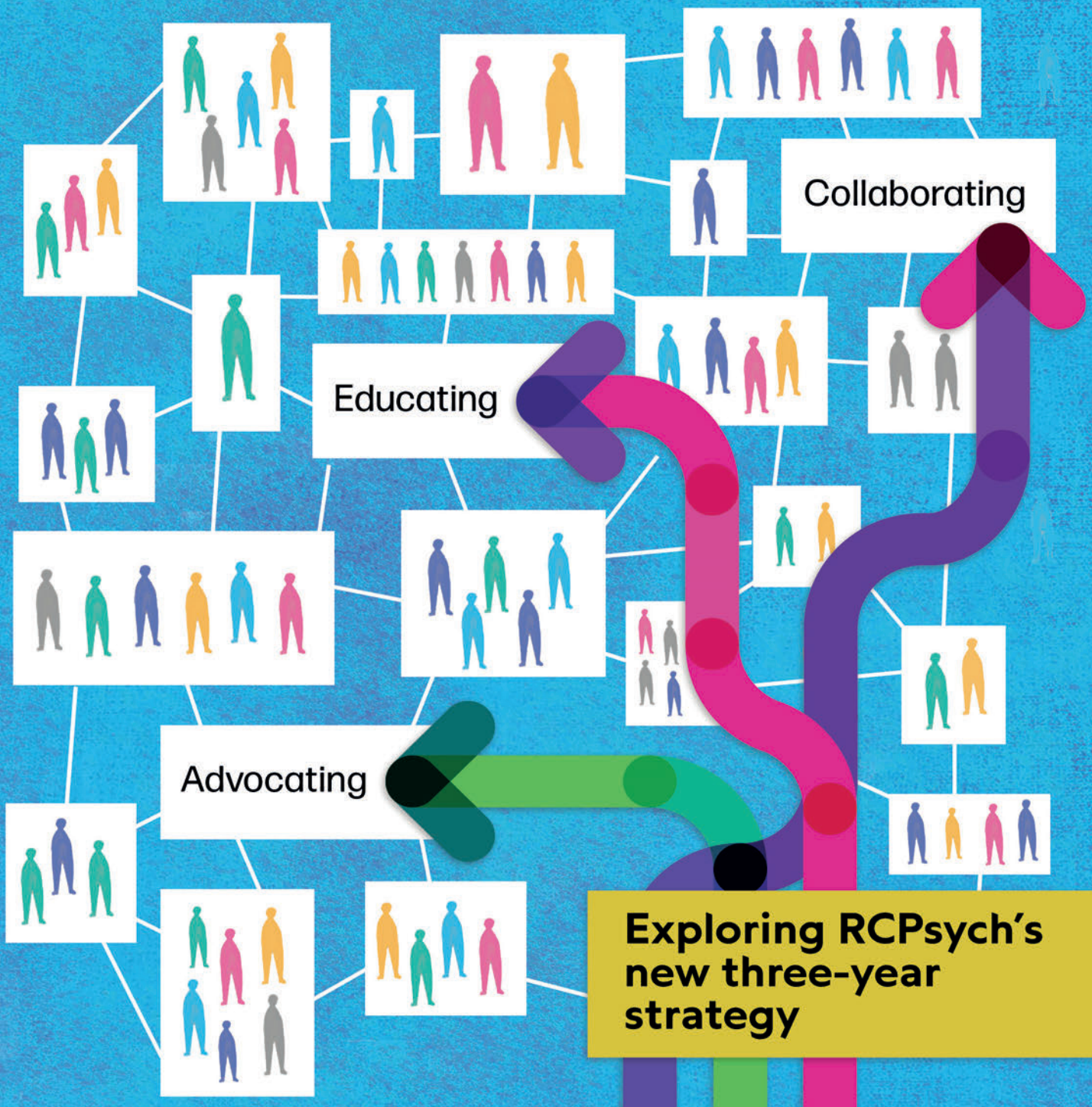
Issue 27 | Spring 2024

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT



Exploring RCPsych's new three-year strategy

Contents

COLLEGE **NEWS IN BRIEF**

Physician Associates review

The ongoing conversation regarding the role of Physician Associates (PAs) within healthcare, including mental health services, continues to generate discussion across the NHS. This is a very important area for RCPsych as the role of PAs working within mental health services is to support the work of psychiatrists as part of the wider healthcare team.

RCPsych is conducting a comprehensive review of the PA role and how PAs can contribute to the work of the multi-disciplinary team (MDT) within psychiatry.

As part of this, RCPsych will review the scope of practice and limitations of PAs working in mental health and will also review their supervision requirements under the leadership of psychiatrists.

Recent legislation mandating the General Medical Council as the regulators of PAs reflects a broader push for standardisation and safety improvement, with psychiatrists playing a crucial role in facilitating these changes. The College will provide further updates as things progress.

For more information about the review, go to **www.rcpsych.ac.uk/improving-care/physician-associates-review**

RCPsych in the news

The College has secured a broad range of media coverage so far this year, including on three key issues: the rise in children experiencing a mental health crisis, eating disorder services failing to meet NHS waiting time targets, and violence and abuse driving mental illness in women and girls.

RCPsych President Dr Lade Smith CBE recorded an interview with ITV News about the need to reform the Mental Health Act and spoke to *The Guardian* on the importance of advanced care documents and their potential to reduce the number of people detained under the Act. Separately, she also discussed funding for mental health services and the need to invest in regional specialist services in a feature with the *Financial Times*.

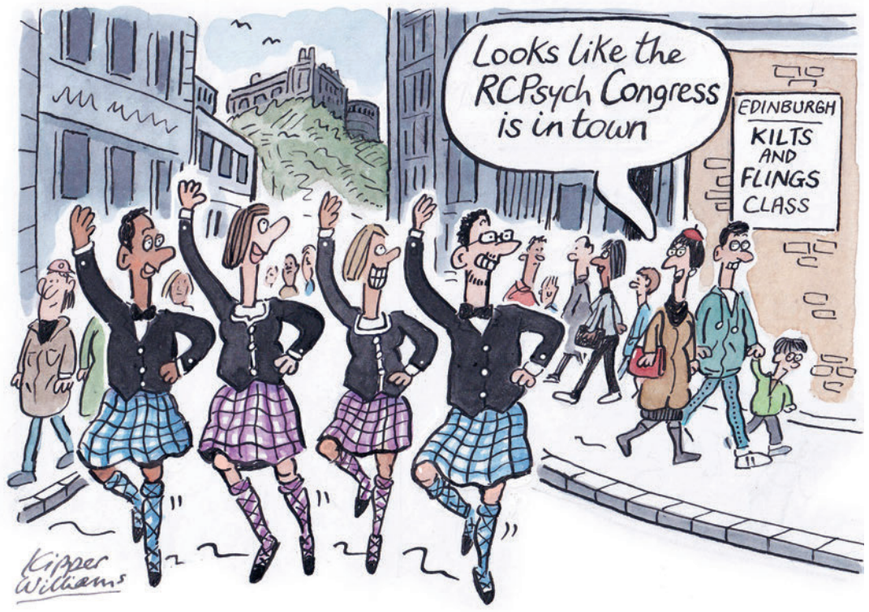
Chair of RCPsych in Scotland Dr Jane Morris appeared on a report into CAMHS data on Channel 4 News, which focused on spending on mental health services in Scotland amidst concerns that rising waiting times could be costing lives. "Mental health in Scotland has been in chronic crisis, probably even since before Covid and the lockdown, but we're now seeing a very acute episode," Dr Morris said. The story was mentioned in four Scottish national papers, which achieved a combined reach of 5.7 million.

Political influencing

In January, RCPsych launched its manifesto for the next general election, and this has been used as a key tool to engage with the main political parties to influence the contents of their respective manifestos.

In addition to engaging with manifesto writing teams, the College has engaged with key figures such as Bill Morgan, the Prime Minister's Lead Adviser on Health; Abena Oppong-Asare MP, the Shadow Minister for Women's Health and Mental Health; and Luciana Berger, who is leading a review on mental health for the Labour Party. Engagement has also taken place with Lord Newby, who is leading on the process to write the Liberal Democrats' manifesto.

The College has been mentioned eight times in Parliament since January, and work on legislation has included Private Members' Bills to ban conversion practices, and the Victims and Prisoners Bill. RCPsych also responded to announcements in the Budget and briefed MPs and Peers for the debates that followed.



Find out about this year's Congress, including activities like Highland dancing, on pages 18–19.

Highly commended

RCPsych's 'ADHD in adults' patient resource has been granted the title of 'highly commended' in the BMA PLG (patient liaison group) Patient Information Awards 2023. These awards aim to recognise and promote excellence in the production and distribution of high-quality patient information.

Praising it for its use of language, its recognition of the difficulties individuals with ADHD face, and for how it embodies the principles of the social model of disability, the awards panel described it as a "really well thought-out piece of work which will be a great asset to those in this community".

The ADHD resource, which the College published last summer, aims to help readers better understand ADHD whether they are seeking guidance for themselves or a loved one, and includes information on symptoms, what to expect from an assessment, and self-help and treatment. It was co-produced with individuals who have lived experience of the condition.

Nominate now!

Nominations are now open for the annual RCPsych Awards. This is your opportunity to nominate the incredible individuals and teams who are making a real difference to mental health services.

We need your help in the search for the stars of 2024 and we look forward to receiving entries. Nominations close on Friday 31 May at 5pm.

To see the full list of categories, criteria and how to submit an entry, search 'RCPsych Awards 2024' at **www.rcpsych.ac.uk**

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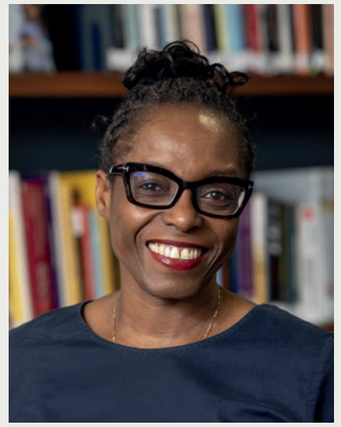


President's **update**

Hello and welcome to this spring issue of *Insight* magazine. The start of this year has been eventful, and the College and you, our members, have already made great contributions to the profession for the benefit of patients and practitioners alike.

First and foremost, I would like to congratulate Sonia Walter on her appointment as RCPsych's new Chief Executive. Sonia has worked for the College for 23 years across various roles, and I am confident we will continue to go from strength to strength under her experience and leadership.

In this issue of *Insight*, we start by looking into progress made by RCPsych in Wales in assisting the development of the Mental Health Standards of Care (Wales) Bill to help deliver positive change to patient care across Wales, despite the UK government's failure to deliver on promised Mental Health Act reforms.

We then delve into a new two-year NCCMH-led quality improvement programme to support inpatient wards and corporate teams in England to develop their culture to be in line with NHS England's Culture of Care standards.

I am also joined by our Presidential Lead for Global Mental Health, Professor Mohammed Al-Uzri, as we discuss RCPsych's 2024–26 strategic plan and its interrelated international strategy, which will set the foundations of the College's work over the next three years.

As always, I hope you enjoy the read and thank you for such a strong start to 2024.

Dr Lade Smith CBE

James Evans MS with RCPsych in Wales Manager Ollie John

Leading the way

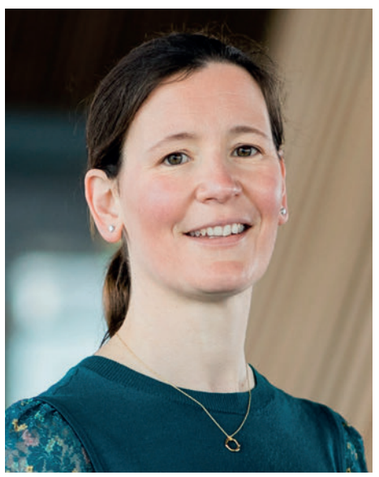
With the UK government failing to deliver on its promise to reform the Mental Health Act, Wales is forging ahead with its own plans for change.

Where there's a Bill, there's a way. Last November, the Prime Minister left the long-promised reform of the 1983 Mental Health Act (MHA) for England and Wales out of the King's Speech, meaning that it will not happen this side of a general election. But one politician's omission is another's opportunity. A backbench member of the Welsh Senedd – ironically, from the same party as the PM – has stepped into the breach and introduced his own, Wales-only, reform Bill. Working with RCPsych in Wales and others, and with cross-party support in the Senedd, he stands a good chance of success.

"This is about a person-centric approach to care"

James Evans is the Conservative member of the Senedd Cymru (Welsh Parliament) for Brecon and Radnorshire and the Shadow Minister for Mental Health, Wellbeing and Mid Wales. Last October, he decided to enter the private members' ballot, which allows backbenchers to put forward proposals for legislation. "Mental health is an issue I've always been interested in," he says. "My mother was a mental health nurse and I've always been aware of how the profession is changing and the challenges that staff face." His Mental Health (Wales) Bill was intended to be a fairly narrow measure that tidied up some aspects of the Mental Health (Wales) Measure 2010. But after winning the ballot and starting work on fleshing out the detail of his Bill, news started to filter through from Westminster that the government was putting reform of the MHA on ice. James decided to step into the breach.

"I was very disappointed when the UK government decided not to proceed," he says. "So, I thought, what can we do here in Wales? How can we make changes to improve patient wellbeing across the country?" The answer was to work closely with RCPsych in Wales, the Royal College Mental Health Expert Advisory Group and the charities Mind Cymru and Adferiad to draft a Bill to implement as many of the shelved MHA reforms that devolution will allow.



Dr Katie Fergus

Also involved in the Bill's development was Dr Katie Fergus – former College Lead for Policy and Public Affairs and current Lead for the Faculty of Rehabilitation and Social Psychiatry. Having brought her special interest in mental health law into the process, she explains: "In our discussions, we recognised the complexities associated with changing legislation that covers two jurisdictions (England and Wales) – particularly given the fact that the Mental Health Act also crosses both health, a devolved issue, and justice, which is not devolved."

It is for those reasons that James Evans' proposed Bill – now renamed as the Mental Health Standards of Care (Wales) Bill – does not include all the proposed reforms of the MHA that the UK government set out in its now-abandoned draft legislation. But it sticks very closely to the principles outlined by the 2018 Wessely review of the MHA: choice and autonomy; least restriction; therapeutic benefit; and the person as an individual. As it currently stands, one of the Bill's proposals is to replace the patient's 'nearest relative' with a 'nominated person'. "This, for me, is a key change," says James Evans, "which is about a person-centric approach to care. From my case work, I know of horror stories where people have been subjected to domestic abuse and then gone into mental healthcare, and their nearest relative is their abuser."

Other proposed changes include changes to the criteria for detention so that people can only be detained if they pose a risk of serious harm to themselves or others and where there is a reasonable prospect of therapeutic benefit. Remote assessments by Second Opinion Appointed Doctors and Independent Mental Health Advocates are to be introduced. Requests for a mental health reassessment will no longer only be available to adults, and a person nominated by the patient will also be able to request a reassessment. Additional changes – such as placing a duty on clinicians to have regard to a patient's advanced choices – will be made via regulations rather than primary legislation.

Ollie John, RCPsych in Wales' national manager and chair of the Expert Advisory Group, has worked closely with James Evans on the drafting of the Bill. "James has been quite bold in introducing mental health reform in Wales, considering it was the UK Conservative Party who paused the introduction in Westminster," he says. "We're really encouraged that he's gathered support across the Senedd."

When James Evans introduced his draft Bill to the Senedd last December, it was unanimously approved. "I'm a bit shaken, actually," he said at the time, "because I'm a little bit overwhelmed by the support I've had here today." The Labour deputy minister for mental health and wellbeing, Lynne Neagle, was broadly supportive – which Ollie John describes as 'unique' for a Bill proposed by a member of the opposition – though she cautioned against fragmenting a system that currently operates on an England-and-Wales basis.

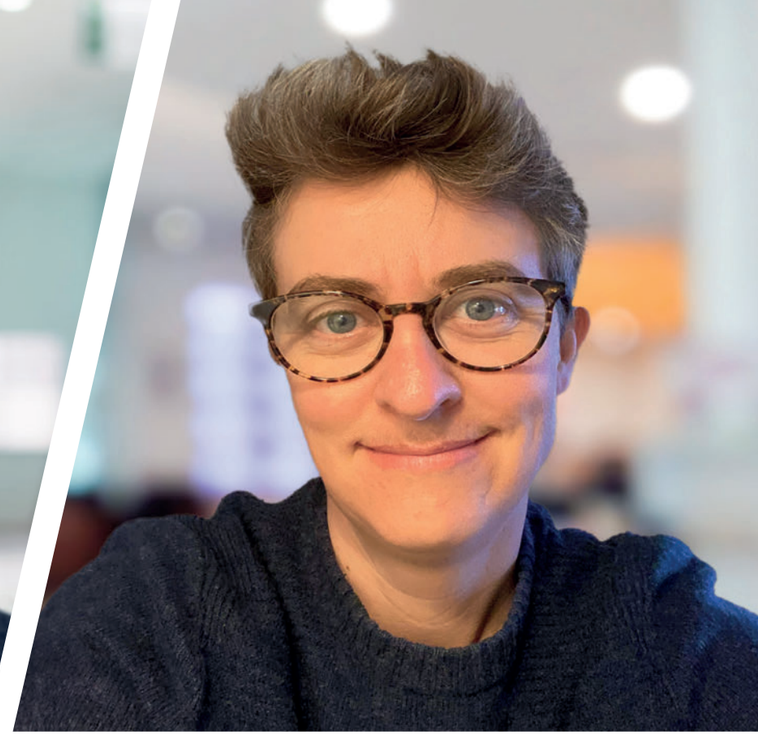
"I understand her concerns," says Dr Katie Fergus. "Nobody wants to make the system unnecessarily complicated. However, it is essential that we don't miss out on opportunities to focus on the lives and needs of vulnerable people in Wales purely because of the lack of opportunity to do the same across the border."

Ollie John says: "The Welsh government is looking to introduce a new long-term strategy for mental health this year, so there are important discussions to be had to align this legislative change with their agenda." He adds: "No one wants to or can rush anything, but this could be voted upon and become law within the first few months of next year. That would be adequate time to give it the necessary scrutiny. It's slightly accelerated because it's got cross-party support in the Senedd, which is massively helpful."

Meanwhile, as the UK gears up for a general election sometime this year, the College President, Dr Lade Smith CBE, and colleagues are working hard to ensure that mental health is featured in the manifestos of all the main political parties. What's happening in Wales will undoubtedly strengthen their hands. As Dr Fergus says, "I suspect that if the Bill successfully passes through all of its stages, then our colleagues in England will have a keen eye on the difference it makes to both patient care and working practices."

Dr Jacqui Dyer MBE

Professor Russell Razzaque



Jill Corbyn

Transforming the culture of care

A two-year transformative programme, led by the College, aims to embed a new culture of care in inpatient wards in England.

Sometimes, mental health, intellectual disability and autism services make headlines for the worst reasons. Media reports of the mistreatment of patients are met, quite rightly, with outrage and calls for investigations into what went wrong. But what rarely gets reported is the important work that goes on – day in, day out – to drive up standards and improve patient safety and staff wellbeing.

For more than six years, the National Collaborating Centre for Mental Health (NCCMH) – the College's research collaboration with University College London – has put quality improvement (QI) at the forefront of its work. By way of recognition, the College National Improvement Lead for Mental Health, Dr Amar Shah, was appointed NHS England's first-ever National Clinical Director for Improvement in January. And, at the same time, NCCMH was appointed lead delivery partner for the Culture of Care programme, part of NHS England's Mental Health, Learning Disability and Autism (MHLDA) Inpatient Quality Transformation Programme, which will run until the end of March 2026.

The Culture of Care programme aims to support 200 MHLDA inpatient wards and 60 corporate teams across England, both in the NHS and the private sector, to develop their culture to be in line with NHS England's Culture of Care standards. These set out to move away from a risk-assessment approach to patient safety towards a more holistic approach; for work to be undertaken from a trauma-informed, autism-informed and racial-equity perspective; and for co-production, peer support and lived experience to be at the heart of a compassionate and relational model of care.

"Each of the 200 wards will be assigned a quality improvement coach," explains Tom Ayers, Director of the NCCMH. "They will guide the wards through the process of testing out new ways of working." Meanwhile, the leadership of NHS mental health trusts and other providers will be 'reverse mentored' to embed the Culture of Care standards at all levels of these organisations. This means that people with lived experience will use their insight to mentor executives – supporting them to think about how they're leading their organisation for the benefit of patients.

The programme has a diverse and varied leadership group, with its members heading up various areas according to their expertise. Three partnership organisations are part of this: Global Black Thrive, a Community Interest Company (CIC) dedicated to advancing the prosperity, equity, and wellbeing of Black communities worldwide; Neurodiverse Connection, a CIC created to improve support provision and outcomes for neurodivergent people; and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), the leading research programme into suicide prevention in clinical services, who will contribute towards the risk assessment element of this programme.

Also involved is one of the College's joint Presidential Leads for Women and Mental Health, Dr Philippa Greenfield, who will lead the trauma-informed part of the programme. "Many people accessing mental health services will have experienced significant trauma and adversity. But current pathways to care, care settings and approaches can replicate past trauma, or precipitate further trauma experiences," she says. "Therefore, a trauma-informed approach must underpin all we do. We must provide care and services that recognise the high trauma among the people accessing them and aim to actively mitigate further harm."

"Relationships with patients must be at the centre of the way we deliver our care"

Jill Corbyn, founder and director of Neurodiverse Connection, worked on the development of the programme's autism-informed content and of the Culture of Care standards and is involved in the governance of the project. They see it as "one of the most exciting things to come out of NHS England in a long time". It's an opportunity, they say, "for us to significantly improve inpatient care in England, and to address some of the inequality that we're seeing. Autistic people are more likely to experience mental health challenges, less likely to be able to access services and more likely to be detained for longer periods of time."

Dr Jacqui Dyer MBE, co-founder and director of Black Thrive Global, also has high hopes. "I'm excited to see what is going to unfold from the Culture of Care ambition as we embark on the journey to embed equitable care and to secure outcomes for our people when they are at their most vulnerable," she says. "The Patient and Carer Race Equality Framework (PCREF) will be a significant component of this work, enabling mental health service providers to become anti-racism organisations, delivering non-oppressive care for racialised communities." Dr Dyer has previously played a key role in leading the development of the PCREF, NHS England's new anti-racism initiative for the mental health sector.

Also part of the programme's leadership is Professor Russell Razzaque, the College's Presidential Lead for Compassionate and Relational Care and NCCMH's Clinical and Strategic Director. He says that mental health services have got out of balance, with too much emphasis on technical treatment and too little on relating to patients by considering them as a whole and maintaining a longitudinal relationship with them. "We've basically become technicians," he says.

So, his hopes for the Culture of Care programme are that it will "help put relationships with patients at the centre of the way we deliver our care". A key part of that process will be working with NCISH to develop strategies to move care away from a reliance on risk assessments. "There is decent evidence to show that an emphasis on risk ends up making relational care worse," says Professor Razzaque, "because you end up trying to repeatedly assess risk rather than forge a relationship with people."

Dr Philippa Greenfield

Collaboration and shared learning are built into the programme and learning networks will be set up so that organisations can learn from each other as they go along and, if a big enough venue can be found, there are plans to bring everyone taking part together three times over the two years. "People get really energised by work that other people are doing," says Tom Ayers, "and we always say that 'stealing ideas' from each other is absolutely encouraged."

Jill Corbyn has expectations of the programme that are realistic but positive. "I'm mindful that we're not going to change everything in two years," they say. "But if we can help people to understand the neurodivergent experience, to reframe their understanding that this is a neurological difference, rather than a behavioural disorder, we can dramatically improve support for neurodivergent people."

Jacqui Dyer is similarly optimistic. "This is the moment to get this right," she says. "With a collaborative, inclusive approach that has lived experience right at the centre, I feel confident that, together, we will succeed."

Stormont, Belfast

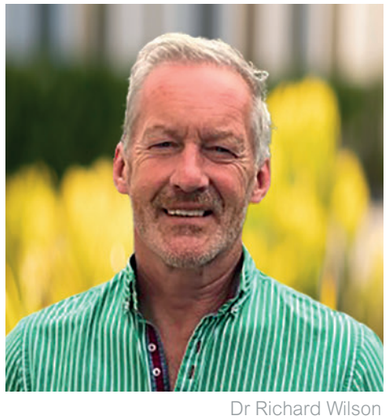
When governments fall

Outgoing Chair of RCPsych in Northern Ireland, Dr Richard Wilson, reflects on the challenges of his time in office.

Dr Richard Wilson took up the post of Chair of RCPsych in Northern Ireland in July 2020 – in the early days of the pandemic. Two years later, in February 2022, the government at Stormont collapsed. It was only recently, a further two years later, that it was restored. "We sometimes complain about politicians and the speed at which decisions are made," he says. "But when they're not in office, the situation for everyone becomes more challenging. Budgets can't be agreed, services can't be reformed and, sadly, patients suffer."

Softening some of this blow has been the excellent relationship that the College has had with the Northern Ireland Minister of Health, Robin Swann MLA, who was in office from 2020 to 2022 and now again from 24 February this year. "He's very interested in mental health," says Dr Wilson. "He maintained that interest during Covid to produce the government's first 10-year Mental Health Strategy. The College had four or five meetings a year with him, which is unprecedented. We continued to have meetings with the Health Department, the Mental Health Champion and the Public Health Authority (PHA) after the government collapsed to carry the strategy forward. So, dialogue didn't stop, but the absence of the Minister did present challenges. We also worked with the department and the PHA to produce a comprehensive Mental Health workforce review, which we're now calling for to be fully funded."

"I've always felt we've punched above our weight"



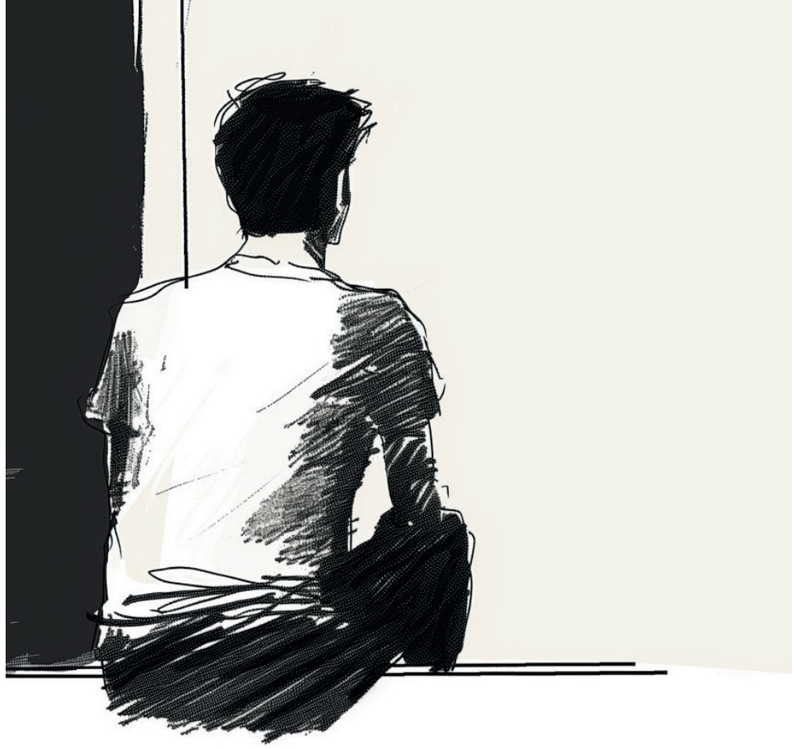
Dr Richard Wilson

At the same time, there was plenty to do while government was in abeyance. "Membership participation increased exponentially," says Dr Wilson. "All our major officer roles are filled, we've created opportunities to respond to service needs and demands, and we've had a programme of high-quality events and conferences. We seek feedback from the membership a lot more often to find out what they want. Our members drive our agenda and we've held our head up in the UK College, too. We're a small region, but I've always felt we've punched above our weight."

Then there's the data. "When I started," he says, "we didn't have any regional data. So, we've worked very hard to improve our data evidence, so that we know what the issues are and can have realistic arguments and build solutions on what needs to be done, rather than just saying: 'We haven't got enough, we need more'."

One thing that remains fragmentary is the groundbreaking Mental Capacity Act (Northern Ireland), which became law in 2016 but has yet to be fully implemented. The government collapsed in 2017, which put things on hold, but when it was restored in 2020, explains Dr Wilson, "there was an initial rollout of the 'deprivation of liberty' part of the Act, but it hasn't progressed beyond that". Covid is partly to blame, as is the subsequent collapse of government in 2022. But there is unlikely to be progress with implementation until more funding can be found.

Dr Wilson's tenure as Chair of RCPsych in Northern Ireland comes to an end in June, but he won't be putting his feet up. The College has already set up meetings with the Health Minister and Chief Medical Officer and Dr Wilson is determined to see a much-needed expansion in trainee posts in Northern Ireland before his term ends. He's also been talking with his successor, Dr Julie Anderson. "She's really looking forward to the role," he says. "And if she gets the amount of support and backing from College staff and members that I did, then she's got nothing to worry about."



Justice for the forgotten

Work by the College's Forensic Faculty aims to address the harm caused by indeterminate prison sentences.

Dr Callum Ross may work in an environment centred on detention, but he spends a lot of time thinking about liberty. As a consultant forensic psychiatrist at Broadmoor Hospital, he believes that "an understanding of what losing one's liberty means should be embedded in our practice".

For offenders on an Imprisonment for Public Protection (IPP) sentence, maintaining hope about regaining liberty can be hard. That's why members of the College's Faculty of Forensic Psychiatry – Dr Ross included – are campaigning for change.

Introduced in the mid-2000s, the original intention of IPPs was to protect the public from serious offenders whose crimes were nonetheless insufficient to warrant life imprisonment. Under an IPP, the offender is set a minimum term in prison. Once this 'tariff' is completed, an application can be made to the parole board for release.

"There was something really special about seeing an amendment we'd helped to draft"

But even if parole is granted, an IPP offender remains on supervised licence for at least a decade. This means they can be recalled to prison as deemed necessary.

Although IPPs were abolished in 2012 due to a host of concerns about their application and effect, the cessation wasn't retrospective. It means thousands of people remain on an IPP sentence – either imprisoned for an indefinite length of time, or ensuring a post-prison life often spent in fear of being returned to incarceration. This can be ruinous to mental health.

"If you served your tariff once, and then it comes by again, and it comes by again, and it keeps on coming, your sense of despair at that point in time surely must be great," says Dr Ross. "This sentence is a risk factor for suicide, which accounts for a quarter of the deaths in people with this sentence."

Another concern is how frequently people are recalled once they do leave prison. According to Dr Josanne Holloway, consultant forensic psychiatrist at Greater Manchester Mental Health NHS Foundation Trust and Chair of the College's Forensic Faculty, what is considered to be a breach of licence is broad.

"If you are arrested, even if you are later found not to have committed an offence or breached your conditions, you will still be kept in custody and only be re-released following a parole board hearing, sometimes many months later."

The Ministry of Justice has acknowledged IPPs are a "stain on the justice system" and Lord Blunkett, who was behind their introduction while Home Secretary, has admitted he "got it wrong".

The hope is that it's a wrong that could be further addressed through a Bill currently going through parliament. Peers, including Lord Moylan and Baroness Burt, tabled an array of IPP-related amendments to the Victims and Prisoners Bill, many of them based on work with the College and partners including the Prison Reform Trust and The United Group for Reform of IPP (UNGRIPP).

"There was something really special about seeing an amendment we'd helped to draft; and being able to say: 'We own that. We did that,'" says Dr Ross.

The amendments were debated in the Lords in mid-March with the Bill due to return to the Commons in late spring. "There might not be the time or the appetite for everything we are campaigning for just now, given where we are in the electoral cycle, but we've got conversations starting. That's what is really important."

For Dr Ross, the campaigning has given his work "renewed meaning".

"Before I got involved in this work, parliament and legislative debates seemed to me to be distanced from my day-to-day work as a psychiatrist. But through our work on IPPs, I have found both have been brought into focus. I can see how individual psychiatrists can influence them, and that the College works every day to make sure psychiatry has a place on that stage."

New strategy

RCPsych President Dr Lade Smith CBE and Presidential Lead for Global Mental Health Professor Mohammed Al-Uzri explain what is at the heart of the College's new strategic plan and its interrelated international strategy.

Advocating

This January marked the beginning of a new era for the College with the publication of its latest organisational strategic plan which covers the coming three years. RCPsych President Dr Lade Smith CBE ensured that the 2024–26 plan, entitled *Advocating, Educating and Collaborating to Achieve Excellence in Psychiatry*, was created collaboratively – enabling the College's membership to be fully represented. The chairs of every faculty and division, the international chairs and the vice presidents of the devolved nations were all involved in its creation, as well as patient and carer representatives. The College's eight Presidential Leads, who have been appointed to champion Dr Smith's priorities, were also an important part of the process.

Dr Smith sees the plan as a chance to capitalise on the increased awareness of unmet mental health need, and to highlight the disconnect between that recognition and the continued way that mental healthcare is viewed and underfunded. "Providing a true representation of the work that psychiatrists do would help to turn this around," says Dr Smith. "Unless we can get people to listen to us, nothing will change. We can't advocate for patients if we can't advocate for mental healthcare."

Dr Smith's six strategic priorities make up the main sub-sections of the plan, all with the overarching aim that is at the heart of the document – making sure that people with mental illness get the care they need. The priorities are then unpacked within detailed goals and ambitions.

Addressing the treatment gap

Even though around 25% of the population experiences mental ill health, only 13% of NHS funding in England and Wales goes to addressing it, and nearer to 8% in Northern Ireland and Scotland. Dr Smith likens this to being given enough funds to fix a broken car only partially. "Unless we address this treatment gap, we will be limping along," she says. She points to the sense and wisdom in addressing problems early by ensuring that young people get the treatments they need. "Without treatment, children will become adults with chronic relapsing-remitting disorders. We need to treat them early," she says. This is reflected in this section of the plan, which has 18 commitments to improve mental healthcare and access to care – including for school-age children.

Fairness for all

Tackling inequalities is also at the heart of the plan's objectives. "Inequality engenders mental illness, and mental illness then causes inequality," says Dr Smith. It is imperative to break this cycle by focusing on the intersectional causes of inequalities based on gender, race and ethnicity, disability and sexuality. Among this section's objectives is continuing to promote equity, equality, diversity and inclusion through initiatives like Advancing Mental Health Equity (AMHE), the Tackling Racism in the Workplace guidance and the Women's Mental Health Matters strategy.

Nurturing and supporting psychiatrists

Fairness is also needed for the psychiatric workforce. "Staff who are treated unfairly do less well and if staff don't do well, patients don't do well," says Dr Smith. "The threat of burnout, compassion fatigue and moral injury are all very real in underfunded services that are emotionally demanding, and it is imperative that the College supports its membership," she says. This section's 18 objectives capture the ways that RCPsych will "ensure every psychiatrist, regardless of their background, feels safe, valued and is able to thrive at work – in order to deliver better patient care".

Educating

Promoting research on mental health

This is an overarching priority and will be key to improving care. Dr Smith is certain that a lot of anti-psychiatry sentiment has hindered research over the years, and she points to examples of other areas that have thrived with continued investment while psychiatric interventions have been treated with suspicion rather than improved with investment.

Advancing international psychiatry and wider mental health services

International psychiatry is one of Dr Smith's presidential priorities and it has a separate strategy of its own. The new 2024–26 international strategy is the College's second ever, and it continues many of the themes from the first one, which was published in 2020.

Professor Mohammed Al-Uzri, the Presidential Lead for Global Mental Health, talks through its three main priorities. The first is strengthening engagement of the international membership of the College. "A key issue is to try to become truly representative of what members feel and think," he says. Educational and training events will allow collaboration between international divisions and other College faculties, and the international newsletter is an important way to maintain contact. Members can now opt to be a friend of individual international divisions to receive updates.

The second priority is to enhance the educational offer at RCPsych, he says, by recognising and meeting the demand from international colleagues. There are plans to establish more international centres which offer the CASC exam, as well as courses that can prepare and support international candidates. There are also plans to develop international diplomas – with the first focusing on mental healthcare for older people.

The third priority is the expansion of the College's international collaborations. Professor Al-Uzri says that new projects, such as those in Ghana and Kenya, will be based on mutual learning and taking the lead from the countries where a project is taking place – sharing experiences not prescribing what they should do. International collaborations will only be done where RCPsych can add value and, in this way, the work will serve the ultimate purpose of the College – "to share knowledge and raise standards of care for people with mental ill health".

Building on learning from the previous strategy, a new aspect of the 2024–26 international strategy includes only undertaking projects using three-way partnerships between the host, the volunteer and a third party to cover funding and logistics – as such projects have proved to be most impactful in the past. This will strengthen the governance of RCPsych's international work, says Professor Al-Uzri.

There is also a resolve to act consistently when faced with global emergencies and crises using the College's Emergency Response Plan, which has incorporated learning from previous experiences and has been praised by the Academy of Medical Royal Colleges.

The road ahead

Other areas covered by the strategy include the sixth presidential priority of providing an excellent member experience and member engagement, and a focus on the College's role as an exemplary employer.

The strategic plan and the international strategy are wide-ranging, and both represent one of the core objectives of the College – to be the voice of psychiatry. The comprehensive documents can be viewed on the College website and provide a roadmap for the next three years.

To learn more, search 'strategic plan 2024-26' at **www.rcpsych.ac.uk**

Collaborating

Women's mental health matters

The College's Joint Presidential Leads for Women and Mental Health discuss RCPsych's renewed commitment to addressing inequalities and improving services for women and girls.

Dr Catherine Durkin and Dr Philippa Greenfield

Evidence shows us that women are more likely to experience a common mental health condition than men and that socioeconomic factors faced by women are implicated in this finding. With mental health outcomes for women getting worse, the need to find alternative ways to deliver services in a way that better meets their needs is becoming more pressing.

RCPsych President Dr Lade Smith has made this one of the priorities of her tenure, having appointed Dr Catherine Durkin and Dr Philippa Greenfield to the new roles of Joint Presidential Leads for Women and Mental Health. They are now working on the College's Women's Mental Health Matters strategy, as well as other initiatives.

Dr Greenfield is consultant general adult psychiatrist in Camden and Islington NHS Foundation Trust, whose national work has focused on the impact of domestic and sexual abuse on mental health and how a trauma-informed approach to care can improve outcomes.

And Dr Durkin is clinical lead for the female service line within the Health and Justice Services, Central and North West London Foundation Trust. Working with women in prisons has shown her a clear picture of how they experience care. "There is an incredibly inequitable power dynamic as marginalised, underserved people get placed in a system that purports to support them but often ends up damaging them," she says.

The co-leads recently led a survey of RCPsych members, the responses from which have helped to confirm and identify themes that appear repeatedly in women's mental health services. According to the 515 psychiatrists who responded to the survey, some of the main issues contributing to poor mental health for women and girls presenting at their services were 'violence and abuse', 'home and family pressures', and 'bereavement'. Wider evidence corroborates this. "Experiences of violence and abuse and the further challenges that result from this are absolutely core to understanding the needs of the women coming to our services," says Dr Greenfield. "Bereavement for the women we see is often traumatic – perhaps from the loss of a child through miscarriage, still-birth or children being taken into care." The power dynamics in society and within families, particularly in the home, may leave women unable to advocate for themselves, which may be compounded by a lack of economic freedom.

"Our threshold for taking action to support women's mental health needs to be broader and lower"

"We have these endless intersecting factors that often end up clustering together in the women that use our services," says Dr Durkin. "The expression of mental illness in women who have experienced a complex interplay of traumas will look different than what many psychiatrists are trained to recognise and treat," she says. This has been supported by the survey's findings that only 55% of the respondents felt that their clinical training has equipped them to provide a high standard of psychiatric care to women and girls. Clearly, there is a gap in training but there is also a problem with the structure of care. "The pathways of care that we have set up don't meet this need. We are forced to use a system that is not set up for women," says Dr Greenfield.

Pathways need to be created that can support women across the lifespan – with a focus on the particularly challenging times, which may be when hormonal pressures are also the greatest, such as puberty, the perinatal period and peri-menopause. A greater understanding of hormonal health is needed, particularly as the survey found that 41% of respondents felt 'not at all confident' to help with this. Work has already begun to change this with the leads setting up the Menopause Working Group to develop a position statement and encourage more research into the interplay between hormones and mental health.

"Our threshold for taking action to support women's mental health needs to be broader and lower. Rather than waiting for women to get unwell and only responding in an acute way, we need to work with the foundations of what we know underpins women's mental ill health," says Dr Durkin. "It has to be about mental health across the life course. It's not about reactive quick fixes. Stability, validity and continuity across longer term pathways are what we need."

The co-leads say women's mental healthcare needs a trauma-informed approach. Women accessing mental health services are likely to have had repeated experiences of trauma – for example, early experiences of adversity or abuse, further experiences of domestic and sexual abuse compounded by economic disadvantage and other structural inequalities. "These ongoing harms mean they will present differently to people who have had a one-off trauma. And we don't have services that respond to that need holistically," says Dr Greenfield.

Relational work is often crucial, as is listening to and validating the woman's experience. But when resources are lacking and services are stretched, doctors may rely on "medication that doesn't resolve the underlying issues and can lead to side-effects," says Dr Durkin.

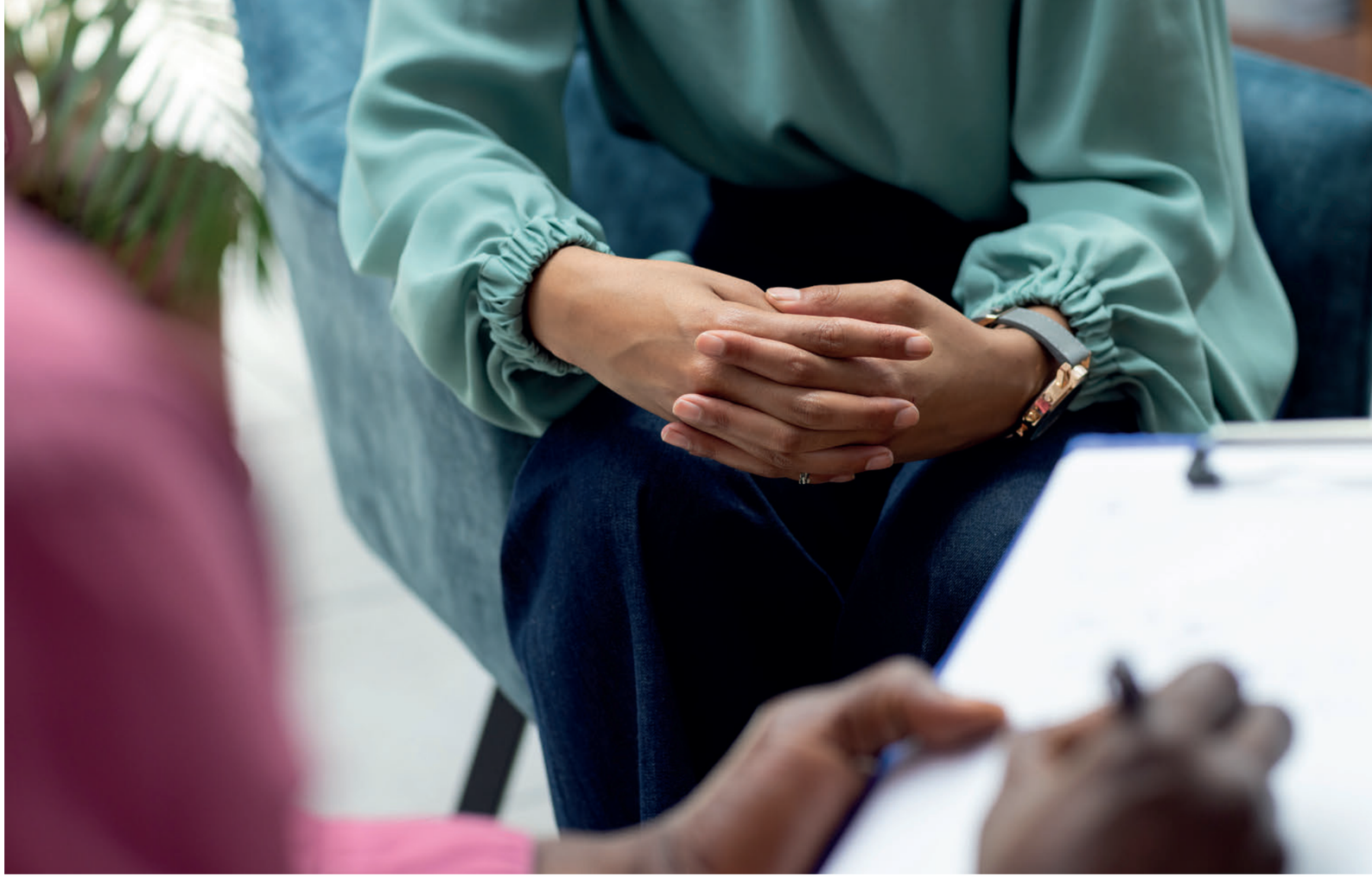
It's also important to join up physical and mental health services. Dr Greenfield says that large data-sets show many women with psychiatric needs will also have complex physical health needs. Data also shows the high-trauma and adversity levels experienced by women diagnosed with psychosis. "It is not about a lack of data," she says, "it is the failure to act on that data that is the real barrier to progress. We know what the needs are, and we need to provide services that reflect this."

The two leads are positive about the creation of their roles as Women and Mental Health Leads, alongside the other presidential lead roles, to support change at the heart of College. "The roles allow a helpful structure that ensures decisions are not being made in silos," says Dr Greenfield. While the women's strategy is developed over the rest of the year, the co-leads will ensure that experts by experience are involved and they will work closely with the Presidential Leads for Equity and Equality and the Women and Mental Health Special Interest Group. The process will be dynamic, and they will respond to issues as they arise. Their remit also includes tackling factors that affect women psychiatrists, and they say that many of the issues facing them have similar root causes to those of the women they serve.

In early March, the leads marked International Women's Day with the launch of a podcast and a webinar focusing on data. There is much work to be done but the enthusiasm of the two leads is infectious and they are keen that all members of the College get involved with this important work.

Why autism is every psychiatrist's business

The strong association between autism and mental ill health makes it important for autistic people to have access to high-quality, adaptable mental healthcare. After the success of the National Autism Training Programme for Psychiatrists, the College is developing a position statement to guide all psychiatrists as to how to take the lead.



Autistic people are more likely to require care for mental health issues compared with the general population. This means that psychiatrists in all specialties will encounter autism and should have the knowledge and skills to provide appropriate care. However, evidence suggests that this is not happening. With rates of death by suicide being seven to nine times higher for autistic adults, everything possible needs to be done to combat these statistics.

RCPsych is committed to improving mental health services for autistic people and is working on its first dedicated position statement on autism, outlining what psychiatrists should be doing for this patient group and identifying the key issues that hinder best practice.

The demographics of autism have been changing in recent years as more women and girls are being diagnosed, more people are being diagnosed in adulthood, and a lower proportion of autistic people are being diagnosed with an intellectual disability. A reduction in stigma and a growth in knowledge has led to an increase in demand on diagnostic services. It is not uncommon for it to take two years to get a diagnosis – and in some cases even longer. Over 160,000 people are awaiting assessment in England alone as UK services have been overwhelmed. The College's position statement will recognise this issue and call for timely access to diagnostic services, particularly for people with significant mental health needs.

Dr Conor Davidson, RCPsych's autism champion and clinical lead at the Leeds Autism Diagnostic Service has worked on the position statement. He says diagnosis is not the only area where autistic people are being let down – as there are often problems when autistic people with significant co-occurring mental health needs try to access mental health services. He says that the view from a decade or so ago from adult mental health teams was "we don't really do autism". This attitude is gradually changing, but there are still reports that autism is perceived as too complex for non-specialists. In the worst cases, autistic people with significant mental health needs have been denied access to psychotherapy or community health teams. This will be covered in the statement, which will call for the psychiatric workforce to have a high level of understanding and expertise concerning autism and for autism not be used as a reason to decline a referral.

Autistic people may also find it difficult to express pain or mental health needs in a way that ensures they receive appropriate referrals. This may mean they end up presenting further down the line – perhaps in crisis – demonstrating how difficulties in accessing services in primary care can end up exacerbating problems.

Dr Alison Lennox is one of the few psychiatrists in the UK who specialises in adult autism and she is the Clinical Lead for the Buckinghamshire NHS Adult Autism Diagnostic Service. She says: "All psychiatrists will encounter autistic people. Their mental health needs are higher and they will present more often. And if they present to someone who doesn't understand some of the most fundamental things about them, it's going to be difficult for them to be given appropriate care."

Dr Davidson agrees: "Autism should be the business of all psychiatrists. It doesn't matter what specialty you are in, you are going to see autistic people because of this strong link between autism and mental ill health."

Without a diagnosis, necessary reasonable adjustments are often not implemented. Dr Davidson says: "There are many adjustments that can be made that make a big difference to the patient's experience of mental healthcare and the outcomes of treatment." These may include prescribing lower doses of medication – as autistic people can be more prone to side-effects, providing extra sessions of CBT to help with identifying and labelling emotions, and adapting communication by being more straightforward and avoiding idioms.

Psychiatrists need to be open and alert to the possibility of autism when they see patients, and care should be adjusted to suit the individual. "Putting reasonable adjustments in place before a formal assessment is made will certainly do no harm – and could end up doing a lot of good," says Dr Davidson. A suspicion of autism is enough to warrant adaptations. This is particularly true of crisis teams, says Dr Lennox, whose trust has a reasonable adjustments team that ensures that all its services are autism-friendly.

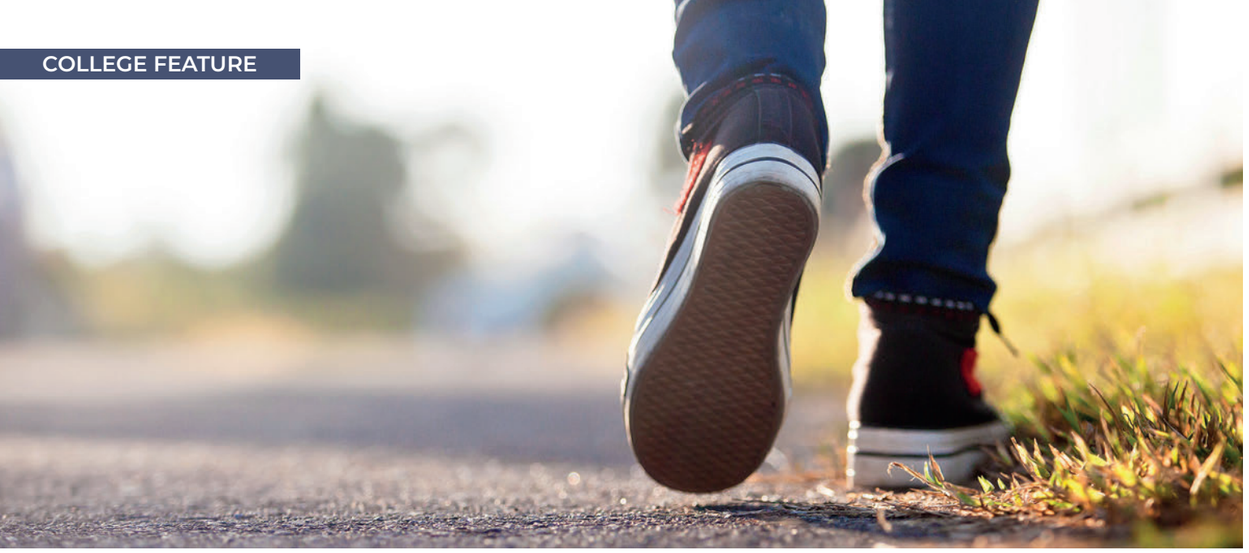
While the NHS is ensuring that all non-specialist health and social care staff have a greater awareness of autism with the Oliver McGowan Mandatory Training (devised following the Health and Care Act 2022), the gap in training for general psychiatrists is also being addressed. The National Autism Training Programme for Psychiatrists has been devised by the College in partnership with NHS England and was introduced last year. Areas covered include diagnosis, safeguarding, comorbidities, intellectual disabilities, forensics and the law. Two levels of training are open to psychiatrists in any specialty. So far, 1,000 psychiatrists have completed the foundation level, which involves a one-day webinar and e-learning package which equips them to make a working diagnosis and implement reasonable adjustments.

An enhanced, year-long course is also available for psychiatrists who may want to work in specialist settings. Comprising 16 e-modules, it also offers learning that is personalised, with access to a mentor and an online community.

Feedback has been overwhelmingly positive, and the course's reach has been wide. There are plans to extend it beyond England after the initial two years of funding. Dr Lennox, who is a mentor on the advanced course, says one of the aspects of the training that participants have most appreciated is the input from experts by experience. The course has been entirely designed and delivered in co-production with patients and families, and sessions alternate between clinical perspectives and autistic people talking about their experience. This allows for a greater depth of understanding. "People can be afraid to ask autistic people what it is like. Unless you ask them what they need, you won't know," she says.

The College has plans to create a neurodevelopmental credential – a qualification for psychiatrists wishing to specialise. It is also working on a patient information resource for autistic people. The position statement will stress RCPsych's commitment to supporting its neurodivergent members, and it will also call for more research into autism and mental health.

Acknowledging the issues hindering care for autistic people is the first step in rectifying it. The strength of interest in the College's initiatives is encouraging and members who want to find out more should contact the Neurodevelopmental Special Interest Group and look out for the soon-to-be published position statement.



Meaningful measures

Routine use of appropriate, clinically relevant outcome measures can offer a real opportunity to enhance person-centred mental healthcare.

“Understanding how we can improve people’s lives must be at the heart of what we do,” says Dr Jonathan Richardson, RCPsych’s Associate Registrar for Outcomes and Payment Systems.

Methods of measuring the impact of psychiatric interventions are ever-evolving and progress has been made in recent years to refine and implement outcome measures that better capture the complexities of mental health conditions, intellectual disability and autism, and reflect a commitment to person-centred care.

For this reason, the College is endorsing and recommending routine use of patient-rated outcome measures (PROMS) and clinician-rated outcome measures (CROMS) for practice, but also to improve care planning, progress tracking, quality improvement, service evaluation and research. RCPsych is also launching a report, *Outcome measures in psychiatry*, to support clinicians and services to meet the needs and circumstances of the patients they are treating.

“We need to move away from process measures, such as waiting times, number of contacts the patient has with services, and duration of treatment,” says Dr Richardson. These are essentially activity data, which have limited value without also being able to link them to outcomes that go some way to answering the question of how the patient is actually doing. “Instead, we need to use measures that are patient and clinically focused. We want to know: Has our patient recovered? Have they stabilised? Do they need less medication? These are the sorts of things that matter, as improvement could mean someone can participate in, and contribute to, society more effectively – perhaps by being able to work, engage with family and friends or live in accommodation of their own choice.”

The report emphasises the importance of selecting appropriate measures aligned with clinical relevance, patient preferences, cultural appropriateness, and the relevant system or pathway. It stresses the need for agreement among stakeholders on important outcomes and sets out principles guiding the use of such measures, including supporting patient care, and ensuring clinical meaningfulness and validity. Individual sections of guidance are then provided from each of the College faculties, covering all specialties within psychiatric care.

The role of the psychiatrist is framed as one supporting patients to achieve their personal goals. “Some individuals might be more recovery focused,” says Dr Richardson “while for others, it’s more about achieving stability. Goals might depend on their motivation for change. ‘Success’ is individual – and not always about ‘cure’ or numerical improvement.”

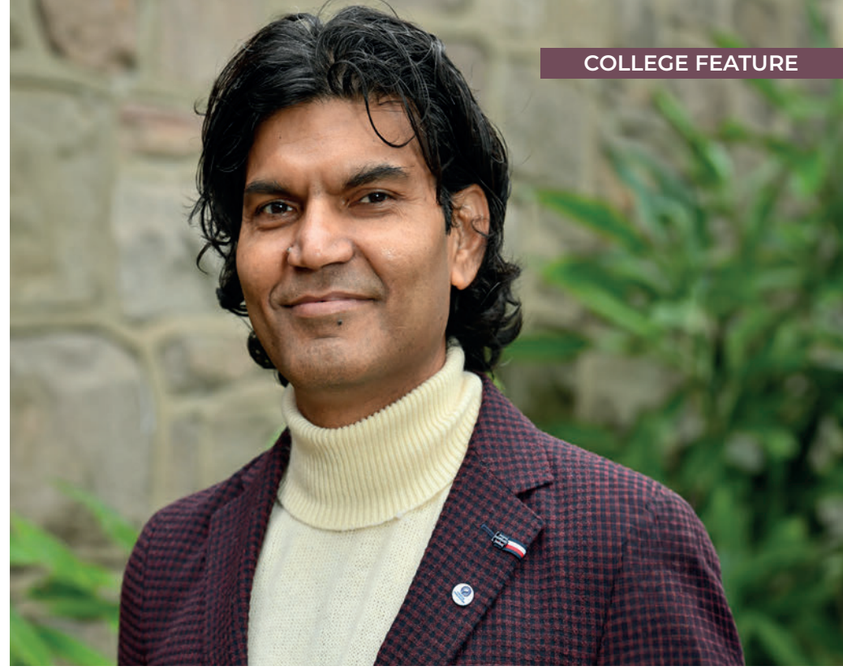
This last part is particularly important as outcome measures are intended to assist, not detract from, building trusting and supportive therapeutic relationships. They should not become the sole purpose around which conversations hang, but if used effectively, can facilitate discussions with the patient.

While advances have been made in leveraging digital tools for data collection and analysis, the extent to which outcome measures are currently used – and which ones – is not fully known. “They are not collected systematically,” says Dr Richardson, who is planning to get a better grasp of this picture by conducting a membership survey. And, at this year’s International Congress, an ePoster will drive up visibility of the topic.

External drivers are also causing a fundamental shift towards routine use of outcome measures: The growing emphasis on measures completed by the patient, in particular, is reflected in the NHS Long Term Plan, and NHS England has recommended three PROMs for use in community mental health services to implement by the end of 2023/24. Similar focus on collection of such measures can be seen across the devolved nations.

Dr Richardson hopes to promote the power of collecting outcome measures, looking beyond what might seem like a dry and bureaucratic exterior: “It’s about realising outcomes – particularly if patient-reported – can be a powerful driver for person-centred care and co-production.”

Outcome measures in psychiatry is available from **www.rcpsych.ac.uk**, as is NCCMH’s *Patient Recorded Outcome Measures (PROMs) in Community Mental Health Implementation Guide.*



Professor Subodh Dave

Creating champions of public mental health

As the College launches its Public Mental Health Leadership Certification course, RCPsych Dean Professor Subodh Dave shares his vision for a globally competent, locally invested workforce.

“Historically, medical training has focused on treating individual patients and their individual pathologies,” says Professor Subodh Dave, RCPsych Dean. While important positive outcomes are gained in this way, there are others that can only be achieved by stepping back and looking at the bigger picture.

This ethos is reflected in changes already made to psychiatric training. “We’ve put public mental health and personalisation in our curricula,” says Professor Dave, “but to embed these into our services and training, we need leaders.”

So, to help effect real change, the College and its Public Mental Health Implementation Centre (PMHIC) are launching a course that aims to create local champions of a population-based approach to mental healthcare.

The Public Mental Health Leadership Certification course is designed for both UK-based and international mental health professionals and policymakers, with the aim of shifting the clinician’s focus from intervention to prevention – promoting an interlinked, system-wide understanding of healthcare, rather than a set of individual and disconnected interventions.

The course’s development involved stakeholders from the advisory board to the PMHIC and input from an overarching Expert Reference Group, which includes experts by lived experience. Teaching is delivered online through a mixture of live webinars and on-demand eLearning modules, but there are also activities for learners to carry out in their local settings.

“It is very interactive,” says Professor Dave, who is one of the course’s three directors, alongside Professor Kam Bhui and Dr Jude Stansfield. “There are exercises in which you, for example, go and find out who your local lead for public health is, what data there are out there that show health inequalities in your area of practice, and what assets there are in your community.”

There are also case studies to help learners understand the various community stakeholders they must work with to embed a public mental health approach in their work. For example, data has long shown that smoking contributes to people with severe mental illness dying up to 25 years earlier than those without.

The siloed nature of services has made closing this gap difficult. “Smoking cessation kind of sits with public health; physical health checks sit with primary care and GPs; and we see our patients in secondary care where a lot of the morbidity resides,” says Professor Dave.

The smoking cessation case study therefore equips learners with the tools and expertise needed to reach across disciplinary boundaries to tackle the mortality gap in their local area. Similarly, the course’s domestic violence and abuse case study promotes cross-sectoral and collaborative working, encouraging delegates to form connections across physical health services, alcohol and substance misuse services, stakeholders in the community, and voluntary sector agencies.

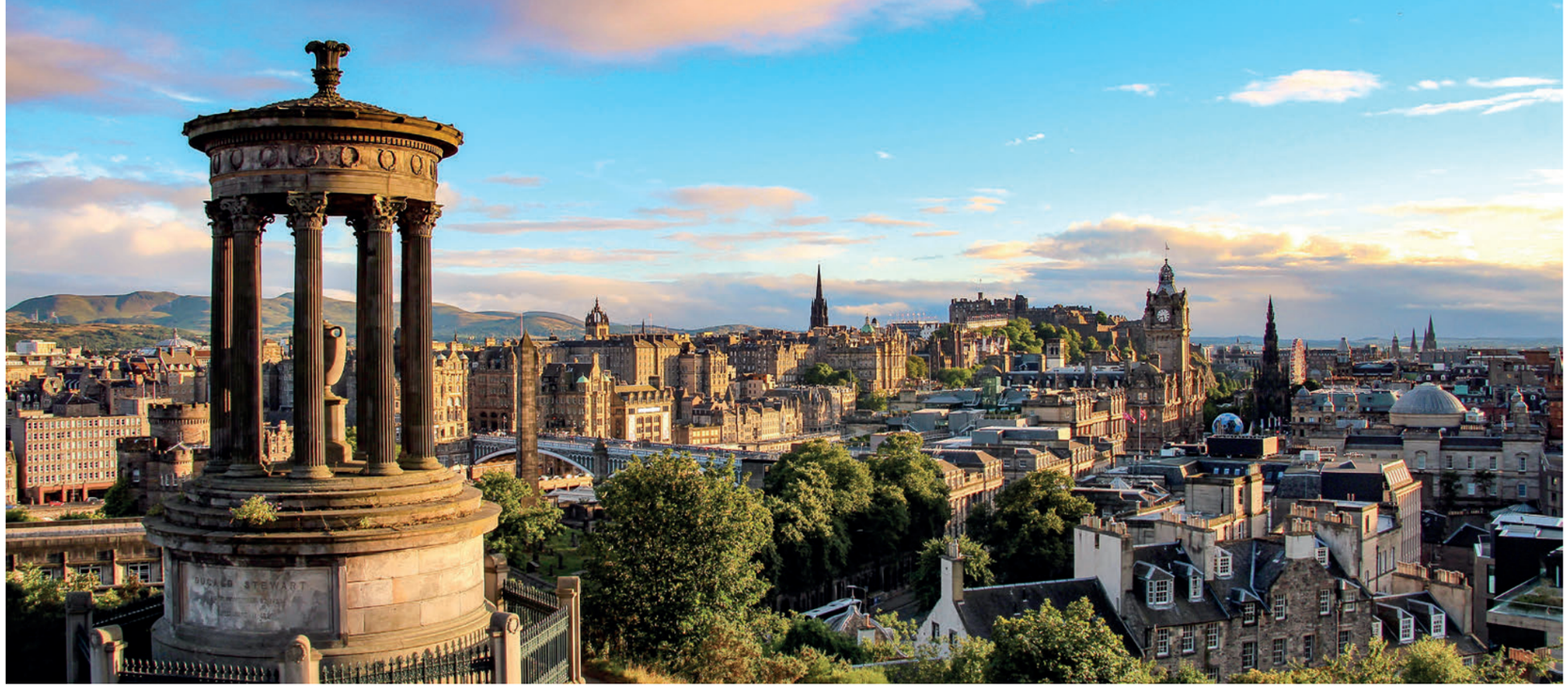
“This is a living, breathing course that is focused on implementation,” Professor Dave explains. “This is not about you becoming an expert in public mental health. Our aim is to train you as globally competent physicians who are locally invested, applying your knowledge and skills for the benefit of local communities.”

To promote awareness of the course, former RCPsych President Professor Sheila the Baroness Hollins hosted an event in early March at the House of Lords. The course has also been endorsed by Professor Sir Chris Whitty, the Chief Medical Officer for England, and Professor Kevin Fenton, President of the Faculty of Public Health.

Professor Dave envisions the course being a catalyst for forming communities of practice in which delegates can share successes and challenges. Future plans include establishing pilot sites to embed the public mental health ethos into mental healthcare and assess its effect on patient care. The College also intends to establish benchmarks through an accreditation programme to ensure that care providers meet established public mental health standards.

Creating a culture change from an individualised model of clinical psychiatry to a population-based, preventative public health approach will be a “mountain to climb,” says Professor Dave, but this course is an “important step in the right direction”.

For details about the course, including how to enrol, search ‘Public Mental Health Leadership Certification course’ at: **www.rcpsych.ac.uk**



Countdown to Congress

International Congress is returning to Edinburgh with a wide programme of cutting-edge talks and social activities.

RCPsych's International Congress, the College's most significant annual event, is right around the corner – and as always, there is plenty to look forward to. This year, it will be hosted in Edinburgh city centre from Monday 17 to Thursday 20 June.

During the four-day event, delegates will be able to attend a variety of talks at the cutting edge of psychiatry delivered by 16 high-profile international keynote speakers. The programme features world-class academics and clinicians, individuals with lived experience and their families, and opinion leaders from the social and political spheres.

Thanks to an extensive networking programme of cultural fringe activities and social events, there will also be plenty of opportunities for delegates to relax and mingle with others in the fields of mental healthcare and psychiatry. This will include a series of lunches and breakfasts, wellbeing activities – including a 5km-organised run for all abilities and a Highland dancing class – as well as small group discussions on different topics pertinent to the profession.

Adding a healthy dose of competition to the event, the College's Mindmaster's quiz, whose format is an homage to TV show *University Challenge*, will be returning. Delegates will also, once again, have the chance to attend the very popular Congress party and drinks reception, the tickets for which have sold out in previous years.

The Congress ePoster hub will showcase the latest research and innovations in psychiatry. Using the interactive touch screens, delegates will be able to browse through hundreds of posters on a huge range of subjects at the forefront of developments in psychiatry. All abstracts presented will be published in a special supplement of *BJPsych Open*.

The diverse programme of talks offers multiple sessions at any one time. So, to ensure no one misses out on anything they want to see, and to allow the opportunity to rewatch any sessions already seen, all Congress content will be recorded (subject to speaker permission) and made available online. (The price of accessing these recordings will be included in the attendance fee for the whole of Congress, and fees for anyone else will vary according to membership type and any tickets purchased.)

Confirmed keynotes:

- Dr Lade Smith CBE, President, Royal College of Psychiatrists
- Professor John McGrath, Queensland Centre for Mental Health Research, and National Centre for Register-based Research, Aarhus University
- Professor Emeritus Arnoud Arntz, University of Amsterdam
- Dr Ramaswamy Viswanathan, President, American Psychiatric Association
- Professor Andrew McIntosh, Division of Psychiatry, University of Edinburgh
- Dr Rebecca Lawrence, Consultant Psychiatrist, NHS Lothiann
- Professor Ramalingam N Chithiramohan, Consultant Psychiatrist
- Professor Kenneth R Kaufman, Departments of Psychiatry and Neurology, Rutgers Robert Wood Johnson Medical School, USA
- Dr Humphrey Needham-Bennett, writing as Dr Ben Cave
- Rebecca E Cooney PhD, Nature Mental Health
- Professor Dacher Keltner, UC Berkeley
- Judge Tim Eicke, European Court of Human Rights
- Professor Helen Killaspy, Professor and Honorary Consultant in Rehabilitation Psychiatry at UCL and Camden & Islington NHS Foundation Trust respectively

Highlighted sessions:

- **Pragmatic approaches to assessment and management of bipolar disorder**
  Bipolar disorder and related conditions can both be complicated to assess and difficult to manage. With the aim of helping practitioners to address these challenges, this session will provide delegates with information on measuring and treating key aspects of bipolar disorder, with the latest updates and reviews from leading experts in the field.

- **Getting the right care from the very start – digital psychiatry advances in risk prediction and clinical decision-making at first presentation of psychosis**
  In this session, delegates will learn about the two main tools/techniques of digital psychiatry: mining information in electronic health records for quality improvement and the use of mobile phone-based patient-reported outcome measures (PROMS).
  The use of predictive models at the first presentation of psychosis will also be discussed, as will the latest national large-scale initiatives in digital psychiatry in early psychosis – the EPICare digital registry and clinical decision-making support tool, and the Mental Health Mission early psychosis biomarker and digital phenotyping project.

- **Metabolic psychiatry: understanding the research and clinical interface between metabolism and mental illness**
  This session will present delegates with the latest findings in the field of metabolic psychiatry. Attendees will learn about the clinical and biological overlap (and shared mechanisms) between metabolic dysfunction and mental illness, and they will find out about novel interventions in this area, such as the ketogenic diet for bipolar disorder. Overall, this session will present research findings on the physical–mental health interface with a clinical and practical focus.

- **Supporting all your trainees to pass the MRCPsych Examination: making it personal**
  As reflected in the College's Assessment Strategy Review, many clinical educators struggle with supporting their trainees with the MRCPsych exam, and there is widespread concern about differential pass rates, particularly amongst international medical graduates (IMGs) and neurodivergent candidates. With the aim of addressing these issues, this session will cover key areas, including the fundamental details of the exam, strategies to maximise success, and the benefits of a personalised approach when providing support for IMGs or neurodivergent candidates.

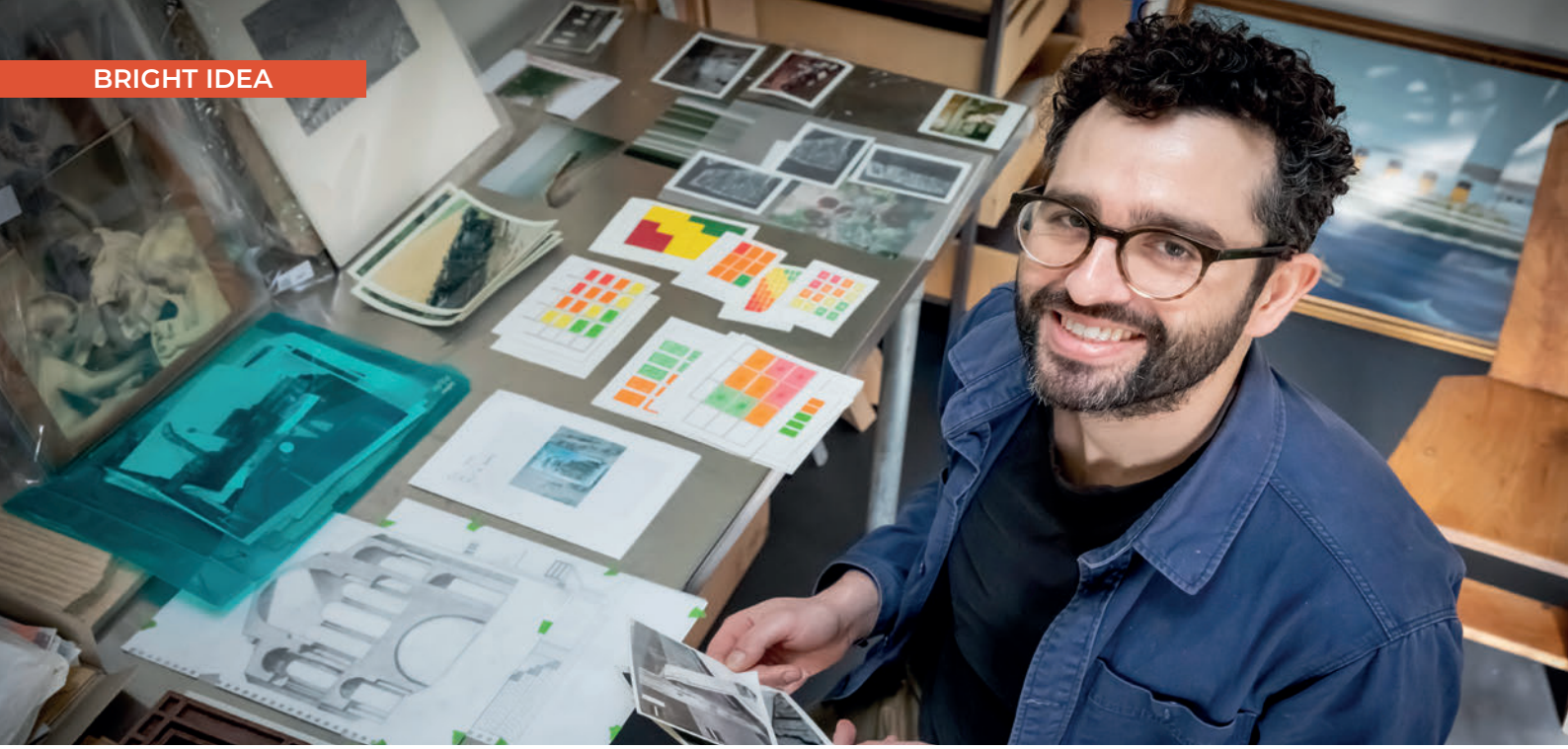
Also highlighting:

Why should research matter to psychiatrists?
Research has led to major advances in mental healthcare over the last century. This session will discuss the importance of research awareness for all clinicians, which was highlighted during the pandemic. (Without the involvement of non-academic clinicians, the landmark RECOVERY trial would not have been possible.) Despite this, there is a common perception that research is something only for career academic clinicians – this session hopes to change many minds on this.

The session will explore the benefits for trusts of having a research portfolio and research-active clinicians. Attendees will gain an awareness of how psychiatrists in consultant or SAS posts, as well as trainees, could become more involved in clinical research in psychiatry. They will also hear about the important role research plays in leading to improvements in patient care; why research matters to trusts; how poor-quality science that fails to replicate results can affect individuals and wider society – and the need to address the reproducibility crisis; and the major factors involved in creating good quality neuroscience and the importance of credibility.

International Congress 2024 will take place on 17–20 June at the Edinburgh International Congress Centre.

For more information, scan the QR code above or go to: www.rcpsych.ac.uk/events/congress



Dr Adam Hines-Green

Artistic merit

Dr Adam Hines-Green, RCPsych's new Artist in Residence, discusses his ambitions for the role and the value of the arts for psychiatrists.

The relationship between art and mental health is multi-faceted, and while the benefits are recognised, they are arguably still underexplored. To address this, the College has welcomed a new Artist in Residence, Dr Adam Hines-Green, to its London offices for a five-year term.

Dr Hines-Green will help to develop conversations around the intersection between art and mental health in various ways – for example, by boosting engagement between the College, artists, the public, and art and health organisations, and by driving and supporting relevant research projects. He will sit on the executive committee of the College's Arts and Psychiatry Special Interest Group (ARTSIG) and will work with the College's exhibitions group.

As both a practising artist and a locum specialty doctor in psychiatry, Dr Hines-Green is well-equipped to deliver on this remit. Speaking on what interests him about the crossover between the two disciplines, he says: "Much like art, psychiatry intersects with cultural, political and social forces. We can get quite narrow in our particular areas of professional expertise, which is a shame, because art can inform psychiatry, and psychiatry can inform art."

As 'artist' is a broad term, the role of Artist in Residence offers the post-holder the freedom to shape their work based on their interests. RCPsych's first Artist in Residence, Patrick Jones – who joined RCPsych in Wales in 2018 – drew on his experience as a poet and author to run workshops for people with dementia, harnessing poetry, art and music to help them reconnect with their memories.

In comparison, Dr Hines-Green has a background in fine art and art theory, and has experience both in creating his own pieces and curating exhibits.

Despite being in the early days of his role, he already knows that he would like to pursue a project promoting the value of critical artistic practices for psychiatrists. He explains that in addition to a continued focus on the value of arts in mental healthcare for patients, there should be more recognition of how artistic endeavours can benefit practitioners and, consequently, improve the profession at its core.

"Critical thinking is ingrained in art. It's often about questioning, reflecting, and challenging – constantly reconsidering its own boundaries, its responsibilities, its politics, its form," he says.

Working in a caring profession in which practitioners must make sense of complex human experiences, he stresses that the ability to think in these ways is incredibly valuable, but not encouraged enough.

"Medical education is usually about absorbing information and then performing it. It does not usually leave much room for freedom or creativity of thought," he says.

He believes that artistic pursuits can encourage psychiatrists to critically engage with their profession in a healthy way – to think about how it should operate for themselves and for their patients, and why.

During his time in post, Dr Hines-Green hopes that he can promote this mindset. "I believe some of the most important developments in psychiatry will revolve around our understanding of it as a discipline – what its responsibilities are, what its practitioners can offer, and what their skills need to be," he says.

As a starting point, he is keen to learn about how some psychiatrists might already be fitting in creative practices around their work lives and is considering developing a project to explore this.

Dr Hines-Green encourages all psychiatrists to get involved in the arts in whatever way suits them. As he sees it, this can be liberating – offering a "space for experimentation, play and failure which medicine does not necessarily permit," he says. "Such practices can strengthen our ability to improve psychiatry from within and attempt to overcome some of its challenges."

Dr Hines-Green welcomes members to get in touch about their art or to discuss art, mental health and psychiatry more widely: **adamhinesgreen@gmail.com**