



Psychiatry-East

The Eastern Division eNewsletter

Editorial

In this issue:

Editorial	1
Chairs Column	2
Eastern Division Executive Committee	3
Farewell and Thanks from the Vice Chair and Head of..	4
Eastern Division Head of School - Psychiatry update	5
Pioneering Specialist Care for Perinatal Attention Deficit Hyperactivity..	6
The Room Next Door: A Psychiatric Exploration..	8
Beyond the Highlight Reels: Understanding the Mental Health struggles..	10
Interview with Dr Kallur Suresh	12
Spring Conference Report 2025	14
Advertisements	17

Welcome to the RCPsych Eastern Division Summer Newsletter 2025. This edition is a slightly lighter one, but one that I'm sure you will find interesting. We say our goodbyes to Dr Suresh as Chair and to Dr Conway Morris as Vice Chair. You will get to read Dr Suresh's last chair's column and also get to know him much better in the interview section of the newsletter. Here Dr Mahmoud quizzes him on many aspects related to psychiatry. Dr Suresh reflects on his career in old age psychiatry, describes the challenges of the role in the context of NHS pressures, and highlights the importance of the Eastern Division as a body and initiatives such as international education.

Dr Conway Morris gives her thanks and bids us a farewell. She reflects on her four years as Vice Chair, highlighting the division's contributions to medical education, inclusion, and development of the workforce. In a separate article she gives updates from the School of Psychiatry, emphasising good trainee feedback, rising exam success, increased number of posts, and novel training initiatives. Ongoing challenges remain including in recruitment, resourcing, and workforce planning.

I congratulate Dr Ziv as the winner of the prize for the best article in this current edition. She explains how she and her team have managed to establish in Cambridge one of the UK's first NHS-based Perinatal ADHD clinics helping to address a major gap in care by providing assessments and interventions in a timely manner to support maternal wellbeing and bonding in women with ADHD symptoms. Preliminary feedback has been strongly positive, with a service evaluation underway to help guide future development of the service.

In her article Dr Mahmoud writes about Pedro

Almodóvar's film *The Room Next Door*. Here she explores the multiple dimensions of the controversial topic of assisted dying, and she does this through the story of the character Martha, who is terminally ill and has made an autonomous decision to end her life. She describes how the film challenges us as psychiatrists when it comes to balance the duty to preserve life versus providing compassion to those making end-of-life choices.

Dr Kumar's article describes the mental health difficulties of professional athletes, emphasising how despite how successful they may be in the eyes of the public that they face psychological and emotional challenges, and need systemic understanding and support.

Finally, we end with the Spring Conference report which was put together by our new CPD Leads, Drs Gornas, Mahmoud and Nargiss as well as our Academic Secretary Dr Dudas. This is a detailed report on a thoroughly enjoyable and educationally useful day. Wishing you all a lovely summer.





Chair's Column

By Dr Kallur Suresh

It is a bittersweet moment to be writing my last column as Chair of the Eastern Division. I took over as chair in June 2021 and have had the privilege of being part of the Eastern Division leadership for four years. I will reflect on some of the changes.

I have had unconditional support from Dr Anna Conway Morris, vice-chair during the same time. The Division newsletters were edited by Dr Nita Agarwal from 2021-22 and by Dr Sep Hafizi from Summer 2023.

My most notable memories of the Division have been the successful events we ran each year. These regular events included the Spring and Autumn conferences and specific themed events aimed at resident doctors and consultant colleagues in the first five years of their careers.

In particular we pioneered the Consultant Interview Masterclass which continues to run every year. Senior resident doctors have found this Masterclass really helpful in preparing them for their first consultant interview and it now includes mock interview practice too.

Our Spring and Autumn conferences went online during the Covid pandemic but gradually returned as in-person events. I would like to thank the membership for supporting us by attending these conferences in good numbers. We have tried to understand your CPD needs and have invited high-quality speakers to give talks at these conferences.

For a couple of years, we ran events for consultants who were midway through their careers, focusing on issues relevant to professional practice such as burnout, coping with patient safety incidents and attending Coroner's Inquests. In addition, we have run several webinars, most notably on ADHD. We aim to continue to run these webinars on carefully selected topics.

Another notable change has been the way the College has supported the Divisions. The Division management structure changed three years ago and we now have Event Managers supporting our courses and conferences, and our Committee Manager supporting Division work including executive committee meetings. We have continued to publish regular newsletters and awarded prizes to medical students for essays.

In the last 18 months, we have attempted to develop a closer working relationship with the region's Integrated Care Boards (ICBs) focusing on areas of mutual interest and assistance. Despite the changing landscape of NHS

commissioning, I hope our Division continues to engage with and influence whatever organisations that succeed the current ICBs. We are fortunate to have the support of Kate King, MBE and Liz Harlaar as Lived Experience Experts, whose contributions have guided our thinking and kept us focused on patients and carers.

Dr Anna Conway Morris has led on putting together a successful trainees' conference. The School of Psychiatry has generously supported this event and we are grateful for that.

It was an honour and a privilege to serve as Chair. My job was made easy by very supportive colleagues in the Executive Committee and a very dynamic Divisions Committee Manager. Their engagement, enthusiasm, ideas and constructive challenge all helped shape the Division's Business Plans and Strategy. This is a time of significant challenge in working in the NHS and I hope the Division has supported you in some way in your day-to-day work. I wish my successor Dr Kapil Bakshi, incoming Chair, all the very best in his new role. He was until recently Finance Officer. He is joined by an able vice-chair Dr Sep Hafizi.

As I sign off, I take this opportunity to wish you all the very best in your careers and strongly encourage you to get involved with the Division in whatever way you can. There are several official roles which you can fill and contribute to the wider profession. I certainly found the work rewarding and a good adjunct to my clinical work.





Eastern Division Executive Committee Members 2025

Dr Kapil Bakshi - Chair
Dr Sepehr Hafizi - Vice Chair
Dr Robert Dudas - Academic Secretary
Dr Andrea Pathak - SAS Representative
Dr Ashish Pathak - ETC Representative
Dr Chris O'Loughlin - Elected Member
Dr Khansa Nabil - Elected Member
Dr Abdul Raoof - CALC Lead
Dr Rakesh Magon - Mentoring Lead
Dr Rayan Gornas - CPD Lead
Dr Lubna Ahmad - Equity Champion

Dr Nita Agarwal - Wellbeing Champion
Dr Sadgun Bhandari - Co-opted Member
Dr Albert Michael - Co-opted Member
Dr James Rand - PRDC Representative
Dr Osagbai Eriki - PRDC Representative
Dr Mounika Iderapalli- PRDC Representative
Mrs Kate King - Patient Representative
Ms Liz Harlaar - Carer Representative
Dr Afef Mahmoud- CPD Lead
Dr Shamima Nargiss - CPD Lead
Dr Shivakumar Kumar - Assistant Editor

Congratulations on our new elected members. Dr Kapil Bakshi (Chair), Dr Sepehr Hafizi (Vice Chair), Dr Khansa Nabil and our newly elected PRDC Reps.

Spring Conference 2025 Poster Winners

Medical Students Category

1st Prize - Madeline Coode, Dr Muzaffer Kaser, Dr Danielle Lamb and Prof Peter Jones
2nd Prize - Nathaniel Leung Yiu Ka and Marcus Owen Tsang

General Medical Category

1st Prize - Dr Trish Phiri
2nd Prize - Dr Tosin Daopale, Dr Bolanie Mojibola and Dr Samuel Diduyemi

Multidisciplinary Category

1st Prize - Dr James Leaver, Dr Charlotte Marks, Dr Anna Conway Morris, Minimol Sajith, and Dr Fraser Arends
2nd Prize - Dr Bolane Mojibola, Dr Ayomipo Amiola and Dr Tosin Daropale



Farewell and Thanks from the Vice Chair and Head of School

By Dr Anna Conway Morris



Head of School base, Victoria House, Fulbourn Hospital

After four years of service, I have stepped down from my role as Vice Chair of the Eastern Division of the Royal College of Psychiatrists. During my tenure, I have concentrated on shaping and strengthening our community, particularly through commitment to education and training in psychiatry. The role has allowed me to meet and work with many inspiring medical students, resident and senior doctors and college staff indulging my interests in improving patient care particularly in the field of neurodivergence and inclusion.

The Eastern Division has hosted a series of successful conferences and trainee-trainer events that have not only informed but inspired. These gatherings have helped raise the profile of psychiatric education in our region and strengthened the sense of purpose and collaboration among professionals at all stages of their careers. We have concentrated on different aspects including mid-career development, boosting recruitment and clinical topics such as ADHD, dementia and perinatal psychiatry.

As Head of School, I have been particularly pleased to see the growing partnership between the School of Psychiatry and the Eastern Division. Together, we've seen both the School, and the Division grow and thrive - testament to the strength of leadership and the dedication of all those involved. Please see Head of School updates on the next page.

I'd like to take this opportunity to express gratitude to our outgoing Chair, Dr Kallur Suresh, for his steady guidance, and

to Moinul Mannan, our invaluable Divisions Committee Manager, who keeps us all organised and on track.

Although I have stepped down as Vice Chair, I am delighted that I remain actively involved in my capacity as Head of School. Recruitment to our region is at an all-time high, and there will be nearly 40 new resident doctor posts in our region from August due to post expansion. As our community grows, ensuring the quality of training and spreading skills becomes ever more important.

I encourage colleagues to consider getting involved in roles within the College. Your voice, expertise, and leadership can make a real difference.

Finally, I extend my best wishes to the incoming chair and vice chair. They bring a mixture of experience, enthusiasm and creativity – the Eastern Division is in excellent hands.



Anna Conway Morris

Consultant Psychiatrist, Cambridgeshire and Peterborough NHS Foundation Trust



Eastern Division Head of School - Psychiatry Update

Presented by Anna Conway Morris

We're pleased to share some key highlights and updates from the School of Psychiatry over the past year:

Positive Trends in Quality & Engagement

- **Strong GMC/NTS Feedback:** For the second consecutive year, our trainee survey results remain positive.
- **Engaged Community:** We've seen excellent participation in events by both residents and trainers.
- **Rising Exam Success:** Exam pass rates continue to improve.
- **Local Recruitment Success:** Many residents are transitioning into consultant roles within our region.
- **EPUT Quality Review:** Our quality process with EPUT is complete, with an improvement plan now in place.

Major Achievements

- **Post Expansion:** We've added new posts in neurodevelopmental psychiatry, addictions, and psychotherapy.
- **Private Sector Pilot Launched** in Hertfordshire.
- **Recruitment Success:** Core training posts are full, and specialty posts are highly competitive.
- **Website Revamp:** Our deputy Head of School led a refresh to boost recruitment and visibility.
- **Diverse Leadership:** We've appointed new TPDs and strengthened our board with greater DME involvement.
- **Events & Conferences:** Successful resident and trainer events were held, including a multiprofessional conference on early mental health intervention with the Enhance programme which boosts skills across professions.
- **Innovative Training:** We introduced an induction simulation module and enhanced support for doctors affected by suicide.

Ongoing Challenges

- **Vacancies Persist:** Some subspecialties continue to have unfilled posts.
- **National Recruitment Strains:** Recruitment and trainer shortages remain in some trusts. We are looking to take part in a local recruitment pilot programme.
- **Resource Pressures:** The pace of expansion are stretching our capacity.
- **Future-Proofing:** We're working to better prepare residents for evolving practice environments.

Thank you to all faculty, trainers, and residents for your dedication and adaptability during a year of growth and transformation. Welcome to the residents and colleagues joining us in August.



Pioneering Specialist Care for Perinatal Attention Deficit Hyperactivity Disorder in Cambridge

By Dr Shimrit Ziv

A growing awareness of Attention Deficit Hyperactivity Disorder (ADHD) in women has highlighted a significant gap in perinatal mental healthcare. In response, one of the first NHS-based clinics dedicated to Perinatal ADHD in the UK is now running within Cambridgeshire and Peterborough NHS Foundation Trust. I established the clinic to support women whose ADHD symptoms - particularly difficulties with executive functioning, emotional regulation, and organisation - can impact maternal wellbeing, parenting, and early bonding.

Many women are referred to perinatal services with moderate to severe anxiety, depression, or other emotional difficulties (1). ADHD is often under-recognised in these contexts and may present as affective disorders or personality difficulties, especially in women with a history of trauma or adverse childhood experiences (2). When symptoms persist despite standard interventions - particularly where there is a family history of ADHD - undiagnosed ADHD is considered as part of the differential. However, national waiting times for ADHD assessment frequently exceed the perinatal period by several years, limiting opportunities for timely support (3).

The clinic offers structured assessments, including the Diagnostic Interview for ADHD in Adults (DIVA-5) (4), a developmental interview, and detailed collateral histories. Bonding and/or attachment assessments are also included where appropriate. Where ADHD is diagnosed, personalised care is offered, including psychoeducation and, when clinically indicated, medication. Prescribing follows a protocol I developed in collaboration with colleagues from North London NHS Trust, informed by the latest available evidence (2,5-8). The approach prioritises shared decision-making, careful risk-benefit discussion, and the use of the lowest effective dose. Plans are tailored to the stage of pregnancy, breastfeeding status, and level of functional impairment.

Psychoeducation is central to our model. It helps women make sense of long-standing difficulties, validates their experiences, and builds insight into the impact of ADHD on self-perception and parenting. This can support self-esteem, reduce self-blame, and strengthen the mother - infant relationship (2).

So far, over 15 women have been assessed through the clinic, with consistently positive feedback. Many describe the experience as "transformative", offering long-awaited clarity and relief. Several have found the assessment itself

empowering, regardless of whether medication was pursued (9). Feedback from service users has highlighted the value of a space where ADHD is recognised, understood, and discussed in the context of motherhood.

In response to this feedback and growing clinical demand, I am now leading a service evaluation and research project to guide future development. The clinic has been well received by commissioners and trust leaders, who have expressed strong support for continuing the service. There is increasing recognition that maternal ADHD is a modifiable risk factor for both maternal and infant outcomes. Addressing it during the perinatal period creates an opportunity for early intervention, secure relationships, and the prevention of intergenerational mental health difficulties.

References

1. NHS England. Perinatal mental health [Internet]. London: NHS England; 2024 [cited 2025 Jul 18]. Available from: <https://www.england.nhs.uk/mental-health/perinatal/#:~:text=Specialist%20PMH%20services%20provide%20care,signposting%20to%20support%20as%20required>
2. Kittel-Schneider S, Quednow BB, Leutritz AL, et al. Parental ADHD in pregnancy and the postpartum period: a systematic review. *Neurosci Biobehav Rev* 2021;124:63-77
3. Smith MCF, Mukherjee RAS, Muller-Sedgwick U, et al. UK adult ADHD services in crisis. *BJPsych Bull* 2024;48(1):1-5.
4. Kooij JJS, Francken MH, Bron TI. *Diagnostic Interview for ADHD in Adults (DIVA 5)* [Internet]. 3rd ed. The Hague: DIVA Foundation; 2019 Mar [cited 2025 Jul 18]. Available from: <https://www.advancedassessments.co.uk/resources/ADHD-Screening-Test-Adult.pdf>
5. Bolea-Alamanac B, Nutt DJ, Adamou M, et al. Evidence-based guidelines for the pharmacological management of attention deficit hyperactivity disorder: update on recommendations from the British Association for Psychopharmacology. *J Psychopharmacol* 2014;28(3):179-203.
6. Dalrymple RA, McKenna Maxwell L, Russell S, et al. NICE guideline review: Attention deficit hyperactivity disorder: diagnosis and management (NG87). *Arch Dis Child Educ Pract Ed* 2020;105(5):289-93.



Pioneering Specialist Care for Perinatal Attention Deficit Hyperactivity Disorder in Cambridge

By Dr Shimrit Ziv

7. Royal College of Psychiatrists in Scotland. *CR235: Attention deficit hyperactivity disorder (ADHD) in adults: Good practice guidelines* [Internet]. London: RCPsych; 2023 [cited 2025 Jul 18]. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr235-adhd-in-adults--good-practice-guidance.pdf?sfvrsn=7c8cc8e4_12
8. Faraone SV, Banaschewski T, Coghill D, et al. The World Federation of ADHD International Consensus Statement: 208 evidence-based conclusions about the disorder. *Neurosci Biobehav Rev* 2021;128:789–818.
9. Royal College of Psychiatrists. *Dean's Grand Rounds – Neurodiversity in women during the perinatal period* [webinar on the Internet]. London: RCPsych; 2024 Apr 25 [cited 2025 Jul 18]. Available from: <https://www.rcpsych.ac.uk/events/free-webinars/free-webinars-for-members/2024/free-members--webinar--dean%27s-grand-rounds--neurodiversity-in-women-during-the-perinatal-period> [cited at minute 47].



Dr Shimrit Ziv

Consultant Perinatal Psychiatrist at Cambridgeshire & Peterborough NHS Foundation Trust

RCPSYCH PSYCHIATRISTS SUPPORT SERVICE

The Psychiatrists' Support Service provides free, rapid, high quality peer support by telephone to psychiatrists of all grades who may be experiencing personal or work-related difficulties.

Our service is totally confidential and delivered by trained Peer Support Psychiatrists (College members).

Get in touch with the support service

Call our dedicated telephone helpline on **020 8618 4020**
Email us in confidence at [**pss@rcpsych.ac.uk**](mailto:pss@rcpsych.ac.uk)

The service is available during office hours Monday to Friday



The Room Next Door: A Psychiatric Exploration of Assisted Dying in the UK Context

By Dr Afef Mahmoud

Pedro Almodóvar's *The Room Next Door* explores profound themes of mortality and the ethical dilemmas surrounding assisted dying (AD) (1). The story centres on Martha, a woman with a terminal illness who chooses to end her life on her own terms. She is supported by her close friend Ingrid, whose presence adds emotional intensity and moral complexity. Through this narrative, the film invites reflection on the legal, ethical, and psychiatric dimensions of AD - especially in the UK, where it remains illegal.

The UK Legal Context: An Ongoing Debate

In the UK, AD is one of the most emotionally charged issues in public policy and medical ethics. While suicide was decriminalised by the Suicide Act 1961, assisting someone to end their life remains a criminal offence, carrying a potential prison sentence of up to 14 years (1). This sets the UK apart from countries like Switzerland, Belgium, and the Netherlands, where AD is allowed under strict legal conditions (2).

Public attitudes are shifting. Legal cases such as those of Debbie Purdy and Tony Nicklinson have drawn national attention to the suffering of individuals with incurable illnesses who seek the right to die with dignity (3). Although the Assisted Dying Bill has been brought before Parliament several times, it has never passed (4). Medical opinion remains divided. While concerns about coercion and protecting vulnerable people persist, there is increasing recognition of the need for compassionate, regulated options (5).

Martha's terminal illness and her reasoned decision to die mirror cases that would meet the criteria in countries with legalised AD. Her journey evokes the current legal and ethical vacuum in the UK—where a person with similar circumstances would not be allowed to end their life legally, potentially compelling them to travel abroad or suffer against their will.

Psychiatric Dimensions: Capacity, Depression, and Autonomy

In jurisdictions where AD is legal, psychiatrists play a key role in safeguarding the process. Their task is to assess the individual's mental capacity and determine whether the request is consistent, voluntary, and not influenced by a treatable psychiatric condition such as depression.

Martha appears mentally competent. She articulates her

reasoning clearly, displays no signs of confusion or despair, and makes a consistent, informed decision. From a psychiatric perspective, she seems to have mental capacity. However, in real-world practice, assessments are rarely straightforward. Distinguishing between a rational desire to end suffering and a suicidal impulse rooted in mental illness can be extremely challenging.

Psychiatrists are not currently involved in assisted dying assessments, but they routinely assess suicidal individuals. The clinical default is to preserve life and prevent suicide. If assisted dying were legalised, this would demand a paradigm shift: psychiatrists would need to honour a person's rational decision to die while still protecting those whose suffering may be treatable. This dual responsibility - to protect and to empower - adds ethical complexity to psychiatric practice.

The film raises important questions about the nature of suffering and the adequacy of psychiatric evaluation. Should suffering always be "treatable" in order to justify the denial of AD? Can existential despair and the fear of losing autonomy be valid reasons for wanting to end life, even in the absence of diagnosable depression? Martha's case illustrates how suffering can be multifaceted - emotional, physical, and spiritual—and how the response must also be nuanced.

Ethical Complexity and Emotional Realism

Martha's request is not made from desperation but from a place of strength and self-awareness. Her love for Ingrid, and the trust she places in her, frames the act not as clinical or political, but profoundly human.

For psychiatrists, these pose challenging ethical questions. On one hand, respecting autonomy is central to mental health care. On the other, the duty to preserve life and alleviate suffering guides most psychiatric interventions. The assumption that any wish to die is pathological may not hold when the person is physically unwell and near the end of life. In such situations, the ethical task becomes recognising suffering that cannot be cured - and supporting patients to face it with dignity and choice.

Almodóvar's careful direction - using silences, facial expressions, and intimate dialogue - emphasises that such decisions are relational and emotional. Ingrid's



The Room Next Door: A Psychiatric Exploration of Assisted Dying in the UK Context

By Dr Afef Mahmoud

transformation from hesitation to acceptance reflects the emotional journey of those who support loved ones through end-of-life decisions. The film does not present answers but reveals the depth and difficulty of the questions.

Psychiatrists would need to navigate these emotional realities. Supporting a patient through assisted dying, if legalised, would involve more than capacity assessments. It would require empathy, therapeutic honesty, and courage to remain present in moments of profound vulnerability.

Aftermath and Implications for Practice

The emotional toll on families and professionals is another theme explored in the film. Ingrid's composed but altered state after Martha's death suggests the lasting psychological effects of AD - not only for those who choose it but for those who remain. This underlines the need for comprehensive emotional support for carers, families, and clinicians involved in these decisions.

In practice, this would mean preparing psychiatrists not only to assess capacity, but to manage their own emotional responses, engage in reflective supervision, and support their colleagues.

Conclusion: Psychiatry in a Time of Change

The movie is a powerful exploration of a woman's right to choose death and the intimate, loving relationship that sustains her through it. Though fictional, it resonates with real-world dilemmas facing clinicians, patients, and families alike. In the UK, where AD remains illegal, the film challenges viewers - particularly mental health professionals - to imagine what compassionate end-of-life care could look like under a different legal framework.

For psychiatrists, the film acts as both a provocation and a prompt for reflection. If the legal landscape were to change, the profession would need to adapt its values, practices, and emotional readiness. Psychiatric assessments would need to honour both the prevention of death and the validation of suffering that cannot be alleviated.

AD is not merely a clinical decision - it is deeply cultural, ethical, and human. As public opinion evolves and legislative debates continue, psychiatry must be prepared to meet this moment with clarity, humility and compassion.

References:

1. Crown Prosecution Service. *Suicide: Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide*. London: CPS; 2010; updated 2014 [cited 2025 Jun 3]. Available from: <https://www.cps.gov.uk/legal-guidance/suicide-policy-prosecutors-respect-cases-encouraging-or-assisting-suicide>
2. Dyer C. Assisted dying: where in the world is it legal? *BMJ*. 2015;351:h4481. doi: <https://doi.org/10.1136/bmj.h4481>
3. BBC News. Tony Nicklinson loses right-to-die case. 2012 Aug 16 [cited 2025 Jun 3]. Available from: <https://www.bbc.co.uk/news/health-19249680>
4. House of Lords. *Assisted Dying for Terminally Ill Adults Bill [HL]*. London: UK Parliament; last updated 21 October 2024. Available from: <https://bills.parliament.uk/bills/3741>
5. British Medical Association. *Physician-assisted dying*. London: BMA; 2021 [cited 2025 Jun 3]. Available from: <https://www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying>



Dr Afef Mahmoud

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Beyond the Highlight Reels: Understanding the Mental Health Struggles of Professional Athletes

By Dr Shivakumar Ajay Kumar

For the world, he is the embodiment of conventional masculinity. However, when mixed martial arts professional Dustin Poirier stepped into the spotlight after a tough defeat on the international stage in 2023, he spoke about his vulnerabilities while performing at the highest level and being worried about his wellbeing. He opened up about how he sought therapy, started practising mindfulness, and learned to take a step back when the pressure became too much. For many, that moment was a rare window into the reality beyond the highlight reels. Fast forward to the recent Lionesses' historic first major trophy abroad, and much was made about how the players were spending their downtime during the tournament away from the pitch. The squad spent evenings building Legos, playing instruments, and bonding over simple joys, an important reminder that mental wellbeing is essential for peak performance on the pitch.

Now imagine going to work each day and being watched, judged, and scrutinised for every second you're on the job. That's life for professional athletes. While fame and money often dominate the headlines, what is rarely discussed is the emotional rollercoaster beneath. Just as Dustin Poirier said: *"It's not like it's fixed. It's not like you turn a key and a lock and it clicks and it's done. It's work every day. I have to practice this every single day. It's not a one-time fix-all. I'm still dealing with it."* (1).

Mental health by numbers in professional athletes

A systematic review and meta-analysis published in 2019 revealed that 19% of active professional and Olympic athletes met criteria for alcohol misuse, while 34% experienced symptoms of anxiety and depression (2). A higher prevalence was observed in female athletes (3). A survey on professional athletes in the UK showed nearly half of them screened positive for depressive symptoms (4). Among professional rugby players, psychological wellbeing scores fell below average, with moderate to severe depression reported at rates significantly higher than in the general population (5).

Eating disorders is another area of concern, particularly among female athletes, with estimated prevalence rates ranging from 6% to 45%, compared to 0-19% in male athletes and lower still in the general population (6). Substance misuse remains common as a maladaptive coping strategy in athletes, with alcohol, nicotine, and anabolic steroid use being the most prevalent (6). Notably, the use of anabolic steroids alone has been associated with

an increased risk of depression, hypomania and has emerged as an independent risk factor for suicide (7).

In a study by the University of Bath, over 600 stressors impacting athletes were identified, and grouped into four key domains: leadership and personal issues (e.g. coach's behaviour, sport governing bodies), cultural and team dynamics (e.g. teammate attitudes and personalities), logistical and environmental challenges (e.g. travel demands, accommodation, weather), and performance and personal stressors (e.g. injuries, financial pressure, career uncertainty) (8).

Beyond these stressors, long-term consequences of professional contact sports include chronic traumatic encephalopathy (CTE), which is a progressive neurodegenerative condition caused by repetitive head trauma. CTE is known to result in significant mood disturbances, behavioural changes and is a risk factor for dementia (9).

Support for professional athletes

Mental health in sport is no longer a side conversation. Professional athletes from various sports have been vocal about their mental health journeys. During the 2024 European Championship, the England men's football team worked closely with a sports psychologist to manage pressure and boost the team's performance. Tony Adams MBE, a prolific former football player for Arsenal Football Club, helped set up Sporting Chance, one of the largest providers of education and treatment for sports professionals. The organisation works closely with the Football Association (FA), the Professional Footballers' Association (PFA) and other sporting bodies to provide mental health support for athletes (10).

The International Olympic Committee Sport Mental Health Assessment Tool-1 (IOC SMHAT-1) was developed for healthcare professionals to be used before competitions or after suffering a setback such as an injury or other performance concerns, to help identify professional athletes at risk of or experiencing mental health issues (6). Additionally, the Sport Mental Health Recognition Tool-1 (SMHRT-1) was designed for athletes' entourage, which includes managers, coaches, medical staff, lawyers, sponsors, etc. to support early detection of mental health symptoms and encourage help-seeking (6). The IOC has also created a useful



Beyond the Highlight Reels: Understanding the Mental Health Struggles of Professional Athletes

By Dr Shivakumar Ajay Kumar

mental health wellbeing toolkit for professional athletes and international sporting bodies to facilitate the development of initiatives to protect the mental and physical wellbeing of individuals (11).

In an era where social media amplifies every triumph and misstep, professional athletes face unparalleled scrutiny and pressure. Our responsibility does not end when the final whistle blows; it begins there to ensure we support those who dedicate their lives to entertaining and inspiring us.

References:

1. Poirier D. Dustin Poirier implores fighters to seek mental health aid when depression seeps in: 'Take care of yourself' [Internet]. CBS Sports; 2024 May 30 [cited 2025 Aug 1]. Available from: <https://www.cbssports.com/mma/news/dustin-poirier-implores-fighters-to-seek-mental-health-aid-when-depression-seeps-in-take-care-of-yourself/>
2. Gouttebarge V, Castaldelli-Maia JM, Gorczynski P, et al. Occurrence of mental health symptoms and disorders in current and former elite athletes: a systematic review and meta-analysis. *Br J Sports Med* 2019;53(11):700-6.
3. Åkesdotter C, Kenttä G, Eloranta S, et al. The prevalence of mental health problems in elite athletes. *J Sci Med Sport* 2020;23(4):329-35.
4. Foskett RL, Longstaff F. The mental health of elite athletes in the United Kingdom. *J Sci Med Sport* 2018;21(8):765-70.
5. Nicholls AR, Madigan DJ, Fairs LRW, et al. Mental health and psychological well-being among professional rugby league players from the UK. *BMJ Open Sport Exerc Med* 2020;6(1):e000711.
6. Reardon CL, Hainline B, Aron CM, et al. Mental health in elite athletes: International Olympic Committee consensus statement (2019). *Br J Sports Med* 2019;53(11):667-99.
7. Piacentino D, Kotzalidis GD, Del Casale A, et al. Anabolic-androgenic steroid use and psychopathology in athletes: a systematic review. *Curr Neuropharmacol* 2015;13(1):101-21.
8. Arnold R, Fletcher D. A research synthesis and taxonomic classification of the organizational stressors encountered by sport performers. *J Sport Exerc Psychol* 2012;34(3):397-429.
9. Munakomi S, Puckett Y. Chronic traumatic encephalopathy. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 [updated 2024 Oct 6; cited 2025 Jul 30]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK541013/>
10. Sporting Chance. Services [Internet]. Liphook (UK): Sporting Chance; c2025 [cited 2025 Aug 1]. Available from: <https://www.sportingchanceclinic.com/copy-of-services-1>
11. International Olympic Committee. Mental health in elite athletes toolkit [Internet]. Lausanne: International Olympic Committee; 2020 [cited 2025 Jul 30]. Available from: <https://www.olympics.com/athlete365/articles/mentally-fit/ioc-mental-health-in-elite-athletes-toolkit-x3908>

Resources:

1. SMHAT-1: <https://www.olympics.com/athlete365/app/uploads/2021/06/BJSM-SMHAT-1-Athlete365-2020-102411.pdf>
2. SMHRT-1: <https://www.olympics.com/athlete365/app/uploads/2021/06/BJSM-SMHRT-1-Athlete365-2020-102411.pdf>
3. IOC Mental Health in Elite Athletes Toolkit: <https://www.olympics.com/athlete365/articles/mentally-fit/ioc-mental-health-in-elite-athletes-toolkit-x3908>



Shivakumar Ajay Kumar

LAS CT Doctor, Perinatal Psychiatry, Essex Partnership University NHS Foundation Trust



Interview with Dr Kallur Suresh

By Dr Afef Mahmoud



Dr Kallur Suresh is a Consultant Psychiatrist for older adults at Essex Partnership University NHS Foundation Trust, where he is also a Deputy Medical Director for West Essex. He graduated from India before moving to the UK for higher training in psychiatry. He was Chair of the Eastern Division of the Royal College of Psychiatrists until June 2025 and was previously its academic secretary. He is a member of the Executive Committee of the RCPsych Old Age Faculty. He is also an examiner for the MRCPsych examinations.

Recently, he has taken on the role of Co-Director for the RCPsych International Diploma in Older Adults' Mental Health, a brand new one-year course with the aim of enhancing mental health workforce capability globally, especially focusing on developing nations where higher specialist training in older adults' mental health is not universally available.

His clinical and research interests include dementia in all ages, healthy ageing, developing training courses in mental health, healthcare policy, management and leadership in healthcare and tackling health inequalities.

INTERVIEWER:

What have been the highlights of your career as a consultant psychiatrist?

DR SURESH:

One of the biggest highlights of my career is that no two

days are ever the same. The nature of the patients I see and the stories they bring are incredibly varied, which makes each working day engaging and unique. As a psychiatrist, I feel privileged that patients come to me for help, often sharing their emotions, vulnerabilities, and deeply personal experiences.

Another significant aspect has been witnessing and working through the differences in attitudes toward mental health between India - where I trained and worked for a few years - and the UK. In India, stigma around mental illness remains a considerable barrier. However, I've also seen growing awareness and a willingness among people to engage with mental health education. In contrast, here in the UK, patients tend to be more receptive to seeking help, and mental health is increasingly recognised and discussed within society. This cross-cultural perspective has been both enlightening and enriching in my practice.

INTERVIEWER:

What are some of the downsides of being a consultant psychiatrist?

DR SURESH:

One of the main challenges is the emotional toll the role can take. We often hear deeply personal and traumatic stories from our patients, and this can affect us psychologically if we're not careful. Stress and burnout are quite common in the profession, particularly when working in high-pressure environments or with limited resources.

It can also be difficult to maintain objectivity while remaining empathetic. Striking the right balance between caring deeply for our patients and protecting our own mental wellbeing is essential. Everyone manages this differently - some may create emotional distance, while others lean more on supervision or peer support.

Personally, I try to approach my work with a more intellectual stance, which helps me remain objective and less emotionally overwhelmed. My advice to others would be to find a sustainable balance between patient care and self-care - and never hesitate to ask for help or take time to recharge.

INTERVIEWER:

What are the challenges that psychiatrists are facing now with the pressure in the NHS?



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DR SURESH:

One of the biggest challenges we're facing is the increasing workload, which is largely due to rising demand for mental health services combined with a reduction in inpatient bed availability. This means more patients are being managed in the community, often with very complex needs. At the same time, we're dealing with persistent staffing shortages, which only add to the pressure on existing teams. We're also seeing a rise in presentations that are more nuanced or fall outside traditional diagnostic categories - things like autistic spectrum disorder, emotional dysregulation, and neurodiversity - which require more time and careful assessment. A further difficulty is that even when we identify appropriate treatments, they're not always funded or accessible, which can be incredibly frustrating for both clinicians and patients. On top of that, financial and time pressures make it harder to find space for reflective practice, supervision, and proper training. There's often a tension between meeting service demands and protecting training opportunities, which is vital for developing future psychiatrists. All of these factors are contributing to a workforce that is feeling increasingly stretched and at risk of burnout.

INTERVIEWER:

What have you enjoyed most during your time as a chair for the Eastern Division?

DR SURESH:

What I've enjoyed most is the opportunity to meet and work with a wide range of colleagues across different forums. I held the role from 2021 to 2025, which included a significant period during the pandemic. Despite the challenges, it allowed us to maintain a sense of connection and community during a time when it was really needed. Being part of the College in this capacity felt like contributing to something bigger than just day-to-day clinical work. It gave me a real sense of purpose - being able to give something back to the profession and help shape its future has been both fulfilling and meaningful.

INTERVIEWER:

What challenges is the Division facing and how do you see it going forward?

DR SURESH:

One of the main challenges we've been facing is consultant engagement. While we have around 1,200 members in our division, only a small proportion typically attend our

conferences. This may be due to study leave pressures and a diary clash with other events, but it highlights the need to better engage our consultant body. Trainee engagement has generally been good, but we need to find ways to reinvigorate consultant involvement, especially as senior members often have limited time. There are currently several vacancies and having all these Division roles filled could help drive this forward.

Looking ahead, I believe it's crucial for the Division to really understand what our members need at different stages of their career and tailor our offer accordingly. We need to make people feel that they are genuinely part of the division - not just members on paper, but valued contributors. Identifying individuals' strengths and helping them find roles within the College structure can be a powerful way to foster this sense of belonging.

One idea that could support this is creating a network of senior psychiatrists from each trust in the region, who could act as points of contact and help us link more effectively with Directors of Medical Education and other key stakeholders. Ultimately, we're all part of the College, which plays a vital role in setting standards, developing guidance, and supporting our members - we just need to keep evolving to meet those aims in a changing environment.

Key Points

- Dr Suresh highlighted the importance of improving consultant engagement within the Eastern Division, noting that despite a large membership, attendance at events remains relatively low
- He emphasised the need to better understand and respond to members' needs at different career stages, foster a sense of belonging, and create roles that match individual strengths
- Strengthening links with Integrated Care Boards and involving senior psychiatrists from each trust could also enhance regional collaboration
- Ultimately, he sees the Division as a vital part of the College's mission to support members, set standards, and adapt to a constantly evolving healthcare landscape

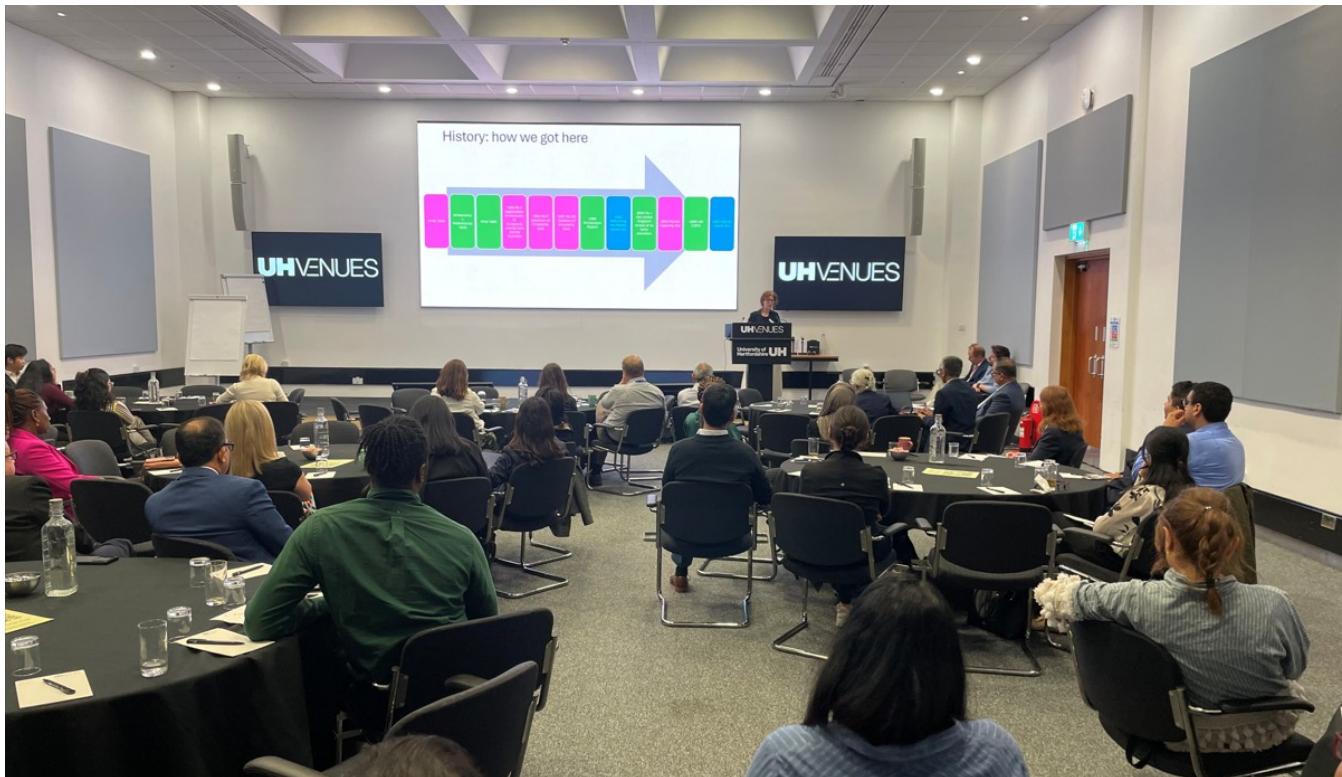
Dr Afef Mahmoud

Higher Trainee in General Adult and Old Age Psychiatry
Cambridgeshire and Peterborough NHS Foundation Trust



Eastern Division Spring Conference 2025 Report

By Drs Rayan Gornas, Afef Mahmoud, Shamima Nargiss and Robert Dudas



This year's Spring Conference took place on 30 April 2025 at the Fielder Centre in Hatfield. The day started with an excellent art therapy exhibition opened by Kimberley Iyemere, Trustwide Arts Therapies Professional Lead at CPFT who described the work of the art therapy department and talked about the pictures exhibited.

Session 1: Recent Developments regarding the Mental Health Act

Speaker: Dr Elizabeth Fistein, Ethics & Law Theme Lead, University of Cambridge School of Clinical Medicine

In this thought-provoking session, Dr Fistein took us down memory lane and through the history of the Mental Health Act as it has evolved over the years. She focused on the current plans for reform outlining the proposed changes to current legislation, making it more responsive to the needs of individuals, and discussed the implications of these changes to our practice. She encouraged us to think about what this means to the future of psychiatry and how this can influence our future roles and practice. She ended the session with sound advice on how to keep up-to-date with the changes as they are introduced.

Session 2: Beyond the Neurotype: Brain and Body in ADHD

Speaker: Dr Jessica Eccles, Associate Professor (Reader), Brighton and Sussex Medical School

Unfortunately, Dr Eccles was unable to attend the conference in person due to unavoidable circumstances, however, we had the pleasure of watching her insightful presentation that she had pre-recorded. In her talk, Dr Eccles took us through a journey exploring the relationship between body and mind focusing on the neurodiverse brain. We learned from her presentation about the brain-body links and how this is related to hypermobility. She highlighted how common bodily traits such as hypermobility may be linked to neurodevelopmental conditions and invited us to re-examine traditional modes of diagnosis and treatment that separate the brain and body. Her presentation challenged the conventional, albeit false, dichotomy between body and brain and introduced us to a world of possibilities that are currently being studied.



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Session 3: Panel Discussion: Eating Disorders and Beyond: A Psychiatric Perspective on Disordered Eating

Panel speakers: Dr Jane Shapleske (Consultant Psychiatrist), Dr Sara Morando (Consultant Psychiatrist), Becky Hartley (Specialist Dietician), Dr James Leaver (GP) and Emma Broadhurst

This was the first time a panel discussion was introduced into the programme, and it proved to be a valuable and engaging addition. The panel comprised a consultant liaison psychiatrist who previously worked as an inpatient consultant in an eating disorder service, a clinical psychologist, a GP working in an eating disorder service, and a specialist dietitian, and a mother with lived experience of having a daughter suffering from an eating disorder, bringing together a multidisciplinary perspective on the topic of eating disorders across the lifespan. The session was expertly facilitated by one of our CPD leads, ensuring a structured and dynamic conversation.

The discussion explored the presentation, assessment, and management of eating disorders in different age groups, from adolescents to older adults. Panellists reflected on the complex interplay between physical and mental health in eating disorders, as well as the challenges of diagnosis, particularly in atypical cases or those presenting in later life. They shared clinical experiences, discussed the role of trauma and comorbidity, and emphasised the importance of collaborative, patient-centred approaches.

The session encouraged active participation from the audience, with trainees raising insightful questions about service provision, the use of psychotropic medications, and barriers to engagement. Feedback was overwhelmingly positive, with many attendees highlighting the session as one of the most practical and thought-provoking components of the day. Several participants commented that it helped them broaden their understanding of eating disorders and consider how to approach these complex cases more holistically in their own practice.

Session 4: Workshops

After lunch we had this new initiative of fifty minutes workshops that took place in parallel giving delegates flexibility to choose to suit their individual needs.

- **Workshop 1 Medical Education. 'From Awareness to Action: Reducing Stigma in Medical Education.'**

Speakers: Dr Sepehr Hafizi (Consultant Psychiatrist), Dr Afef Mahmoud (Higher Trainee in Psychiatry) from CPFT

One of the CPD leads chaired the workshop to introduce the facilitators and co-ordinate the event.

Understandably this was a great fit to bring a group of psychiatrists/trainees in a collaborative space for them to define stigma in medical education, exploring how it affects psychiatric trainees, medical students and patients, and to discuss and come up with strategies for more inclusive learning environments.



Workshop 1

Participants were divided into several groups and interactive exercises were facilitated energetically when individual groups were assigned specific scenarios for them to brainstorm, reflect, share experiences with each group feeding back key insights and solutions. These were highlighted into action plans to add clarity and make the workshop purposeful.

- **Workshop 2 Leadership. "Leading Minds: Driving Innovation and Change in Psychiatry"**

Speaker: Dr Suhana Ahmed, West London NHS Trust, RCPsych London Division Chair



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In this thought-provoking session, Dr Ahmed explored the meaning of leadership and how our life experiences and values contribute to how we lead. She shared her personal life experiences and how they shaped the leader that was standing in front of us. With Dr Ahmed at the helm, we delved into the evolving concept of leadership and she encouraged us to look within ourselves, discover our deeply held values and examine the factors that have shaped our approach to leading. The session encouraged us to consider how past experiences contribute to our current and future leadership practices, prompting a deeper awareness of what truly matters to us when stepping into leadership roles. This introspective journey offered a foundation for more authentic, values-driven leadership moving forward.

Session 5: A Personal Story - Lived Experience Speaker from local MIND service

This was a session where a lived experience speaker shared her real-life experience of being a service user in mental health services. A video was played which she had pre-recorded in advance to highlight aspects of her journey. Her personal encounters of being a mental health patient that she shared offered us valuable insights not possible to gather through daily life experience as a clinician or from textbooks. She shared her personal identity as a mental health patient and her story of how she overcame challenges related to her diagnosis of schizophrenia. Her own perspective related to how mental health service input transformed her life was uplifting. It allowed the audience to reflect on how her resilience had helped her to overcome adversities and achieve a meaningful life. A member of MIND staff who had known her and had supported her whilst preparing for the session was also there. This was a meaningful and engaging session that brought hope and inspiration for us as psychiatrists.

Session 6: 'An Update on Affective Disorder' by Professor Allan Young

Speaker : Professor Allan Young, the Head of Division of Psychiatry, Clinical Chair of Academic Psychiatry, Imperial College London.

This was an impressive talk on affective disorders. It was an excellent opportunity to hear Professor Young's insights on psychopharmacology and other aspects related to affective disorders. His contributions in this area in collaboration with other international lead researchers were highlighted which gave us a fresh perspective. His

research interests focus on the causes and treatment of mood disorder so even though this talk took place towards the end of the day, the quality of the content compelled the audience to engage fully. We also received an update on novel treatments such as ketamine and psilocybin.

Throughout the day, there were also oral presentations of selected submitted posters with the judges deciding on the winners in each category. An award ceremony took place at the end.



Poster Presenters at the Conference

We ended this amazing inspiring day packed with excellent academic content, happy memories of catching up with our colleagues and friends whilst enjoying delicious food, with final remarks and feedback.

Drs Rayan Gornas, Afef Mahmoud, Shamima Nargiss and Robert Dudas

Essex Partnership University NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, and Hertfordshire Partnership University NHS Foundation Trust



Upcoming Eastern Division Events 2025

East of England Resident Doctors Conference

Friday 26th September 2025

Fielder Centre, Hatfield Business Park, Hatfield Ave, AL10 9TP

For more information please click:

[Eastern Division events \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/eastern-division-events)

Eastern Division Autumn Conference

Friday 7th November 2025

Homerton College, Hills Road, Cambridge, CB2 8PH

More information will be available soon. Please click:

[Eastern Division events \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/eastern-division-events)

Follow us on Twitter:
[@rcpsychEastern](https://twitter.com/rcpsychEastern)

Eastern Division Vacancies

We are currently looking to recruit enthusiastic and experienced members in the Eastern Division

Current Appointed Vacancies

Forensic Regional Representative

Liaison Regional Representative

General Adult Regional Representative

Neuropsychiatry Regional Representative

Medical Psychotherapy Regional Representative

Eating Disorders Regional Representative

Deputy Regional Advisor

[Eastern Division vacancies \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/eastern-division-vacancies)

If you are interested in taking up any of the above posts please email moinul.mannan@rcpsych.ac.uk, including a copy of your CV.



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

Eastern Division Medical Student Essay Prize Autumn

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: £200

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

Where Presented: Eastern Division Autumn Conference 7th November 2025

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 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: 24th October 2025

Submissions should be made to:

Moinul Mannan
Divisions Committee Manager
moinul.mannan@rcpsych.ac.uk

Deadline for next edition: Friday 14th November 2025

Submit your articles to: psychiatry.east@rcpsych.ac.uk

Royal College of Psychiatrists - Eastern Division e-Newsletter

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