

Royal College of Psychiatrists

Psychiatry-East

The Eastern Division e-Newsletter

Merry Christmas



Editorial

Ho Ho Ho!

Santa is on his way! Let's all welcome him with a grin despite not knowing the future of the UK and EU trade deals and still very much bearing the brunt of the Covid19 pandemic.

A warm welcome to the winter edition of our newsletter. Exciting times as finally we can see the light of vaccines at the end of the dark tunnel. This is also an important time for all RCPsych members as it's the election time, and you will be choosing your Dean/Treasurer of the College. So everyone, please don't forget to vote which will open from 16th Dec.

This edition includes an update from our Chair, Dr Abdul Raoof giving you a summary of the initiatives in the Eastern deanery including a brief report on CEN by Rosanna Flurry and the success stories of the Autumn and Startwell events. Please note the brilliant winners of the poster competition at the conference despite it being virtual. We would also like to congratulate our new fellows this year who, despite such unprecedented times, were able to put forward their applications for the fellowship.

And Dr Mounika Iderapalli talks about Telepsychiatry, highlighting the points one needs to be mindful about when consulting using telepsychiatry and how it can make psychiatry more attractive nationally as well as internationally. Dr Dillum Lankath touches briefly on his own experience in positive risk taking. There is also food for thought - about integrating neuropsychiatry and neurology training within neuroscience from Dr

Staufenberg, what do you think? Due to the ongoing pressures in CAMHS services and shortages of CAMHS psychiatrists the innovative CAP run through pilot project was started. This is still running and you can read more from our colleagues in their article. And finally, the interesting article from none other than our talented colleague Dr Shevonne Matheiken on 'Twitter', don't miss this.

I would like to thank everyone who took the time to contribute to this edition in spite of so much of struggle each one is experiencing right now. I hope you all enjoy reading it. But also feel free to pass on any suggestions/ideas or any comments you have for us. Finally, I would like to end with the positive note 'Keep singing, don't be afraid to dream, dreams give us hopes and the hopes keep us alive, live fully' (original). Wish you all a Merry Christmas and a Happy New Year. Cheers!



Dr Nita Agarwal, Editor, Psychiatry East

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Chair's Column

By Dr Abdul Raoof

As we look forward to a brighter new year in 2021, I just want to thank each one of you on behalf our exec committee for your hard work, dedication and mutual support through this uniquely difficult year of the Covid-19 pandemic.

In spite of the many challenges and losses many of us suffered in our personal and professional life, we managed to sustain our services for our patients. Our College adapted quickly and continued to function 'virtually' thanks to our incredible staff and their incredible resilience.

As we heard from Dr Jan Falkowski our College Treasurer, during our autumn conference in November, membership engagement in fact was more than ever this year through online events, webinars and through the College website.

I am pleased that our division was able to lead some central College initiatives while maintaining regional activities as much as possible. The launch of the Online Section 12 and AC Induction Course was a huge success in summer and the first set concluded in August. The Eastern Division was heavily involved and provided a significant contribution. The autumn and spring dates are out now. Preparations are also underway to launch the Refresher Courses in this online format in the new year.

As you know, the College cancelled all live physical courses for the year due to the pandemic and this will continue until summer next year with the continued drive for online and virtual events.

For our Eastern Division plans, Dr Kallur Suresh our Academic Secretary gave an outline of some plans we have. Please see our Summer edition for the article on our website: [Eastern Division newsletters \(rcpsych.ac.uk\)](http://Eastern%20Division%20newsletters%20(rcpsych.ac.uk))

The StartWell event was our first online conference this year which we held in October. Thanks to Dr Ashish Pathak and Dr Abu Abraham for leading on this which was very well received. Please read Ashish's report on the event later in this edition.

Our Eastern Division Autumn Conference is one of our biggest events this year which usually attracts over 95 delegates. This was successfully converted into an online conference and we managed to get 77 delegates and run our poster prize competition credit to Kallur Suresh and team well supported by Moinul and College staff. Despite the challenges the event proved a huge success with over

32 poster entrants all of whom received great feedback.

Next year we aim to run more online versions of our conferences and events but could hold a live event if we manage to return to some form of normality with the hope of effective vaccines. Our next big conference will be on 10th June – our Spring Conference.

There are some new initiatives we are hoping to launch in the new year. As you will read from Rosanna Flurry's piece in this newsletter the Eastern Division is one of the Pilot regions for the CEN.

Our Exec committee is always keen to hear from members and trainees, please share your ideas and get involved in whatever way you wish.

Finally a reminder the College Dean/Treasurer elections are due to open on 16th December. Please visit the following pages: [RCPsych Dean Hustings—10 December 2020](#) and [RCPsych Treasurer Hustings - 3 December 2020](#) for more information and make sure you cast your votes before it closes on 13th January 2021.

I wish you all a healthy restful festive period and a happier New Year, stay safe.



Dr Abdul Raoof, Chair, Eastern Division
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Chair's Column

By Dr Abdul Raoof



Congratulations!

Eastern Division 2020 New Fellows

Dr Rupesh Adimulam
Dr Matthew Castle
Dr Anna Conway Morris
Dr Manal El-Maraghy
Dr Jennifer Ford
Dr Harsha Gopisetty
Dr Akim Kassim
Dr David Middleton
Dr Kamalika Mukherji
Dr Feena Sebastian
Dr Jonathan Wilson

Poster Prize Awards - Autumn Conference 2020

Medical Student Category

1st Prize - Nida Raoof and Apiramie Arunan
2nd Prize - Sherin Zacharia
3rd Prize - Benjamin Ball, Femi Akerele

Foundation Year Doctor Category

1st Prize - Anna McKeever, Elizabeth McKiernan, Prof Adam Waldman, Prof Craig Ritchie, Michael Firkbank, Li Su, Prof John O'Brien
2nd Prize - Miriam Sanderson, Aniqua Sheikh, Rahul Tomar
3rd Prize - Stephanie Adeyemi, Victor Asamoah

General Category

1st Prize - Felix Clay, Marija Farrugia, Rebecca Jacob
2nd Prize - Alexandra Gabrielsson
3rd Prize - Priyalakshmi Chowdhury, Amir Tari, Amar Shah

Multi Disciplinary Category

1st Prize - Jeremy Solly, Anna McKeever, Owen Lloyd, Tash Nicholson, Luke Upson
2nd Prize - Tracey Holland, Lucy Wall, Gabriela Martyn
3rd Prize - Luke Upson, Tracey Holland

Telepsychiatry for beginners

By Dr Mounika Iderapalli

Telemedicine is defined as a way of providing remote medical care to patients with the help of telecommunications and video conferencing technology. Telepsychiatry is a subdivision of telemedicine where psychiatric assessments, different types of therapy, prescription of medications, follow up care and patient education can be offered via telephone consultations (audio or video).

Although the idea of Telepsychiatry had begun to take shape in 1950s it is in the last two decades, with the advent of internet, information and communication technology that it has broadened its horizons to overcome obstacles of geographical barriers to include international and also rural locations. Its scope and day to day use has increased further since the COVID-19 pandemic to ensure social distancing and avoid unnecessary travel.

Types of Telepsychiatry consultations can be direct interaction with patient, group meeting with family member or community health care provider, individual or a group therapy session or a review appointment using videoconferencing, telephone calls, text messaging, email, online professional chat forums when video not available. Generic considerations before undertaking any tele consultations apply to mental health services as well like:

1. IT issues - to ensure both parties have the appropriate training and resources to use the technology, a contingency plan as to who will make contact in the event of technical failure has to be in place.
2. Patient - to ensure they are provided with details like time schedules and information on what to expect from the consultation, identify any special considerations in interviews with children or elderly patients
3. Psychiatrist - to ensure video background is appropriate and professional, to have a written checklist of things to be discussed, potential to use other digital apps for recording data like symptoms, vital parameters, and prescriptions.
4. Legal issues - As telepsychiatry can involve seeing patients in rural and international locations the health care provider must have a license to practice approved at patient's physical location and indemnity that covers it. Patient's rights and attitudes regarding electronic

availability of their personal data must be taken into consideration. Documentation must be robust and consent/confidentiality must be discussed thoroughly just like in a face to face consultation.

Telepsychiatry has initially evolved to provide high quality care in rural areas, however it is increasingly being used in urban areas as it diminishes the costs of time and travel, not only for clinicians but also health care users by saving the need to take time off work or arrange childcare. It helps in empowering service users in rural locations by allowing access to specialist care and can provide support to health care professionals working in those areas. Other diverse applications include legal aid, forensic evaluations of violent inmates, working with military personnel, schools and trainee psychiatrists. Research has shown that it is equivalent to in person care in treatment quality, diagnostic accuracy and patient satisfaction, especially in patients with severe anxiety, autism and physical disability by giving an enhanced sense of privacy and safety due to familiar environment (e-Mental Health pp 233-249).

Some challenges include making care available to areas that still lack internet and electrical power facilities like in developing countries. Some clients from poor socioeconomic backgrounds cannot be expected to have smartphones and laptops which are essential for interview. Usefulness also may be limited in case of patients with learning disabilities or dementia. Risks of confidentiality while using internet and technical failures due to power cuts or bad weather can be a hindrance. Legal issues regarding licensing, indemnity and sharing of information exist. Human contact is limited, and patients might not develop a deeper connection to easily approach their clinician if acutely unwell. When providing care via telepsychiatry internationally it is important that the local emergency services are in place to provide the urgent care when needed for the overall care of patients.

In conclusion Telepsychiatry is fast evolving with tremendous future applications, It promises to bridge the gap of global scarcity of mental health professionals and ever increasing demands of population with mental health disorders, even more so in the light of the Covid-19 pandemic. It can be instrumental in breaking stigma and cultural barriers by making care accessible to underprivileged regions of the world. People are more

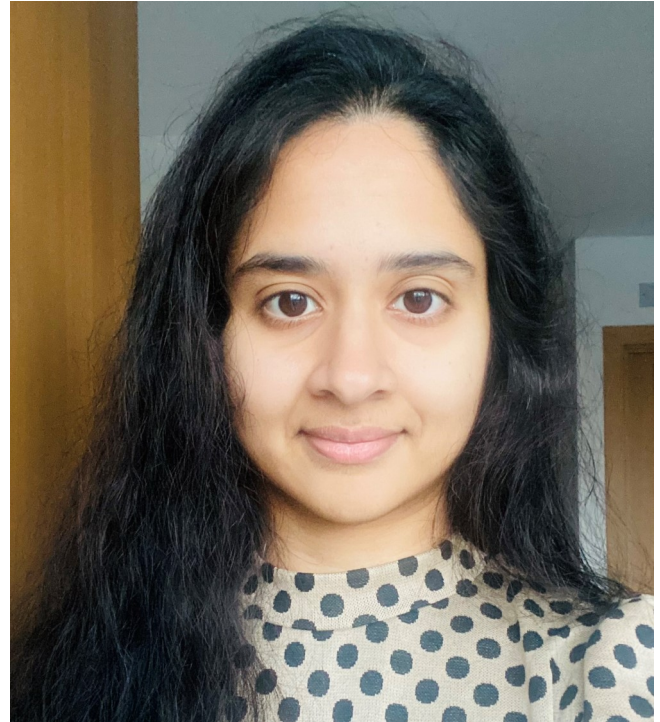
Telepsychiatry for beginners

By Dr Mounika Iderapalli

likely to approach professionals given the comfort of their own homes and reassurance of privacy. For professionals it makes job role flexible, convenient and allows working part time from remote destinations increasing personal satisfaction and work life balance. As it is still in infancy and widely evolving, if universal evidence based guidelines and regulations regarding international borders, third party companies/apps can be developed and all trainees given relevant training, it has the potential to make Psychiatry both attractive for our junior colleagues and available to all our patients.

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1. American Psychiatric Association-Telepsychiatry Toolkit
2. PIPSIG Guidelines for the use of telepsychiatry-Royal College of Psychiatry March 2016
3. Telepsychiatry: Promise, potential, and challenges. Savita Malhotra, Subho Chakrabarti, and Ruchita Shah, Journal of Psychiatry. Year : 2013 | Volume : 55 | Issue : 1 | Page : 3-11
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Dr Mounika Iderapalli
Core psychiatry trainee CT1
Essex Partnership University NHS Foundation Trust

My experiences in Positive Risk Taking

By Dr Dilum Lankathilaka



I am a Specialty psychiatrist in a short stay psychiatric assessment unit in Cambridgeshire.

The unit is part of the 333 (assessment- treatment-recovery) pathway of the local inpatient system. We have eleven beds, and with the facility to open another three beds in case of non-availability of acute beds elsewhere in the system.

Our role is to assess patients and determine the best treatment and recovery plan for every patient. Following a period of assessment, patients may be discharged either to the care of the GP, the Community Mental Health Team or the Crisis and Home Treatment Team. They may also undergo an extended period of assessment (and start their treatment) in our unit or be transferred to the treatment unit for a further period in hospital.

Being the admission ward for all informal psychiatric admissions in South Cambridgeshire, we see many patients with different personality traits and disorders, particularly with the symptoms of emotional dysregulation and previously established diagnoses of emotionally unstable personality disorder (EUPD).

It is not uncommon for us to discharge patients with significant risk histories into the community. Positive risk taking is part of our routine practice here, although it was a

new concept for me to start with.

Positive risk taking (or managing risk positively) is about:

- * weighing up potential harms and benefits of exercising one's choice to take a particular course of action,
- * identifying the potential risks involved,
- * developing plans and actions that reflect the positive potential,
- * working closely with the patient to encourage them to manage their own risk and
- * supporting the patient to do so.

Positive risk taking is not however about ignoring risks, but about supporting patients to make informed positive decisions about their lives and their future.

For example, if a patient with an established diagnosis of EUPD who is well known from previous admissions of expressing thoughts of taking an overdose or going to the railway tracks on the day of intended discharge, we would initially explore their emotions and the reasons for their distress. We would then try to work jointly with them to draw up a safety plan, and encourage them to work with us, whilst reassuring them about the support systems in the community. We would also have a discussion on the potential negative impact of extended hospital admissions.

My experiences in Positive Risk Taking

By Dr Dilum Lankathilaka

Most of the time we are able to work together with patients but there are also instances when they continue to express the thoughts of harming themselves but at the same time asking to be discharged.

In this case, if the initial discussion was not felt to be particularly helpful, we may suggest a short break and reconvene for a further discussion after a 'cooling off' period.

If the patient continues to be unable to make plans to manage their safety on discharge, we use the following principles:

- * we try to avoid using the Mental Health Act,
- * We will let them know that we are here to support them. If they would insist to leave, we won't be able to stop them and reiterate the availability of support systems in the community. And if after leaving they change their mind; we will still be here to provide the support,
- * we may suggest that they go out for a walk (with or without a staff member) to reflect on our discussion and come back to talk to us, or
- * if they continue to insist for discharge we may allow them to leave but they will still have their bed on the unit overnight in case they might decide to return back.

I have found the following advantages in positive risk taking:

- * the patient's autonomy is respected,
- * the patient has control over his/her decision-making,
- * the patient's right to make an unwise or less than ideal decision is accepted,
- * the patient is better engaged with their own treatment/recovery.

However, managing my own professional anxiety around taking positive risk was not easy to start with.

There were times when I went home feeling anxious, and sometimes felt stressed and struggled to sleep. Some of the issues that concerned me included the possible risk of misadventure in patients who had just been discharged, managing carers' anxieties, and potential negative impact on my therapeutic relationship with patients.

To overcome this, I found the support of my consultant colleagues and comprehensive discussions both within my team and with the community mental health team quite invaluable. Also exploring patients' risk histories in detail beforehand, and working closely with carers, particularly making sure they are kept in the loop, has helped to manage my professional anxiety.

In addition, we make sure that there are senior clinicians present in key review meetings and take steps to ensure that patients do not feel either abandoned or rejected when being discharged.

The most rewarding aspect of managing risk positively is the fact that it can often be a vital turning point in the patient's recovery and can also hugely improve patients' engagement with their own treatment and recovery.

References:

- 1) Borderline personality disorder: recognition and management. <https://www.nice.org.uk/guidance/cg78>
- 2) Kar Ray, M et al; Embedding Recovery to Transform Inpatient Mental Healthcare: the 333 Model; ps.psychiatryonline.org; April 2019

Dr Dilum Lankathilaka

Cambridgeshire and Peterborough NHS Foundation Trust

Neuropsychiatry/Behavioural Neurology training – mandated opportunity in the Century of Neurosciences? A short outline & food for (strategic) thought in the Eastern Deanery

By Dr Ekkehart Staufenberg

The Norfolk & Norwich University Hospital NHS FT's Neuroscience Division remains interested in the development of a pilot of integrated training in Neurology and Neuropsychiatry within the Neuroscience Division.

Neuropsychiatry is the subspeciality that specialises in the training and clinical (and research) signs and symptoms of specific and identified Central Nervous System (CNS) based neuropathological syndromes.

A Neuropsychiatrist will need to be familiar with the main subgroupings of these conditions, in addition to ICD 10, soon ICD 11 (Jan 2022; Chapter). Nosological categories can be conceptualised in primarily neurostructural or neurofunctional presentations of the underlying CNS diseases. These are predominantly cortical, sub-cortical, neural sheaths or neuronal cellular abnormality based neuropathology. These are with differing profiles of progression, relapsing, recurring, pre-post neurosurgical interventions and other confounding factors that affect neuropsychiatric clinical risk profiles.

A range of clinical training opportunities and imperatives arise from such work environments in usually tertiary services, and thereby differing skills to a generic psychiatry trained liaison service essential for each 'acute' hospital's A&E, AMU, and general medical wards are required.

Typical referral patterns in the NNUH FT arise from our MDT meetings in neuro-oncology, complex epilepsy syndrome (including dual diagnosis epilepsy & Autism VNS Implantation Centre), neuro-radiology MDT, and from Multiple Sclerosis (CNS subtype), Parkinson's Disease, Motor Neurone Disease, post-Stroke, and Migraine Headache specialised services. Pre-and post-transfer neuropsychiatry consultations from the sub-regional Colman Centre for Specialised Rehabilitation Services (CCSRS) neuro-rehabilitation of post-trauma (intra-, or extracranial origin) complement the specific clinical skills requirements.

The objective to more closely integrate the neurology and the neuropsychiatry at training levels (from Undergraduate right up to ST and potential dual accreditation) has been recognised (Science Project, Academy of Medical Royal Colleges initiative 2018 onward).

Will the Eastern Region be able to remain at the forefront in this area (as in others), as well, and build on the embedded roles and clinical cum academic roles? Hopefully this will result in training opportunities arising in the NNUH FT's Neuroscience Division with partnership opportunities across the Eastern Region for our future dual accredited consultant colleagues.

Relevant skills, a complete draft training programme (based on APA approved Fellowship Programme in Boston / Worcester (US) at MassUni) will be the foundation of such a pilot. Once the Deanery Heads of School in Psychiatry and Neurology are on board, the respective Royal Colleges may converge around our vision and motivation to provide this training opportunity for the significant number of current Core Trainees in both medical traditions who wish to make their choice for ST specialisation.



**Dr Ekkehart Staufenberg, Consultant Neuropsychiatrist
Hertfordshire Partnership University NHS Foundation Trust**

An insight into Child and Adolescent Psychiatry Training through the lenses of Child and Adolescent Psychiatrists in the East of England Deanery (EoE)

By Dr Nita Agarwal

Child and Adolescent Psychiatry is a very broad speciality covering assessment and treatment of young people and adolescents presenting with a range of mental health difficulties of mild, moderate or severe degree. This branch of psychiatry also teaches you to stay focused on individuals' developmental profile, relationship with their carers', home environment, school and social life when trying to understand their emotional, social and behavioural difficulties and giving advice taking a holistic approach. You don't work with and help young persons alone but also their parents and carers, while reviewing the whole support system surrounding the person.

The East of England Deanery offers a robust, high quality and a most satisfying higher training experience in Child and Adolescent Psychiatry (I am biased of course!). The Deanery offers placements in different regions and across 4 NHS trusts NSFT, CPFT, HPFT and ELFT. The training period is of 3 years duration, consisting of 4 placements of your interests and needs, each placement lasting for 9 months. You can get a varied experience of different settings and a range of sub-specialities. There are quite a few advantages of working as a higher trainee in CAMHS in the EoE deanery. One full day a week is dedicated to teaching and learning, which over time has developed significantly (with the help of senior trainees and responsible tutor) to ensure that the curriculum requirements are met. You also have supervised psychotherapy sessions, joint paediatric sessions, journal clubs, peer group meetings and the list go on. One day a week you can dedicate to special/research interest or even spend the day improving your clinical skills in the other areas of the speciality you are interested in. I have to say you will not regret a single day joining the above higher training if you are happy to travel around. The placements near to home are given consideration, however due to the wide geographical coverage and due to individual trainee interests in getting wide range of experiences, trainees don't usually mind travelling to distant places.

In order to apply for higher training, you would ideally complete the core training (of minimum 3 years) in core psychiatry first, then once you have passed MRCPsych exams you will be eligible to apply for Higher Speciality Training in CAMHS (another 3 years). However since 2018 there is this new pilot programme running across the country which offers more tailored 6years CAP (Child and Adolescent Psychiatry) run through training about which you will hear more from DR Anna C Morris and colleagues

below including my personal journey.

1) Child and Adolescent Psychiatry (CAP) Run Through pilot by Anna C Morris

The CAP run through pilot is an exciting training programme by the RCPsych to promote recruitment into child psychiatry. Recruitment into child psychiatry has been difficult for many years. Despite significant overlap with paediatrics, child psychiatry training has lacked paediatric placement and most child psychiatrists have no meaningful training in paediatrics – Cue timely entry of the CAP run through pilot.

This innovative training programme has been offered in the East of England since 2018 and our first trainee has just passed the CASC. We now have CAP run through trainees in Ipswich, Stevenage and Cambridge and are planning more placements going forward.

How is this different from normal CAP training? CAP run through trainees are recruited to a 6 year programme in a single location containing psychiatry and paediatric posts in core training. They prepare for MRCPsych with their core colleagues and attend core teaching. But in addition they spend 6 months in a paediatric placement in ST2.

The CAP run through pilot has been specifically designed to offer maximum support to trainees in this new scheme. Each trainee has a CAP mentor, usually a child psychiatry consultant or higher trainee, in addition to the educational supervisor. The RCPsych offer induction and ongoing evaluation of the project. CAP run through trainees get to know their peers at induction.

The CAP run through posts are much more competitive than core psychiatry which shows that there is demand for innovative training schemes in psychiatric specialties. In the Eastern region the pilot so far has been a success, thanks to support from our Head of School, the regional directors of medical education and our brilliant trainees and mentors.

2) Dr Rana Moharram

As one of the CAP mentors in the EoE, it has been an exciting opportunity to be part of the CAP run through pilot. As it is a competitive program, the trainees who were able to join were highly motivated and passionate about the specialty. It was very inspiring to see the CAP run through trainees seek out different opportunities made

An insight into Child and Adolescent Psychiatry Training through the lenses of Child and Adolescent Psychiatrists in the East of England Deanery (EoE)

By Dr Nita Agarwal

available to them in the region to furthermore enrich their experience. Within the first two years, the level of skills and knowledge that the trainees were able to attain was impressive. I am looking forward to see the level that they would be able to reach upon completing their training. This scheme is a creative route to create highly specialised and skilled CAP consultants.

3) Dr Anna Eaton

The run through program has helped strengthen my knowledge and confidence in Paediatrics and developmental disorders early on so I can continue to apply and build on this throughout my training. This experience has already been a valuable asset clinically. I have worked with some inspirational clinicians who have helped me find my passion and niche within CAMHS and the deanery has supported me in accessing specialist courses in this regard. I am excited to start higher training in August!

4) My journey

I completed my training joining the normal CAP higher training. I still remember the last day of the application submission for higher training. I was working as a speciality registrar (SAS grade) in young people's PICU where I was quite settled for 3 years and was a second home for me. I did not think of applying for the higher training due to my personal circumstances, my son going to the local primary school and the thought of long-distance commute everyday despite my huge interest to become a CAMHS specialist. Also, the thought of 'change' was anxiety provoking. But following a last minute push from a friend and colleague, I applied, was invited for the interview and was offered the training in the Deanery. I was over the moon, but I also started dreading the long days. My first placement was 2hrs away from where I live, with an under14s community team. Initially I had an internal dilemma, wondering if I should not accept the offer. However, with encouragement and support from my loved ones and due to not wanting to give up and lose the opportunity, I accepted it and started a 9 month journey of driving back and forth 4 hrs everyday (4-5 days a week). This wasn't easy as you all can probably imagine. I would reach home quite late and by the end of the day I would be so exhausted that besides ending up sleeping and worrying about the early start the next day I could not imagine myself doing anything over and above my daily routine. I also remember that as soon as I started this post I suffered from bilateral frozen shoulder. I managed to take a week off, but the illness course was much longer

which stayed for months and was stressful and painful. But the joy of being in the training, learning experiences, varied exposures, the desire to learn what difference can I bring and how, and the dreams about the future kept me going and soon the 9 months were over. Following this, I had another one placement in Cambridge which was also a long distance away (3-4 hrs of driving per day) but the rest two were near home. There is no doubt that just the idea of being able to do a placement in Cambridge is exhilarating which I felt too. I had the opportunity to work with renowned people, fantastic team and in one of its kind of unit in the country, the child and family unit which was one of my dreams. I also had the opportunity to get some experience in Phoenix Centre which is quite a known ED unit in Cambridge for young people. Similarly, each region, each trust has something interesting to offer in each of their placements.

Throughout the training, the TPDs, the supervisors were all very sympathetic and flexible which really helped me significantly in getting varied experiences as well as in finishing my training. There was flexibility around out of hours on call commitments especially when you live far away, I was allowed to opt out as long as I could meet the training needs throughout my 3 years of training period. Trainees with family commitment, childcare needs were given opportunities to join as a flexible trainee. All the trainees are encouraged to join the pre-funded 6 months Leadership programme, the LeaP programme. Throughout the training you get exposure in different subspecialties of your interests (please refer to the links provided below for further details). Despite the roller-coaster ride during the training I would happily say that I don't regret a single day I have been on this ride. I would like to thank everyone whom I have met during the journey, my family, my friends, young people and families, my mentors and supervisors for the support I have received and for where I am now. I am proud to be a Consultant Child and Adolescent psychiatrist which I never thought I will achieve.

So please continue to encourage your students, colleagues and trainees to #ChoosePsychiatry and #ChooseCAP as this is the time country needs them most and we know we are short of child psychiatrists. Children are the future of this country. For their sake, we need to have a secure future and need to contribute to their own as well as country's growth. They need to have a caring, secure and stable environment including best of education. Their physical,

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social and mental wellbeing are as important as anything else. And if at this age all of us can make a difference not only for them but also their families, it's positive impact will be appreciated not only now but also in the future. I hope the above will inspire few people to choose child and adolescent psychiatry. Please feel free to contact me or the colleagues mentioned above if anyone has any queries with regards to the above training.

Also, please see following links (right column) where you can find more information regarding the training.

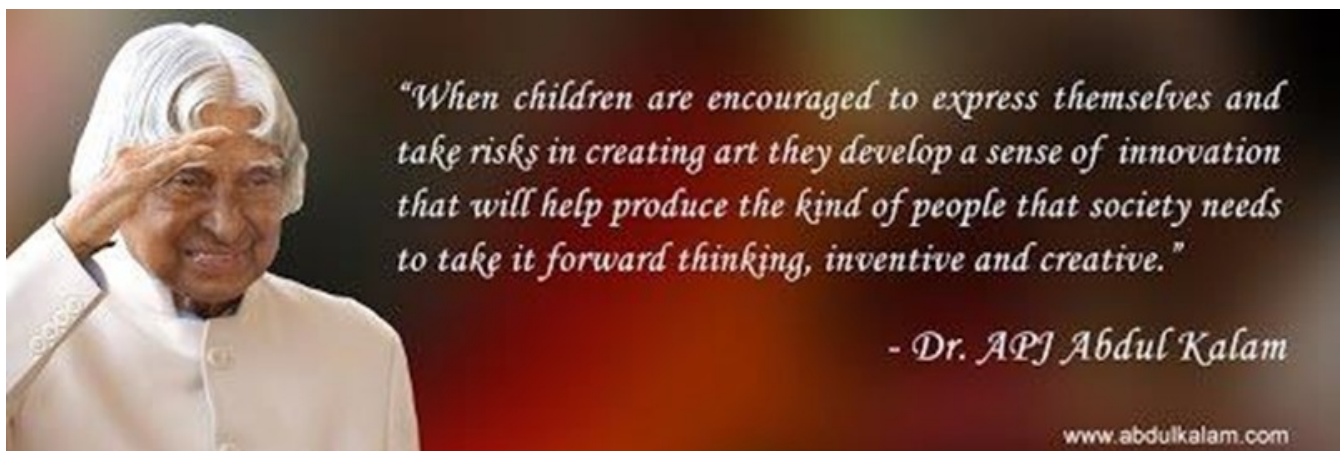
https://heeoee.hee.nhs.uk/sites/default/files/camhs_induction_book.pdf

<https://heeoee.hee.nhs.uk/psychiatry/higher-specialist-training-psychiatry/child-and-adolescent-psychiatry>

<https://heeoee.hee.nhs.uk/psychiatry/core-training/camhs-run-through-scheme>

<https://www.rcpsych.ac.uk/members/your-faculties/child-adolescent-psychiatry/supporting-trainees?searchTerms=CAMHS%20higher%20training>

And I would like to finish with this quote:



Thank you.

Dr Nita Agarwal, @Nita2Agarwal
Consultant Child and Adolescent Psychiatrist
Norfolk and Suffolk NHS Foundation Trust

The College Engagement Network

By Rosanna Flurry

The College Engagement Network (CEN) in England is a new initiative designed to improve the way we work with our members at a local level to help inform our policy and campaigning work. It will ultimately serve to help us work on national mental health policy development, and to support our members to be advocates for College policy locally.

The input we gather from working with members will help us make sure that our own understanding of local policy implementation is informed by the insight of frontline healthcare staff and people affected by mental illness.

The CEN is the first network of its kind launched by a medical Royal College. It will be led by its members, who will be representatives from mental health trusts in England, and from the College Divisions. It will focus on the implementation of the NHS Long Term Plan. The representatives will work closely with local stakeholders, including those with lived experience, and help to develop collaboration across their region. We've sought advice of many stakeholders, such as members, trust medical directors, and people with lived experience in the development of the network, and will continue to do so as it evolves.

National policy is developed to support local systems to deliver care that is consistent and evidence based to achieve the best outcomes possible for patients across England. The most up to date information and insight is drawn together at a national level to help deliver services which patients should be able to expect to access regardless of where they live.

However, if local areas are not adequately supported to implement national policy and there are barriers to understanding any challenges they face, then implementation is affected and patients don't get the best quality of care.

With a move toward further localization of health system decision making under the NHS Long Term Plan, we are looking forward to finding a new way to connect at these levels. This is of increased importance in the context of the COVID-19 pandemic, as rapid service restructuring has had to take place. As things move so fast, and there is an element of 'learning as we go' it is particularly important that there are direct channels of communication in from the front line. We had planned to launch the CEN across England this year, but due to the impact of the Covid-19 pandemic we've decided to run a pilot phase initially. The

pilot will run in three regions, Eastern, London, and the North West. It will start by focusing on the implementation of the [Community Mental Health Framework for adults and older adults](#), as local areas across the country are rolling this out.

We've been working with Divisional colleagues in the three regions, as well as with the General Adult faculty (and with input from other faculties), to help start to bring the work to life and plan for how we can make an impact on community transformation. We will also be thinking about how we can communicate our insight and learning across to other regions/College divisions, and how we work with other members who have College roles to collaborate.

The pilot will be launched at a critical time for England's health system. As we all know, the Covid-19 pandemic has had an unprecedented impact on the functioning of the NHS – requiring a huge effort across the health system to reorganise to respond, whilst also continuing to deliver the Five Year Forward View and the NHS Long Term Plan. We hope that the CEN will help support the delivery of crucial services to support people affected by mental illness during and beyond this difficult time.

A big thanks to all the colleagues and members who have supported this work, and helped start to get the CEN off the ground! If you would like to find out more about the CEN, please contact rosanna.flurry@rcpsych.ac.uk



Rosanna Flurry, Policy Engagement Manager

The Twitter Affair

By Dr Shevonne Matheiken

T : Timely
W: Worldwide
I: Inspirational
T: Titbits for
T: Thought-provoking discussions
E: Encouragement and
R: Rapport

I felt inspired (while I was on a Twitter break) to write a reflective piece about the use of Twitter, particularly amongst Healthcare professionals. I am in no way a Twitter expert though and these are just personal reflections.

Of course one does need a convincing reason to join, and I guess my analogy would be to my 7 year old's craze about the 'multiverse (many parallel realities that exist that we may not be aware about)'. I would like to think the pros outweigh the cons, but of course there would be a spectrum of opinions on this, based on the experiences of individuals. As expected, politicians and celebrities hold some of the most popular accounts on Twitter. If we consider the UK Psychiatry sphere alone, there are innumerable active professionals, lived experience experts, medical students, and academics on Twitter, sparking thought-provoking discussions on a daily basis. Oh and there are trolls too – but we will go to that in just a bit. So overall, it almost feels like those who are not on it are missing out. This could be from both professional discussions as well some light hearted threads that help to unwind after work (E.g. Twitter non-users wouldn't be aware of the banter between cat lovers versus dog lovers among UK Psychiatrists, or the hilarious posts from @Number10cat, who calls itself 'Chief Mouser to the Cabinet Office' an account with 410K followers). I appreciate that one could argue that this view is also applicable to other social media platforms – like Facebook or Instagram. But the difference in using it for professional reasons (even if from a personal account) is that it may have wider impact on healthcare delivery. A study among 485 American physicians found that 57.5% found social media as a good way to access current and high quality information. And 60% felt that it improved the quality of patient care they delivered.

There was a time during the first wave of COVID-19 and the information overload that came with it, when I stopped watching the press briefings, news, and just followed accounts of some reliable organisations and academics

working on COVID-19 research for my updates. The role of Twitter in harnessing and facilitating rescue efforts in many natural disasters across the globe in the past is also well documented. Its limitless potential to reach people who you may not otherwise have access to in your personal or professional life is hard to ignore. However, also be aware of ways to find out what is fact and what is misinformation, and also that Twitter bots (and fake accounts) are all too common. Like with all non-face-to-face communication, remember that it is easy to be misunderstood when trying to get a message across in a limited word count, but it can also be empowering to be able to expose yourself to opinions of people who don't think like you. There are also Apps that help to make multiple linked tweets into a single thread format for easy reading.

However, as with all things, it comes with a warning. It can get intense – which maybe time and role dependant. If you follow some eminent Psychiatrists or academics, it won't be long before you come across anti-Psychiatry accounts – who often post inflammatory tweets on their threads (and sometimes personal attacks). I found this really upsetting initially even as an observer, and then started to watch and learn from how the more experienced Tweeters deal with it (ignoring seems to be the best option in most situations, but there may be times when it is worth engaging in the hope of reasonable and respectful debate, depending on the nature of the discussion). The upside is that you get to hear many diverse views of wider areas of clinical and non-clinical professional life that you may otherwise not have access to E.g from patient peer workers/lived experience experts - many of whom work closely with Psychiatrists in medical education as well as co-production in policy making and influencing clinical care. I once heard a talk from Dr Jack Turban MD, a Child Psychiatry fellow and writer in the USA with 24.9K followers, who spoke about the importance of social media mentors for doctors active on social media platforms, and this maybe something to explore for these new components of being a professional in this era. I am not yet aware of any doctors offering such mentoring in the UK.

The Twitter Affair

By Dr Shevonne Matheiken

I will conclude with some top tips:

- Join when the time feels right for you, and start by following some people you know in real life as you get slowly used to it.
- Reflect on what is your main purpose for the platform and how much time you intend to spend on it per week (and monitor it – there are many clever Apps nowadays to help with this)
- Avoid tweeting only for likes/retweets, or comparing followers with other Tweeters - focus on the conversations and what you're getting out of it instead.
- You can learn a lot from just observing and reading tweets even without tweeting yourself.
- Remember that what you tweet including photos are in the public domain and could come up in a google search of your name.
- Remember to read the GMC's social media guidelines and your employer's social media policy.
- Watch the Netflix documentary called the Social Dilemma (@SocialDilemma_) which is an (almost scary) eye-opener about all things social media related in this new era.
- Take regular breaks if you need to – a 'digital detox' even from few Apps/platforms at a time can be refreshing.
- Regularly reassess your relationship with Twitter and whether the effect on your mental health is positive or negative.

Hope this is helpful for those on both sides of the Twitter fence and Happy Tweeting!

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Dr Shevonne Matheiken
@GoCarpediumDoc

Annual Trainees Conference 25th and 26th March 2021
Breaking Barriers to Recruitment and Retention

For further details please see:

[Trainees' Conference 2021 \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

Eastern Division StartWell Event

By Dr Ashish Pathak

The Eastern Division ran their Startwell Event for the new Consultant Psychiatrists, on 6th October 2020 through a virtual platform.

Startwell is for new Consultant Psychiatrists in their first 5 years as a permanent or locum consultant and final year senior registrars to support in their transition to consultant jobs. With a significant increase in responsibility, the first year as a consultant psychiatrist can be challenging. The programme aims to give this cohort the best support and guidance to ensure they are able to navigate through the initial years. The Eastern Division has also opened this programme for all the senior trainees. This is because believe that this programme is vital for them to understand about networking as a Consultant even before they take over as Consultants, not when it is time to transition. The StartWell initiative has existed since 2014 and the college has developed a guide to help with the transition. This guide will go a long way in nurturing tomorrow's medical leaders.

The concept itself is not new as a similar programme called First5 was developed to help support new GPs from completion of their training to the first point of their revalidation. The supporting pillars of the concept of First5 were Connecting with the College; Facilitating networks; Supporting revalidation; Career mentorship and Continuing professional development.

For the college guide on Startwell programme, many new consultant and senior colleagues contributed to form this guide which is a framework for self-directed support and guidance. The idea is to promote excellence in the field of psychiatry and to promote mental health. The six elements of the college StartWell programme are:

- Connect: making connections
- Learn: continuous learning
- Use support: effectively identify and meet your support needs
- Be resilient: develop personal resilience
- Lead: develop effective clinical and medical leadership
- Develop: continue to develop a meaningful career

I have been given the mantle to lead the StartWell programme in the Eastern Division from this year 2020. Over the years we have had some excellent speakers like Dr Paul Lelliott, Dr Geraldine Strathdee, Dr Regi Alexander and Dr Navina Evans. This year due to the pandemic, we did our StartWell programme online on 6th October 2020.

Following on the tradition of getting excellent speakers, we had two excellent speakers this time as well. The first session was "Careers in Medical Education" by Dr Abdul Raoof, who is the Chair of Eastern Division and CALC Lead for Member Training at the Royal College of Psychiatrists. Dr Raoof highlighted the various opportunities for career development in medical education. The second and third sessions were "Leadership for Improvement followed by questions and answers" by Dr Amar Shah, Chief Quality Officer, East London NHS Foundation Trust and National Lead for Mental Health Safety Improvement Programme. Dr Shah spoke about what leadership for improvement meant and how we can learn and practice the art and science of improvement. Both these sessions were based on the elements of the college StartWell programme to develop effective clinical and medical leadership as a Consultant Psychiatrist. The feedback for all sessions was rated good or excellent. I hope to lead the StartWell programme and follow the tradition of providing my future colleagues with insight into various elements of the StartWell programme so they feel supported in their career progression.

My vision is for employers to incorporate and embed the StartWell framework for all new consultants and final year senior trainees. This will go a long way in addressing the recruitment and retention issues that has plagued mental health services in the recent past.

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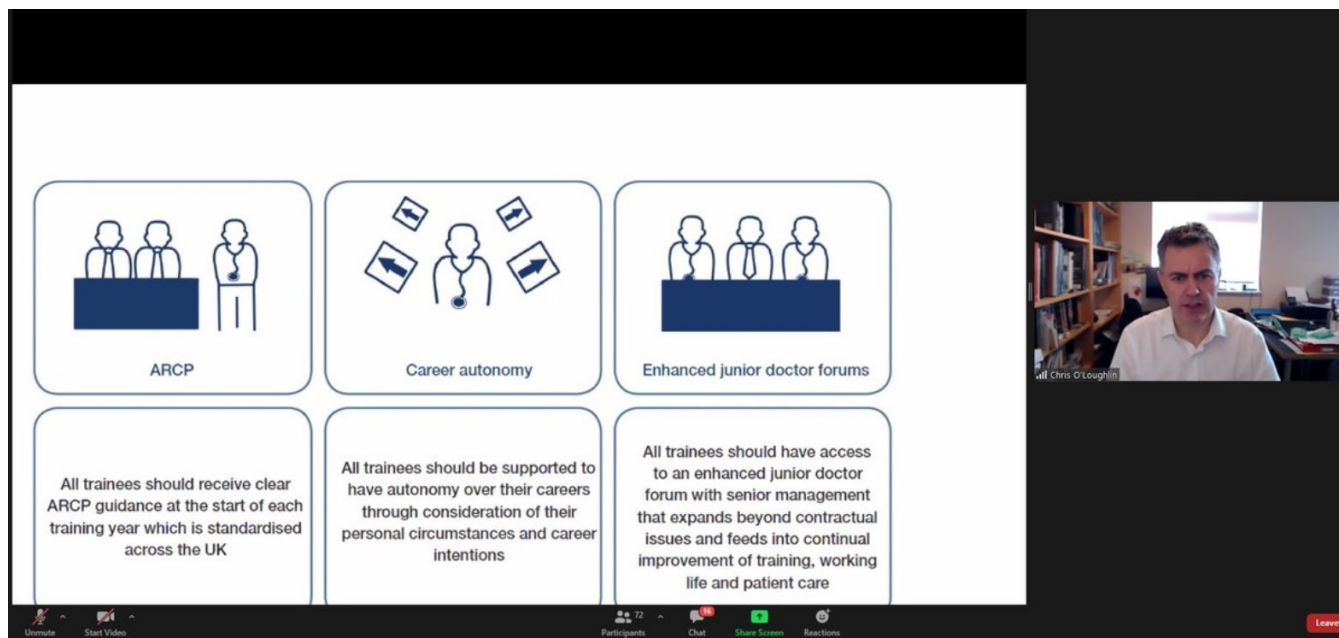
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**Dr Ashish Pathak, StartWell Lead, Clinical Tutor
Essex Partnership University NHS Foundation Trust**

Eastern Division Autumn Conference 2020 Conference Report

From the desk of the Academic Secretary Dr Kallur Suresh



Further to my article in the summer newsletter about how the Division has attempted to transition from in-person conferences to online ones, I am pleased to report that we have successfully completed our first online conference on 13th November via Zoom.

The Division Manager worked behind the scenes to make the online conference a reality and it required a different type of preparation. We started the day a little later than usual but still had the same number of talks. The number of registrations were comparable to previous events and all delegates and speakers joined remotely. There was some networking among delegates and they were able to ask questions to the speakers in the usual way.

The day began with a welcome address by the Division Chair Dr Abdul Raoof, followed by the Academic Secretary talking about the future of Division events for 2020 and beyond. There were two keynote presentations: one by Professor Peter Jones from Cambridge University who spoke about the psychiatric effects of COVID-19. He synthesised the currently available research data since the beginning of the pandemic.

The second keynote address was on the long-term management of bipolar disorders by Professor John Geddes of Oxford University, with an emphasis on the role of lithium salts.

There was something for trainees too and our very own Dr Chris O'Loughlin, Head of School of Psychiatry at the Health

Education East of England (pictured above) spoke about how training can be personalised to suit the needs of individual trainees. It was encouraging to see a very good trainee attendance at the conference. The Division has a great track record of supporting trainees and it was good to note that recruitment into psychiatric training posts has been very good this year.

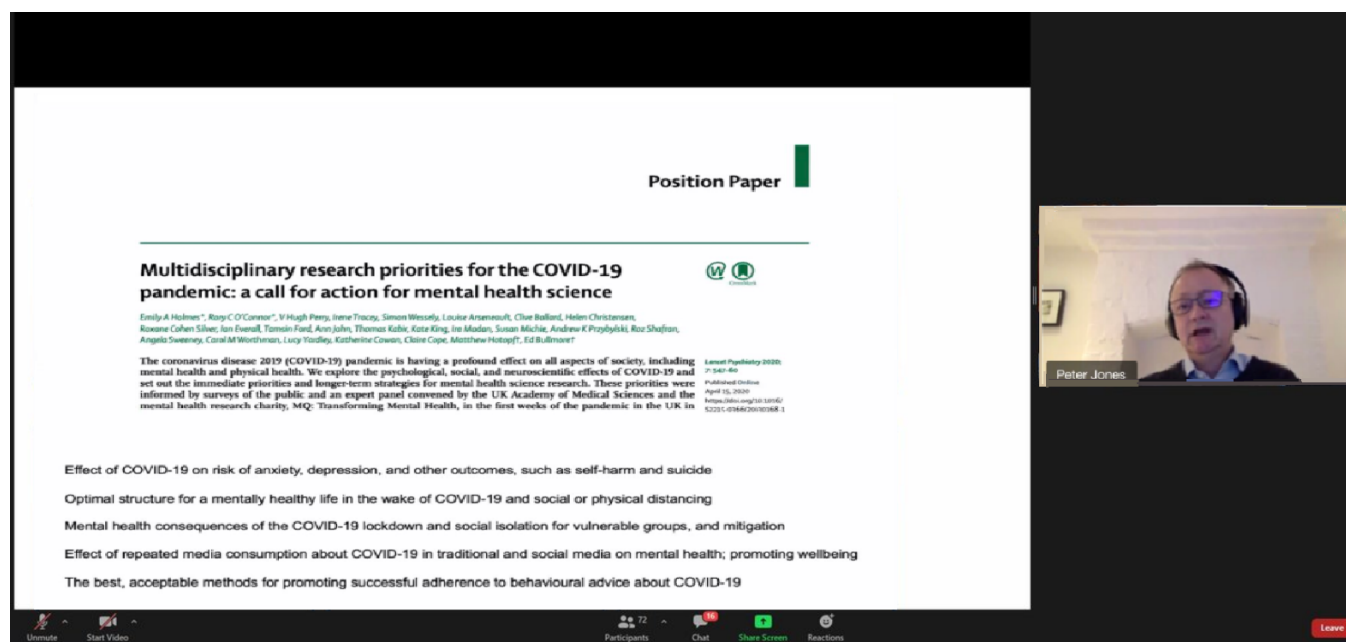
Dr Raj Mohan, OBE, Chair of the Rehabilitation Faculty and one of the RCPsych Equality Leads spoke on how to ensure better integration of fragmented services for the severely mentally ill. He made a plea for better joining up of different teams and services so the experience for these patients with highly complex needs can be as seamless as possible.

We also had several posters displayed (available as PDF links) by enthusiastic trainees, some of whom were selected by judges for oral presentation. The quality of posters was very high indeed. The best presentations were awarded prizes and certificates.

Dr Jan Falkowski, Treasurer of the College, spoke about how the College has responded to the pandemic this year and has adapted its operations to the new reality, including how all college staff are working remotely, how the College has achieved business continuity by conducting online CASC exams and moving all its events to digital platforms.

Eastern Division Autumn Conference 2020 Conference Report

From the desk of the Academic Secretary Dr Kallur Suresh



The screenshot shows a Zoom meeting interface. On the left, a presentation slide titled "Position Paper" is displayed. The slide content includes the title "Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science", a list of authors, and a summary of the paper's focus on the impact of the COVID-19 pandemic on mental health and physical health. On the right, a video feed shows a man wearing headphones, identified as Peter Jones.

Overall, it was a successful day and the technology was on our side. The College staff did an admirable job behind the scenes ensuring everything went smoothly. My sincere gratitude and thanks to them.

The next year's spring conference is scheduled to be held on Thursday 10th June 2021 and I am already working on developing an exciting and stimulating programme. It will be online via Zoom and please look out for publicity in the coming weeks. The easiest way of keeping in touch with the Division's activities is by following the Division's Twitter account @rcpsychEastern.

We look forward to seeing you next June at our spring conference. Stay safe, keep well and stay in touch.



Dr Kallur Suresh, Academic Secretary, Eastern Division

Do you want to make History?

Royal College of Psychiatrists "Future Archives" competition is now open for submissions!

[Future archive \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

Royal College of Psychiatrists

Thursday 10th June 2021
Eastern Division Spring Conference
Online via Zoom



**FREE Entry for Foundation Year and Medical Students through
'Enhancing
Foundation Experience in
Psychiatry' initiative of HEEoE School of Psychiatry**

**Lectures on various topics including a keynote presentation,
poster exhibitions, prizes and networking sessions**

**6 CPD points
(subject to peer group approval)**

**For further information and to register please visit: <http://bit.ly/2c4B0Ue>
or contact: moinul.mannan@rcpsych.ac.uk Tel: 0208 426 6186**

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The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

The Eastern Division is made up of members from Essex, Hertfordshire, Cambridgeshire, Bedfordshire, Norfolk and Suffolk.

We'd like to thank all members for their contributions towards Eastern Division activities throughout the year.

Eastern Division Medical Student Essay Prize

The Eastern Division has established this prize in order to raise the profile of the Division and to encourage medical students to pursue further study and professional training in Psychiatry.

Prize: £100

Eligibility: All medical students training in Medical Schools located within the Eastern Division.

Where Presented: Eastern Division Spring Conference, 10th June 2021 online via Zoom

Regulations:

1. Eligible students are invited to submit an original essay of up to 5000 words on any aspect of psychiatry. The essay should be illustrated by a clinical example from medical or psychiatric practice relevant to mental health and should discuss how the student's training and awareness has been influenced as a result. The essay should demonstrate an understanding of the Mental Health issues pertinent to the clinical problem and should include a discussion of the effects and consequences of the condition for the individual, their family and the wider healthcare system.
2. The essay should be supported by a review of relevant literature and should be the candidate's own work.
3. The Eastern Division Executive Committee will appoint three examiners to judge the entries. Criteria for judging merit will include: clarity of expression, understanding of the literature and evidence, cogency of argument and the overall ability to convey enthusiasm and originality. The Division reserves the right not to award the prize if no entry reaching the agreed minimum standard is received.

Closing date: Friday 21st May 2021

Submissions should be made to:

Moinul Mannan

Eastern Division Manager

moinul.mannan@rcpsych.ac.uk

Deadline for next edition

Submit your articles for summer 2021 edition by 21st May to psychiatry.east@rcpsych.ac.uk

Royal College of Psychiatrists - Eastern Division E-Newsletter

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