

Editorial from Dr Afia Ali and Dr Karyn Ayre



Happy New Year and welcome to the first 2017 edition of The Psychiatric Eye! We had some fantastic submissions and look forward to more food for thought this year.

This edition's theme is "*Is Prevention Better Than Cure?*" Whilst most people would presumably be in favour of the proposal that prevention is indeed preferable, psychiatric conditions are particularly challenging when it comes to primary prevention, as the aetiology of many disorders such as bipolar disorder and schizophrenia, are not completely understood. As such, primary prevention strategies have to be mindful of the spectrum of bio, psycho, and social risk factors that contribute to the current multifactorial models of mental illness. To achieve this, public health policies and initiatives must target risk factors ranging from poor parenting, childhood abuse and neglect, inadequate education, unemployment, poverty, social isolation, neighbourhood disorganization and discrimination and enhance protective factors such as social participation, social support and community networks. This requires inter-agency working and collaboration between different public sectors such as housing, education, employment, social welfare and the criminal justice system. As always, lack of investment and funding cutbacks to many of these sectors makes primary prevention of mental disorders a seemingly impossible task.

The role of the psychiatrist is primarily in secondary and tertiary prevention, that is, the early diagnosis and treatment of mental disorders (e.g. Early intervention Services in psychosis), and the prevention of further relapses and disability and the promotion of recovery. This highlights the benefit of a good service/service-user relationship, to allow collaborative ways to help service users lessen the impact of their condition and remain

relapse-free. Education and training about relapse indicators can empower service-users to feel more in control of their condition, is a relatively recent but welcome development in psychiatric treatment.

Many thanks to our contributors. As usual they have approached the topic with imagination and flair. Drs [Lawrence](#) and [Seth](#) provide an overview of the importance of prevention and how it has been successful in other areas of medicine; [Dr Prabhakaran](#) talks about an app that can help individuals understand their feelings and [Dr Black](#) discusses how PrEP can help to prevent HIV in gay and bisexual males and thus contribute towards the prevention of associated mental health disorders in this group.

Our prize for the edition goes to [Dr Mishra](#) who submitted an entertaining and original summary of her experience at the London School of Psychiatry Annual Trainee conference. For future editions, we would also like to highlight that we would welcome artistic submissions to feature on our forthcoming editions, as we feel the illustrations and artwork we have had so far really enhance our written features. We hope you enjoy reading this edition and look forward to reading 2017's submissions. Don't forget to also join the conversation [@ThePsychEye](#)



Chair's Message

Dr Shakeel Ahmad, Chair of the London Division Exec Committee

Our current period can be easily defined as a period of regulation of public services to a degree unmatched in the past. All types of public services are affected by this, and health is no exception.

We must acknowledge that regulation is a good thing in principle, it offers an opportunity to self-correct and self-improve. External regulation offers an opportunity to be appraised by someone who is not affected by the internal-complacency. If used well it can promote progress and development of systems.

At the same time, we have also felt the impact of regulatory forces on our clinical time and efficiency. We end up spending a significant amount of our time and energy on meeting the demands of these regulations, and consequently run short of time and energy spent in direct clinical contact with our patients. Many a times, we experience frustration due to this and passively or actively retaliate in response. Many loose morale. Some move to Australia!

What I have found helpful, is to recognise that regulation has major benefits, it is here to stay, and to work to find a reasonable balance between meeting demands of the

regulations and our clinical work demands. We can then discuss this balance with the management and aim to agree to a job plan that is bilaterally acceptable.

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Themed Article: Prevention is Better Than Cure?

Dr Ram V Seth



One might argue that the proverb, “prevention is better than cure” has become a cliché in the 21st Century. Another proverb “a stitch in time saves nine” also reflects the notion that recognising and dealing with problems at an early stage is preferable and probably cheaper in the long run. Cure is defined as a complete and permanent solution to a problem, the alleviation and relief from troubling problems or symptoms. Cure can thus be the ‘Holy Grail’ to eliminate human diseases. Any preventive measures require prerequisite knowledge of preventable risk factors, willingness and resources to put those preventive measures into practice, and acknowledgement of personal, societal and political imperatives. Modern day stress for example is associated with a range of physical and mental disorders, but due to its multi-factorial nature is often difficult to prevent.

In healthcare it is accepted that early diagnosis of disease offers better chance of cure, or more effective management where curative treatments are lacking. Many conditions are not preventable (e.g. dementia) but can be managed better with early diagnosis.

Individual autonomy in decision-making is enshrined in our legal system and also with respect to healthcare decisions. Lifestyle choices can impact one’s health e.g. decisions to smoke, drink alcohol, exercise, or follow an unhealthy diet etc. Human autonomy also leads to human decision making over how the Earth’s resources are used, from preventing the extinction of animal or plant species or preventing man made environmental changes such as global warming. Man, has little control over many natural occurrences such as earthquakes or tsunamis. Therefore, a number of interactive variables are in play, between man’s autonomy, human health and survival, and living with nature, which determine the balance between preventive measures and cures. One might argue that the proverb, “prevention is better than

cure” has become a cliché in the 21st Century. Another proverb “a stitch in time saves nine” also reflects the notion that recognising and dealing with problems at an early stage is preferable and probably cheaper in the long run. Cure is defined as a complete and permanent solution to a problem, the alleviation and relief from troubling problems or symptoms. Cure can thus be the ‘Holy Grail’ to eliminate human diseases. Any preventive measures require prerequisite knowledge of preventable risk factors, willingness and resources to put those preventive measures into practice, and acknowledgement of personal, societal and political imperatives. Modern day stress for example is associated with a range of physical and mental disorders, but due to its multi-factorial nature is often difficult to prevent.

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Prevention of disease and ultimately a cheaper health service was implicitly accepted in the creation of the NHS, following the Beveridge Report (1942) and Aneurin Bevan’s (1944) implementation plan. Whether due to expectation of disease prevention or cure, demands for improved quality of life, or an ageing population, the pressure on resources in the NHS has increased every decade since its creation, and now reached levels that are unsustainable. With respect to global health and inequalities that exist, every nation is witnessing its particular challenges of preventing and controlling health problems, whether due to lack of food or water, endemic or transmissible diseases, wars or natural disasters.

One thing that people can do with regards to prevention is not add to the human burden through man-made disasters, and respect human sanctity of life universally. The challenges humans face with respect to health or wealth inequalities, and natural disasters is enough without the added threat and stress of terrorism and wars! However, history has shown that humans remain fallible, despite creating admirable civilisations and legislations to combat human frailties; humanity has been singularly unable to prevent humans causing misery to other humans.

‘Prevention is better than cure’ has gone from being a cliché to truism, and there lies the problem. Prevention and cure are not dichotomous but an aspiration of humans to be able to foresee unwarranted events and stop them from happening. Individual ability to look after one’s health and prevent disease has never been better with current technology and access to information, and individuals, as well as health systems, share responsibility in the prevention of illness.

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Themed Article: Prevention is better than cure?

Dr Jacob Lawrence



Preventing bad news usually goes unnoticed; therein lies the challenge.

Prevention will often work out cheaper long-term, and if this is the case, why do we spend only a tiny percentage of health budgets on prevention? [1] Perhaps tomorrow's diseases seem less urgent than today's. The absence of bad news rarely makes the headlines!

Prevention can target both before and during an illness. It is already part of everyday psychiatry, where we try to prevent relapses and hope to improve prognosis. Early intervention in psychosis services is now standard but nearly all conditions do better with earlier intervention.

Social policy changes such as minimum pricing for alcohol might potentially have a significant effect in preventing alcohol related disease. A sugar tax might help tackle the obesity epidemic. Greater education around the role of cannabis in psychosis might help prevent some cases of it. There are plenty of ideas needing our greater attention.

History shows us that these kinds of changes can be effective. In 1970 coal gas (used in 50% of all suicides) was changed to natural gas here in the United Kingdom. Coal gas contained carbon monoxide, while natural gas did not, and so this single change led to a 33% reduction in suicide rates [2] (although this shows there was some substitution to an alternative method of suicide). Similarly, successes have been achieved in suicide prevention by selling paracetamol in smaller packages [3] and possibly by providing catalytic converters to all modern cars [4] (in order to remove the toxic carbon monoxide). These examples show that removing availability of a method of suicide helps prevent many cases.

There is plenty of evidence that greater socio-economic deprivation contributes to greater psychiatric morbidity [5], which suggests improving levels of deprivation is a worthy target, whatever one's politics are. A developed country should be aiming for very high standards of education, employment, housing and public services for the whole population, hence raising thresholds for all diseases, and helping close the widening gap between the rich and the poor.

Good health education contributes to healthier lifestyles and greater individual responsibility for good health. Greater attention to sleep hygiene, exercise, diet and smoking cessation can all contribute to better mental and physical health. We know patients with severe and enduring mental illness often do worse in these respects and this contributes to the mortality gap of 15-20

years, which our profession has a responsibility to help reduce.

Prevention can even start with pre-conception advice, for example the use of folic acid to reduce the risk of neural tube defects. Supporting our patients when pregnant with good antenatal care is a fundamental aspect of preventative medicine.

In medicine we have statins to help prevent vascular disease, anti-hypertensives to help prevent strokes, and we use psychotropic medications to attempt to prevent relapses in mood and psychotic illnesses. We're still waiting for serious progress with prevention in dementia, above and beyond the limited benefits of diet, exercise and keeping mentally active.

In the future, if a single dominant disease gene is found for a psychiatric condition, this could be targeted with gene therapy Unfortunately in psychiatry this will probably rarely be the case. However in Huntington's disease, animal studies are targeting the disease gene using new genome editing technologies. Such a development could help prevent untold suffering to sufferers and their children who may be expecting a similar fate.

Perhaps ultimately we could aim to slow down or prevent the process of ageing itself, and the diseases this is a major risk factor for. That may seem unlikely any time soon, but could throw up increasing ethical issues for humanity!

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[Conclusions UK legislation to reduce pack sizes of paracetamol was followed by significant reductions in deaths due to paracetamol overdose, with some indication of fewer registrations for transplantation at liver units during the 11 years after the legislation. The continuing toll of deaths suggests, however, that further preventive measures should be sought.]

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Themed Article: Making a difference for Millennials

Dr Pramod Prabhakaran



I recently spoke with the founder of journaling app, [Write Mynd](#). Lizzie Barclay is not a medical professional but has an interest in mental wellbeing through her volunteering work with the [Samaritans](#). Her app follows the same philosophy as the Samaritans; a safe space to “offload” can prevent emotions building up and leading to issues such as stress, anxiety or depression.

By applying this philosophy to an app, however, the user is able to keep track of their mood on-the-go. There are nifty features to make it easy to record your emotions, even if you’re struggling to put things into words. For example, you can move through different words and, according to where you swipe the word off the screen, it records the degree to which you feel that emotion. It encourages the user to consider feelings that they might not have thought about before and gives a heightened self-awareness.

The app is primarily about spotting patterns so you can better understand your feelings. It’s a diary that plays back your entries in different ways via a dashboard so that you can see what’s making you happy and what isn’t. It’s surprisingly simple, but it works. Users have reported that they didn’t realise how often a certain friend was impacting their mood negatively, or just how much exercise was boosting their positivity, until they started using the app. It is in keeping with various therapeutic principles of social activation, self-awareness and mindfulness based CBT.

Lizzie's background is in marketing, which means the app is laser-focused on user experience. She believes that some of the more medical apps out there are off-putting to young people as their phone home screen is a space where they want to represent the best of their life, such as their hobbies. There's still too much stigma around mental health unfortunately for people to want to go to school or work with an app that suggests they have a mental health problem.

The app provides the option to share posts with others, which promotes honesty and combats the "showing off" culture of traditional social media. This is summed up pretty neatly in their video.

The benefits of keeping a diary have long been known to the medical community. Users have particularly fed back that writing things down in the app frees them from over-thinking about hypothetical situations. Many users also use the app as a gratitude diary, getting that much-needed boost when they're having a negative day.



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Themed Article: Psychiatry and PrEP



Dr Andrew Black

PrEP is a new pharmacological treatment for preventing HIV. The treatment consists of the anti-retrovirals tenofovir and emtricitabine combined in a tablet called 'Truvada'. Taking it daily is thought to reduce the risk of HIV by 86% [1].

The issue of PrEP is arguably one mainly for the world of sexual health medicine, but psychiatry ought to be taking an interest in the issue.

Having HIV is associated with increased rates of depression and anxiety disorders and suicidal ideation. While some argue that the increased rates could be explained by people with mental health problems being more likely to contract HIV, there is evidence that rates of depression in HIV positive people are significantly higher than in 'at-risk' HIV-negative populations. It's certainly well recognised that stressful life events – being given an HIV diagnosis would surely come under this category – and having a chronic physical illness increase can be detrimental to one's mental health. If the virus is left untreated and penetrates the CNS it can cause psychosis and (sometimes irreversible) cognitive impairment.

More than half of new cases of HIV each year occur in gay or bisexual men [2]. These people remain a vulnerable group in society, with higher rates of mental illness, psychological distress, self-harm and substance misuse [3],[4],[5]. Men who have sex with men (MSM) are the group who stand to benefit the most from the treatment.

This month, NHS England announced their decision to expand their trial of Pre-exposure Prophylaxis (PrEP) to 10,000 participants.

NHS England had originally been reluctant to allow the medication to be prescribed on the NHS, initially arguing it was the responsibility of local authorities to fund it, before being overruled by the High Court on the 2nd August.

Media had also been biased in their reporting of the issue, media rhetoric referring to the treatment as a 'promiscuity pill' and accusing gay men of diverting funds from sick children and cancer patients [6].

The need to protect MSM is higher than ever due to the concerning growth of the 'chemsex' scene in major UK cities, London in particular. Chemsex is the act of having sex while high on drugs, typically mephedrone, GHB (or GBL) and crystal meth, often in groups.

MSM have had a rising presence in casualty, presenting more frequently with problems relating to their use of chems including GHB withdrawal (which is

potentially life-threatening), crystal meth-induced psychosis, and suicide attempts due to feeling trapped in the chemsex scene.

The traditional preventative advice was to wear condoms- this did not work, with over 6,000 people being newly diagnosed with HIV in 2015 [2]. It is hardly surprising that men taking drugs which have a disinhibiting effect engage in unprotected sex. It is also worth bearing in mind that chemsex sessions can go on for many hours or even days, so even those who start the 'party' with good intentions may find that they run out of condoms.

Those who have worked in substance misuse services will be very much aware of the fact that overcoming any kind of addiction usually requires numerous attempts and the whole process can take years.

Surely MSM trapped in this lifestyle ought to be able to protect themselves against a lifelong illness with significant morbidity and mortality?

In my opinion we ought to advocate for the protection and empowerment of this group of patients while they navigate a challenging period in their lives. Protecting their health should be considered as important as that of anyone else.

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ST6 in General Adult Psychiatry

FaceTime with Dr Grace Ofori-Attah

Dr Afia Ali

"My first bit of advice would be to keep going with whatever your interest is around your work. It's important to have something to fall back on if your dreams don't come true. Secondly never give up (hard work pays off!)"

1. Can you tell us about your career so far and how you became interested in screen writing?

I currently work as an ST6 General Adult Psychiatrist on the Royal Free, Camden and Islington, and UCL training scheme. I've always been interested in writing and during my preclinical studies at Cambridge, I started writing a novel, which caught the attention of a literary agent. I moved to Oxford to complete my clinical studies and spent several hours hidden in New College library making up stories (when I probably should have been at the John Radcliffe Hospital). At Oxford I developed a love for Chekhov when I did a module in Literature and Medicine, whose work later inspired my first TV script.

I spent some time in Ethiopia during my higher training, and whilst driving

endlessly through the Omo Valley I had some ideas about a film on escaping the hustle and bustle of the city for the African wilderness to manage symptoms of mental illness. These ideas turned into a TV series and eventually turned into my first TV pilot script, Ward Six. Script writing came naturally to me and was much easier to fit around my medical training. This script was shortlisted from 1500 entrants for a Channel 4 Screenwriting award in December 2015, and my scriptwriting career took off from there. I have since got a US and UK agent, who have been incredibly supportive and understanding of the time constraints around trying to complete medical training and build my scriptwriting career. It's been a whirlwind so far, but very exciting!

The most pleasing feedback I've received from producers and drama executives is about the authenticity of my scripts.

2. What sort of projects have you been involved in?

I predominantly write one-hour drama series. My first script was about my time as a core psychiatry trainee but subsequent scripts have covered a range of topics with a focus on human relationships. I particularly enjoy writing historical drama, and have spent some very enjoyable afternoons in the archives of the V&A researching various topics. I'm currently contracted to Channel 4 to create an original drama series but unfortunately the details of this can't be disclosed!

3. Can you tell us about the new TV series on your time as a Core Trainee in Psychiatry? What inspired this and how did this opportunity arise?

I created an eight-part drama series set on a fictional London psychiatric ward, inspired by a Chekhov short story. I wanted to create a drama series reflecting the raw, challenging but often humorous environment of the psychiatric ward.

Each episode is titled with what the central character chose to be in their life prior to arriving on the ward, rather than with what their mental health diagnosis is. The aim of the programme is to dispel some of the myths around mental illness and highlight the difficulties faced by patients and health professionals working in this exciting yet often misunderstood area. A lot of work has gone into making it as authentic as possible, yet keeping it

relevant to a wide audience so that it can be of some preventative use, as well as promoting psychiatry in a positive light.

4. What advice would you give to other trainee and psychiatrists who are interested in pursuing a career in television or media?

My first bit of advice would be to keep going with whatever your interest is around your work. It's important to have something to fall back on if your dreams don't come true. Secondly never give up (hard work pays off!) I can remember coming home from A+E trying to write outlines for stories, abandoning them, then restarting again, always feeling like they would never take me anywhere and I was wasting my time. Now, I have an entire back catalogue of stories that are well-developed, which I am turning into TV drama series outlines.

I'd recommend trying to get along to any course or festival relating to writing, film, production or whichever bit of the media interests you. The main broadcasters run various schemes (such as Channel 4Screenwriting and BBC Writersroom), which give new writers an opportunity to write on existing dramas or develop their original work. These schemes are highly regarded in the industry. Be realistic about your ambitions – TV writing is a difficult world to get into and requires persistence and patience but once you are in, you are in.

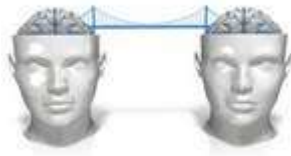
Special thanks must be given to two of my clinical supervisors, Dr Jonathan Greensides and Dr John Dunn, who have taken the time to read scripts, advised on content, and supported me in attending meetings with broadcasters (whilst ensuring I met all of my training requirements!)

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Themed Article: Running to Stand Still - Behind the Scenes at Stamford Bridge



Dr Shirin Mishra

I'll never forget that day; the sweaty palms, checking if I have lipstick on my teeth, anxiously wondering if everyone will turn up... Contrary to how it sounds, this isn't my wedding day. It's actually the day of the **London Specialty School of Psychiatry Annual Trainee Conference 23.11.16**. Standing inside the grand venue of Chelsea Football Club, underneath the high ceiling and feeling distinctly small, I learn that the first keynote speaker is running late. I turn to my co-leader Dave and we have a hurried discussion. I must note that Dave too is perspiring somewhat. Then, just 5 minutes late and incredibly apologetic she arrives! She's breathless and I fear she has been running. She has barely taken off her coat before I announce her name and welcome her to the stage. It's Leyla Hussein! [1] Leyla delivers a meaningful, gripping and unescapably unsettling talk on Female Genital Mutilation. Wow.

Meanwhile, unbeknown to the audience there are rapid WhatsApp messages flying like bullets between our committee members. Almost seamlessly in response to these; I see Natasha (committee member) locating the next keynote speaker. Dave welcomes Professor Mark Edwards [2] to the stage and I notice the tempo and emotional tone in the room changing to his kind, collected and-excuse me for making it so psychodynamic-containing presenting style. He speaks about the need to change our approach to patients with functional illness and his empathy is infectious.

Towards the end I stifle laughter as I see Luke (committee member) desperately making eye contact. It seems he has been trying in vain with the 5 minute cue card to be seen by blissfully unaware Professor Edwards.

11:15

We've made it to the first break. It's all hands on deck for the charity cake sale. Star baker Emily Sherley [3] evokes mild panic as she informs me there

are no serving implements. I manage to source these from the catering staff and leave my good friends manning the stall.

I take time to scan my surroundings and spot Leyla standing with a large circle of people around her, engrossed in their questions. The scene is almost biblical. I also see people milling around with hot beverages enjoying themselves and at first glance; it could be mistaken for a social gathering. There is a large queue for cake. Good.

11:40

Now it's almost time for the first workshops and we have to somehow tease people away from their coffees. Natasha and I decide to submit to the use of the moderately powerful megaphone and people graciously allow themselves to be herded to their rooms in response to its communication.

11:45

During the first workshops, like having secret informants; Dave and I receive real-time Intel from the other committee members. The news is that things are going OK. This grants me a few self-indulgent moments to proudly admire the diverse range of sessions ranging from 'Mental Health from a Paediatric Perspective' to 'Videogames and mental health'.

Following the workshops, delegates filter downstairs for lunch which one of our committee members; Matt, plate in hand, gleefully describes as 'the best lunch I've ever had at a conference'.

15:00

Workshops two and three are also successfully over and now our trainee speaker winner Caroline Reed O'Connor [4] is readying herself for her upcoming slot. I notice Gayna Pelham [5]; our third keynote speaker arriving and she dazzles in red. I take Gayna backstage to introduce her to the technician in order to ensure her 'Increased Wellbeing with Art' presentation works correctly. The technician sits in a cave-like maze of wires amid dim lighting and the fuzzy glow of a computer screen. He nods to us underneath his enormous headphones. There are cables taped all over the floor and I warn Gayna to watch out (a broken leg would be catastrophic at this point). Matt introduces Caroline onto the stage and she stuns us all with her starkly honest, brave and humorous talk on the subject of Doctor's Health. I am touched.

Gayna follows in suit and imparts her quirky and artistic perspective. We hear how she encourages people to connect with one another through her workshops, even when it is seemingly impossible. It is innovative and inspiring how she prompts people to break down boundaries through her installations.

16:15

Professor Simon Wessely [6] closes the day with a light hearted sport-themed talk likening psychiatrists to Jose Mourinho (this was before the

news story on the tax avoidance allegations). Wessely subtly wields his words to uplift us and to demonstrate what we are capable of achieving as psychiatrists.

16:55

I take a breath and before I know it my legs have carried me on stage. Dave and I thank everyone for a wonderful day. As we walk off the podium I turn to Dave; same time next year?

With special thanks to co-lead organiser: Dr David Rigby, committee: Dr Matthew Loughran, Dr Luke Baker, Dr Natasha Budhwani, Dr Vijay Gill, Dr Hannah Ali, Dr Hannah Hall, Dr Georgia Belam, Dr Esha Abrol, Veronica Pietralito.

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[6] <http://www.rcpsych.ac.uk/discoverpsychiatry/professorsirsimonwessely.aspx>

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CT3 Psychiatry

Themed Article: Healthy Planet, Better World (Medact's annual conference)

Dr Sophie Gascoigne-Cohen



'Healthy Planet, Better World' was the optimistic title for the fourth annual Medact conference that took place on the 9th and 10th December 2016 at Friends House London. [Medact](#) is a not-for-profit organisation and platform for health professionals to speak out on the causes of poor health worldwide. The [conference welcome message](#) spoke of 'the health community having a mandate to call for social and political action to mitigate and adapt to environmental change' and it hoped to provide delegates with the 'inspiration and tools to be a voice for positive change'. There were over 65 speakers from policy, campaigning and professional backgrounds and the two days were split into plenary sessions, lectures and workshops, with a cultural event on both evenings. Its partner organisations were an impressive lineup, including The Lancet and The Faculty of Public Health.

A session on climate change and mental health proved so unexpectedly popular that delegates who had not pre-registered were turned away as the allocated room rapidly filled to capacity. But you may be wondering how any of this is relevant to mental health.. Members of the Royal College of Psychiatrists and the British Psychoanalytic Society spoke about psychological barriers impeding collective action of climate change. They also discussed the direct effects of climate change on mental health, including the increased prevalence of mental disorder after a natural disaster and the effects of heat on mental health and the mentally ill. We also heard about sustainability in the NHS, both at an organisational level with the [Sustainable Development Unit](#) for NHS England and at an individual level, from a GP and CCG clinical lead for sustainability.

At the final plenary session, in the stunning 'The Light' room, we had headline speakers from The BMJ, The Lancet Countdown and various others – all worthy of a room packed to the rafters - but there were a few empty seats. Realising that my colleagues had missed out on a motivating and fascinating conference spurred me to write about it in the hope that more psychiatrists will consider attending future similar events. The closing words by Medact Director, Dr David McCoy, highlight the need for greater involvement from us to face environmental change: 'we need to stare reality in the face, as difficult as it is' and 'help make all healthcare professionals a powerful community'.

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Dr Stephanie Young

This feature, which will be linked to the official minutes, serves to highlight some of the discussions at the Divisional meetings.

1. Physician Associates- There were concerns about the use of PAs affecting recruitment in psychiatry and what their role and training would entail, with overall opinion that they could be helpful but would need robust regulation. They have limitations such as they cannot currently prescribe or provide on call cover. The college's view was that they should support the PA's goal to become regulated and to influence their curriculum to be more mental health focussed.

2. Young carers and young adult carers- the college would be making proposals to identify and support these young people owing to the impact on their mental health and development from caring for a relative with mental health problems.

3. Regional Advisors feedback- as part of criteria for job descriptions, a statement to encourage people with lived experience to apply was seen as more acceptable than having it as a mandatory criteria. Also there was concern that some Regional Advisors had recommended amendments to job descriptions which were subsequently not followed through by Trusts. It was acknowledged that this should not deter advisors in continuing to ensure that feedback is robustly given to ensure the best quality of job description.

4. Digital Strategy- Mr Peter Markham, Head of Digital gave a presentation on the strategy's 4 year objectives. An audit was done which indicated that although the quality of information on the college website was good, the website pages were too busy and difficult to navigate. Therefore, a new website, which would also be more mobile phone- friendly will be launched in November 2017 to improve the users' experience.

5. New CEO, Mr Paul Rees- the committee welcomed the new CEO of our college, who has taken over from Mrs Vanessa Cameron. Mr Rees was formerly the Executive Director of Policy and Engagement at the Royal College of GPs, and also has worked as a journalist and with the Home Office. He comes with a wealth of experience and he said he was

looking forward to ensuring that the college continues to deliver a high standard of membership experience.

6. Publications- as mentioned in last September's Round up, there had been previous talks about journals being outsourced, with the college still retaining editorial function. However, this remains just a proposal and will be further discussed later this month before a final decision is made.

New Events..

Upcoming London Division 2017 events include a Startwell event (for consultant psychiatrists in their first 5 years), a CPD event co-hosted with the Human Rights Committee and the ever popular IoPPN Summer School. Click on the link for the dates and for more events.



Upcoming London Division events include the **StartWell Event on 8th March 2017** 13.00-19:00 which features a varied programme of topics; for example, Psychiatrists' Support Service, Role of the Regional Advisor and Specialty Advisors, A new Consultant's perspective.

Please note that registration closes on 1st March so book now!

<http://www.rcpsych.ac.uk/workinpsychiatry/divisions/london/events.aspx>

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Newsletter Editor
Consultant Psychiatrist

London Division Info

London Division Executive Committee

The [London Division Executive Committee](#) meets four times a year at the College's HQ. Approved minutes from previous meetings can be accessed via our [members login](#).

London Division College Vacancies - Your Division Needs You!

We have a number of vacancies for College posts available and are keen to see them filled as soon as possible. Take a look at our [Vacancies](#) page to see how you can get involved and support your Division.

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Look out for the call for articles for the next themed newsletter

" Is social psychiatry a meaningless entity in the 21st Century "

Disclaimer:

The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists.

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