or have any rituals they need support in continuing. "These are the absolute basics," says Dr Eagger. "In the recovery model, it's more of a question of what's going to build their resilience and strength as an individual". This can involve wider considerations about their relationship with their faith community and social support, and whether their ties with that can be strengthened.

SPSIG has found that while many psychiatrists and other mental health professionals acknowledge the importance of these considerations, it often does not translate into clinical practice. Barriers most cited are lack of training and time, and fear of trespassing professional boundaries and proselytising (promoting a belief or attempting to convert someone to it).

"It may be difficult for people to even realise they're doing it if it's such an important part of their life," says Professor Cook. "And no one is immune to unconscious bias." He also points out that it's not just religious people who are in danger of doing this, "it's atheists and agnostics too".

SPSIG is the first to acknowledge that these areas are not easy to navigate. Focusing on teaching, putting spirituality on the curricula and facilitating discussion among trainees and College members could be one way to overcome these roadblocks and help people understand where that line is, as well as giving gravity to spirituality in mental health care. "If psychiatrists see spirituality as important, then it should be in the curriculum, and conversely if it is not in the curriculum it may not be not seen as important by many trainees," says Professor Cook.

Additions to the curricula are currently a work in progress, but so far SPSIG has contributed to the recent consultation on the curricula framework. This has led to the place of spirituality and religion within the holistic model being clarified in the 'silver guide', and spirituality and religion being specified within the capabilities listed under each High-Level Outcome (HLO) in the curriculum. SPSIG has also written an example personal development plan which includes spiritual and religious issues. Another of its goals is to contribute to future CASC stations.

For SPSIG, having insight into the things that give people meaning is simply part of understanding the whole person. "If spirituality is important to our patients, then it needs to be of interest to all psychiatrists in order that we can properly understand their worldview," says Professor Cook.

"Some psychiatrists might be anti-spirituality," says Dr Eagger. "They might see it as too subjective, too fraught with difficulties, but it's not something that can be ignored. It's a very important aspect of people's lives and we need to get skilled at asking questions about it."

SPSIG's wealth of spirituality and psychiatry resources can be viewed by searching 'SPSIG' at **www.rcpsych.ac.uk**

The group of patients, mental health professionals and crew on board the Faramir at Ipswich harbour

Voyage to **recovery**

A novel, UK-based sailing project for patients with early-stage psychosis has inspired teamwork, confidence and self-exploration.

Looking equal parts nervous and excited, a group of five mental health professionals and eight patients gathered at Ipswich harbour on a bright, sunny September morning. They were about to settle on board their home for the next week, a wooden sailing boat called the Faramir.

This sailing trip from Ipswich to London was part of a UK-wide project called the Voyage to Recovery, which aims to encourage young people with early-stage psychosis to develop their teamwork and communication skills, self-esteem and confidence. Run in collaboration with the Cirdan Sailing Trust, a non-profit charity, the project sought to push the perceived boundaries of what early intervention in psychosis (EIP) can look like.

Professor Nandini Chakraborty recalls the trepidation of her patients on the first day of getting on the boat. "Some of them looked absolutely petrified," she says, and with good reason. The patients, who had never met before, would need to live and work in a confined space together for several days. This could be difficult for anyone, but even more so for individuals with "significant anxiety problems".

"It's important we stretch the horizons of our experience far beyond our clinical space"

However, it wasn't long before the tides started to turn. Professor Chakraborty watched as her patients grew in confidence and took on substantial responsibilities, including cooking for the entire 16-person crew. All participants took turns on the ship's wheel, both literally and figuratively, and the results were profound. "To see them coming out of their shells and taking on more responsibilities was so amazing," says Professor Chakraborty.

She and her colleagues were drawn to the project because it encapsulated the principles of EIP – to provide valuable enrichment and growth outside of purely minimising symptoms – in an exciting and unusual format. The organisers realised that sail training was a form of adventure therapy that could target common difficulties associated with psychotic disorders in young individuals, including dealing with structure, personal interactions and gaining perspective.

While the sailing experience itself has ended for these patients, the impact has been much longer lasting. For one patient, the trip offered the boost she needed to face her fears of new situations and people. Some participants are still in contact with each other having built meaningful friendships. "I would definitely do it again and it's probably a pivotal moment in my life," one patient reports.

The trip was just as eye-opening for the practitioners as for the patients. "Absolutely, I would say it was of equal benefit to patients and clinicians," says Professor Chakraborty. Her main personal challenge was not just having responsibility for the patients, but in changing her mindset towards them and learning to take a step back while they found their sea legs.

She believes the experience proves that fresh, innovative and unconventional therapy methods can be delivered effectively. They also need not be limited to patients with psychosis, as the benefits can apply much more broadly to other mental health conditions.

Professor Chakraborty also points to the importance of her role as the sole psychiatrist on the trip in exploring therapeutic approaches outside of prescription medication.

With similar trips already planned for the years ahead, she encourages other RCPsych members to take on similar initiatives – the project taught her that you don't need to be confined within the walls of your clinic. "It's important we stretch the horizons of our experience far beyond our clinical space so we can be the best mental health professionals we can be."