

Theme: Campaigning for mental health awareness — how useful is it and do we need to do more?

The Psychiatric Eye

The London Division e-Newsletter

Mental health campaigns are common and have undoubtedly brought conversations around mental health and illness into the mainstream, but how effective are they and do our patients benefit? Tell us your thoughts and what we need to do to promote mental health.

Welcome to the Summer edition of the PsychEye in which we ask how successful campaigns for mental health awareness really are. Such campaigns have become increasingly frequent and high-profile, spearheaded by celebrities and charities. Recently the young royals have been key figures in awareness-raising, which on the surface surely must be a good thing. But how do we judge whether these campaigns really are successful? Does raising awareness help when there may then be a lack of access to help when people ask for it? We speak about the “1 in 4” who suffer from mental health problems but does this risk neglecting those with severe mental illness and in the most need of support? Thank you to all of our contributors for this edition and are sure you’ll enjoy reading them at your leisure. And as ever, we have our usual features – including a ‘Conference Watch’ review of the successful International Congress and ‘Culture Vultures’ of book and theatre reviews.

We would like to welcome the new Chair and Vice Chair of the London Division, Dr Peter Hughes and Dr Sujaa Arokiadass and look forward to working with the Committee on the newsletter. On that note, we are planning some changes to the newsletter format and are seeking enthusiastic new team members! Please do get in touch with us via [email](#) if you would like to find out more information or volunteer to be involved.

Editorial from Dr Rory Sheehan and Dr Chris Symeon.



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Chair's Message

Dr Peter Hughes

Chair of the London Division Executive Committee

I would like to introduce myself as the new Chair of the London Division. I also introduce Dr Sujaa Arokiadass who is the new Vice Chair. I am a general adult Psychiatrist and Dr Arokiadass is an early intervention specialist.

I have been working as a London Psychiatrist for almost 25 years. I graduated in UCD in Ireland. I trained in psychiatry in Australia then UK in Barts, Thomas and Guy's hospitals. I am currently working at Springfield University Hospital, South London. I have been working in community and inpatient psychiatry. My other main interest is global mental health and I have a masters in Global Mental health policy and services. I have taken time out to work in some humanitarian crises in the world and am a passionate advocate of global volunteering in mental health.

I have become increasingly interested in the situation of London psychiatry in my role as Vice Chair of the London Division. I was happy to take on the role of Division Chair to bring forward the agenda of London and psychiatry here. I have a background in global work at the College of Psychiatrists and now wanted to take on a new challenge of dealing with my own doorstep.

We recognise the stresses on London of workforce and NHS resources, and how this affects our members.

We plan for workshops, academic events and training. We will also have prizes for success in different areas in London.

Priorities for us are the engagement with London psychiatrists, retention and recruitment into psychiatry. We hope to engage with College members in London, including Consultants, trainees, and staff grade and associate specialist doctors. We also want to reach out to medical students and foundation doctors. We want to strengthen mentorship, overseas graduate doctor support and development of academic and clinical prowess.

My vision is of a strong advocacy for London mental health and patients throughout the London Division. I want the London Division to be relevant to London members and be a source of good for patient care. We want to develop our visibility through social media and medical staff committees of each trust. We thank the Newsletter committee for all their hard work and will be supporting the newsletter. The newsletter remains an important pathway for us to listen and speak to you all.

Most of all we want to listen to you and speak for London at the College of psychiatrists. Please follow us on [twitter](#), look at our [website](#) and feel free to get in touch.



Themed article: Do we need to raise awareness of mental health issues?

Dr *Harold Behr*

A hundred years ago, secrecy and seclusion surrounded those with mental health problems. It took the First World War to shake the public into an awareness of the devastating impact of trauma on the mind, but even then 'shell shock' could be dismissed as an aberration of the battlefield and a curtain drawn separating it from the travails of everyday civilian life.



Society's instinct has always been to remove from the public eye people whose behaviour generates unease.

This instinct must be resisted, and in campaigning for greater public awareness we are winning the battle. But progress is slow and erratic.

What helps is the increased number of public figures prepared to make known their private ordeals. The 'I' word carries a powerful charge, more so if the 'I' happens to be a celebrity willing to reveal the features behind the smiling mask of fame and own a personal story of mental health issues such as depression, addiction, eating disorder and dementia, all once shrouded in shame. Thousands of admirers, many of whom carry their own secret burden of mental health problems, derive consolation and encouragement from the self-disclosed plight of an esteemed iconic figure.

'Normalisation' is a good word to apply to this growing public awareness. The term stands in stark contrast to 'alienation', that sense of otherness that once hung over our patients and our profession and that gave us, in a bygone era, the bleak title of alienists, a label now thankfully consigned to history.

But there is more to be done amongst our fellow

professionals. Even today I encounter colleagues from other disciplines who make good-humoured jibes about the strangeness of our profession and the crazy psychiatrists whom they have known. They protest ignorance towards the arcane nature of our field and they regard patients who display mental health problems as needing to be referred on with alacrity, rather than jointly managed. Doctors are a constituency ripe for recruitment to the campaign and for education about the benefits of liaison and the integration of physical and mental health practice.

Campaigning has many facets, from fund-raising to consciousness raising. What we put our efforts into must depend largely on our particular talents. My own work in child psychiatry has allowed me to focus on education, at both undergraduate and postgraduate levels. Additional training in group therapy introduced me to role play as a means of enhancing empathy and identification with patients. Professionals who might otherwise remain professionally detached become involved in the relationship between 'self' and 'other'.

The campaign for mental health awareness cannot be neatly separated out from our daily work as professionals. Whether in lecture theatres, during case conferences or discussion groups, or in the form of articles in medical journals and lay publications, we are well placed to influence others in the direction of a more enlightened approach to mental health. For want of a better word, that can be thought of as campaigning.

Author Details:

Dr Harold Behr

Consultant Child Psychiatrist (Retired)

Conference watch: South London Mental Health & Community Partnership (SLP) “Social Media Conference for Clinicians”

Dr Mutaz Hussain

The South London Partnership SLP, comprising three leading mental health trusts in South London –SWLSTG, SLaM and Oxleas– hosted an extremely successful and well attended conference on Social Media for Clinicians on 13th June 2018 at Springfield Hospital, Tooting. Delegates from various professional backgrounds were at the conference where they heard from a spectacular lineup of speakers drawn from several organisations on a range of topics including “To Tweet or Not to Tweet”, scientific journals and social media, and regulatory, policy and information governance perspectives on the use of social media in mental health.

David Bradley, CEO and Dr Mark Potter, Medical Director of SWLSTG, welcomed the delegates and highlighted the huge role that social media platforms such as Twitter and Facebook now play in the professional lives of so many health service staff and how they have provided avenues via which staff, carers, patients and families have found space to interact and inform each other.

In addition to speakers from the SLP Trusts, delegates also heard from Jo Wren of the General Medical Council and Peter Markham from the Royal College of Psychiatrists on their respective organisation’s perspective on the role that social media plays and its influence.

Dr Sridevi Kalidindi, Consultant Psychiatrist and Associate Medical Director SLaM and Dr Geraldine Strathdee CBE, Former National Clinical Director, NHS England both spoke on the power of social media and Twitter in particular as an incredible force for good in the mental health care sector, connecting people and organisations, facilitating the sharing of up-to-date evidence, good practice and powerful advocacy for mental health service users, carers and staff. They highlighted recent

campaigns including facilitation of national policy change, discussion around funding of mental health services, the drive in recruitment of trainee doctors into psychiatry and patient outcomes in mental health.



SOCIAL MEDIA CONFERENCE FOR CLINICIANS



13th June 2018 | 9:30-1:30pm

Springfield University Hospital | Conference Room A | SW17 7DJ

#SLPSoMe2018

TIME	Activity	Speaker
9:30 – 10:00	Registration, tea and coffee	
10:00 – 10:10	Introductions and welcome	Dr Mark Potter Medical Director, SWLSTG
10:10 – 10:50	The role of scientific journals and social media	Dr Derek Tracy (@derektracy1) Consultant Psychiatrist & Clinical Director, Oxleas NHS Foundation Trust
10:50 – 11:30	To tweet or not to tweet – the importance of social media in healthcare	Dr Sridevi Kalidindi (@skaidindi1) Associate Medical Director and Consultant Psychiatrist, SLAM Dr Geraldine Strathdee (@OrG_NHS) Non-Executive Director, SLAM Former National Clinical Director, NHS England
11:30 – 12:00	Tea, Coffee and Networking	
12:00 – 12:30	Royal College perspective	Peter Markham (@its_Markham) Head of Digital Royal College of Psychiatrists
12:30 – 13:00	Regulator perspective: Professional issues in social media spaces	Jo Wren (@JoWren1) General Medical Council
13:00 – 13:15	Trust perspective: Social media policy and patients	Murat Soncul (@camberwellkid) Information Governance Manager SLAM
13:15 – 13:30	Round up, closing comments and an opportunity to network	Dr Asif Bachiani, (@Asifmbachiani) Consultant Psychiatrist, SWLSTG

Dr Derek Tracy, Consultant Psychiatrist and Clinical Director, Oxleas NHS Foundation Trust spoke about the role of scientific journals and social media, pointing out that these platforms offer a great opportunity in the wider dissemination of scientific knowledge and highlighted the need for the British Journal of Psychiatry and Royal College of Psychiatrists to be at the heart of this, engaging with the public, those who use mental health services, and the mental health workforce. Social media offers us great opportunities to do this.

This was the second in conference organised by the SLP for staff from the three NHS trusts. Future conferences are already being planned to discuss Diversity and Equality, Quality Improvement and sharing of best practice to improve care provision within the SLP trusts.

The conference was well received by the delegates and generated a much wider debate and huge interest and activity on Twitter. It was also picked up by local public media outlets where it was highlighted as an important event raising awareness of social media and its effective use in mental health amongst professionals and members of the public alike.

References:

- RCGP's Social Media Highway Code
- Social Media in Mental Health Practice
- General Medical Council - Doctors' use of social media

Links and Tags:

Conference Hashtag: [#SLPSoMe2018](#)

Hyperlink to event: <https://twitter.com/hashtag/SLPSoMe2018?src=hash>

The South London Partnership SLP
([@SLPMentalHealth](#))

South West London and St George's Mental Health NHS Trust (SWLSTG) ([@SWLSTG](#))

South London and Maudsley NHS Foundation Trust ([@MaudsleyNHS](#))

Oxleas NHS Foundation Trust ([@OxleasNHS](#))

Author details:

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Consultant Psychiatrist

South West London & St. George's
Mental Health



Themed article: Comic Relief — No Laughing Matter.

Dr Deenan James Edward

First launched in 1985, Comic Relief has become the nation's annual good samaritan event, raising a substantial amount of money to help those less fortunate. This year Comic Relief has directed their interest towards Mental Health Awareness Week.



Say Comic Relief and people will immediately think of celebrities wearing a nose clip in the shape of big red ball all in the name of a

worthy cause. This year is no different, calling upon celebrities such as Stephen Fry and Nadiya Hussain in their promotional video. People warm to popular celebrities, thus bringing in celebrities who themselves have battled mental illness provides a voice for those who have suffered. It helps bring the stigmatised and under-diagnosed to the forefront of our concerns and actively seek resolutions.

The video starts with the cast stating the diagnosis they live with. In the next three minutes we see snapshots of the individuals discussing the difficulties they have faced living with their illness, how on the outside they may appear well yet reveal on the inside how they feel disconnected and afraid. With the camera zoomed in on their faces in front of a plain background, it paints a vivid picture of the fear they have lived with. Wide-eyed and expressionless, we are given a glimpse of the nature of their illness. A mixed cast including celebrities and general public helps raise the notion that 'yes, it can happen to anyone'.

Whilst the money raised and the fanfare that comes with Comic Relief can be usually as beneficial, its short-termism might work against it. Once our evening in front of the telly on a Friday night watching act after act is complete and Sainsbury's stop selling the distinctive red noses, where do we

go from there? No amount of money is going to change people's perception of mental health overnight. Yes it could fund improved access to care, but is one night of awareness-raising going to be enough to prompt and sustain a real change?

It could even be considered detrimental if there is too much awareness. Having events such as Comic Relief on a regular basis might mean people lose interest and are less willing to contribute to a good cause.

In essence, it is a conundrum that requires striking a balance between adequate exposure and achieving a response from the target population. The last minute of video shows the same people who appeared demoralised and worn out at the start now to be vibrant and speaking highly of the impact support from mental health services had on their lives. Their positive energy accompanied by upbeat music serves to motivate the audience to want to assist with this cause.

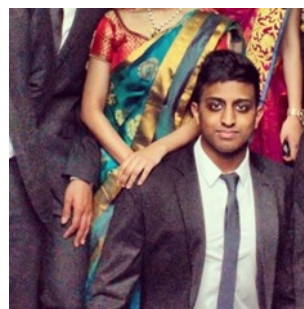
References:

[YouTube: Mental Health Awareness | Comic Relief](#)

Author details:

Dr Deenan James Edward

CT1 Doctor



Themed article: Addressing ethnic diversity in psychiatry services.

Dr Fatima-Zahra El Rhermoul

During my psychiatric placement in medical school, it came to my attention that patients from non-western societies seldom presented to our psychiatric services. Research validated this observation and divulged that patients from non-western societies not only presented less but were more difficult to treat with less favourable outcomes⁴. By traditional culture, we refer to a

cup is not a person's doing, it is "the cup that has dropped" "the train that has left". This is reflected in their attitudes towards depression: it is seen as the result of an external societal problem that has been inflicted upon them and not originating within themselves. Similarly, although guilt forms an important symptom in Western cultures in diagnosing depression, it is seldom seen in



society characterised by an orientation to the past, with a predominant role for custom and habit. Often these cultures function with a bio-psycho-spiritual-social model of disease. Such societies are held together by relationships among people – immediate family, extended family and clan.

Previous studies in Saudi Arabia, Pakistan, India, and Morocco support Arthur Kleinman's 1977-statement that psychiatric illnesses differ across cultures with regards to the presentation, belief of cause and belief of treatment. These same studies provide evidence for the theory of "cultural compatibility"; that therapy adapted to client cultural patterns improves outcomes⁵.

Certain constructs such as the self, adaptation, adjustment and bodily processes, are closely related to culture. Culture influences the psychopathology through diverse processes. For example, a study on Moroccan women depicted them as having an external locus of control, manifested even in the language of every day life: For example, dropping a

traditional cultures, perhaps it plays a less important role as a collective system of meaning. Understanding these subtleties will create a better rapport between doctor and patient.

I believe campaigning for mental health awareness is still extremely necessary because there are still populations that we are not yet targeting or not targeting well enough.

For instance, there are high admission rates of African Caribbean people (vs. White British) to psychiatric hospitals with a diagnosis of first-episode psychosis⁷. The hypothesis is that these patients are presenting in a later stage, with a more severe mental illness because they are held back by their views on mental health services: that they will not be understood. This is why often this group of patients will prefer community centres, by individuals from the same ethnic group, who look at the world from their clients' perspective'.

Contemporary developments such as globalisation

and migrations should be putting into focus questions relating to the mental health of minorities.

Migration towards western countries is on the increase and as such, cross-culture psychiatry should be addressed and considered in campaigning for mental health awareness, in an attempt to prevent barriers to care.

References:

[1] El Rhermoul, F. (2018). *A qualitative study to explore views of patients, carers and mental health professionals' views on depression in Moroccan women*. [online] Available at: <https://www.tandfonline.com/doi/abs/10.1080/17542863.2017.1355397> [Accessed 1 Jul. 2018].

[2] Karasz A. Cultural differences in conceptual models of depression. *Social science & medicine*. 2005;60(7):1625-35.

[3] Wintroob, R. (2018). *Introduction: Cross-Cultural Psychiatry | Psychiatric Times*. [online] Psychiatrictimes.com. Available at: <http://www.psychiatrictimes.com/cultural-psychiatry/introduction-cross-cultural-psychiatry> [Accessed 1 Jul. 2018].

[4] Bhugra, D., & Mastrogianni, A. (2004). Globalisation and mental disorders. *The British Journal of Psychiatry*, 184(1), 10-20.

[5] Betancourt, J. R., Green, A. R., Carrillo, J. E., &

Ananeh-Firempong 2nd, O. (2003). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*, 118(4), 293.

[6] Mantovani, N. (2015). *Engaging communities to improve mental health in African and African Caribbean groups: a qualitative study evaluating the role of community well-being champions*. [online] Wiley Online Library. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12288> [Accessed 14 Jul. 2018].

[7] Bhui, K., Stansfeld, S., Hull, S., Priebe, S., Mole, F., Feder, G. *Ethnic variations in pathways to and use of specialist mental health services in the UK. Systematic review*. (2003). *The British Journal of Psychiatry* 182: 105-16.

Author Details:

Fatima-Zahra El Rhermoul
Cross Culture Psychiatry
FY1 Doctor



Conference watch: The RCPsych International Congress 2018

Dr Motaz Sonbol

The Royal College of Psychiatrists International Congress 2018 was held in Birmingham from 24 – 27 June 2018 and the theme was: “Psychiatry: New Horizons”.

Only in an event as big as this, would you have the chance to see amazing keynote speakers, attend master-class sessions by renowned experts, listen to a rheumatologist and a neurologist discuss lupus psychosis, share a table with one of a handful of the UK experts on obsessive compulsive disorder (OCD), and discuss a poster with a psychologist from Russia.

Highlights of the first day included the lecture by Prof. Elias Eriksson, who passionately reminded us that anti-depressants do work; he meticulously unpicked recent claims against these medications. Journalist Sathnam Sanghera gave a touching speech about his personal experience with mental illness in his family and argued that mental health



campaigns can sometimes be harmful to the public's perception of mental illness.

The next day, we heard from Prof. Karl Friston, who walked us through the computational anatomy of psychosis and how it can be conceptualised as a problem with false inferences based on prediction coding models used in computational neuroscience. Professor Friston was ranked the number one most influential neuroscientist in 2016 and able to illustrate the above concept in simple words.

On the third day, Professor Simon Lovestone from Oxford spoke about new and on-going projects that use big data dementia research, based on

information collected from massive numbers of people in many centres around Europe.

There were around 70 parallel sessions with a wide range of topics from neuroscience to cultural psychiatry. The sessions on recent advances in the treatment of OCD included the latest in pharmacotherapy, psychotherapy and neurostimulation. They were given by some of the top UK experts on OCD (Prof. Naomi Fineberg, Dr. Lynne Drummond and Prof. Eileen Joyce, respectively). Prof. Keith Matthews also spoke about Deep Brain Stimulation (DBS) and psychosurgery for OCD.

I also enjoyed a session on best practice in managing neuropsychiatric symptoms in dementia (depression, psychosis and agitation) with an important take home message by Prof. Gill Livingston on the use of antipsychotics in dementia: “Start low, and STAY low”. Also as stimulating, was a session focusing on behavioural addictions including Problematic Use of the Internet (PUI) and compulsive sexual behaviours, with updates on diagnosis and treatment.

Overall, I left more informed, refreshed and I am looking forward to next year's congress.

Author details:

Dr. Motaz Sonbol

Core Psychiatry Trainee 2



Culture vulture: How would a patient with psychosis actually feel? Can a video game give us any idea?

Dr Alex Adams

At first glance Hellblade: Senua's Sacrifice, a video game about a Pictish warrior and her journey into Helheim in order to rescue her dead lover, might sound like typical video game territory but the game actually attempts to represent the protagonist's experience of psychosis.



Norse and Celtic setting strongly influence the game: Senua fights her way through many demon Norse men throughout her journey. Although violent, the game always hints this is a battle taking place in Senua's mind.

The game opens with Senua arriving by boat to Viking ravaged 8th Century Orkney, Scotland. Unlike most traditional video games, there is no on screen health bar or tutorial telling you what to do or where to go, instead the only direction is given from the voices that Senua hears. A group of female voices chatter amongst themselves about you - some whispering and fearful, some loud, critical and mocking, others are more nurturing and reassuring. Simultaneously they add a sense of fear, distraction and company whilst you try and navigate a strange, hellish environment. Speaking of the environment, it's clear not all is as it seems. Puzzle solving is based around finding meanings or patterns in unrelated pieces of scenery representing paraideolia. A black rot creeps up Senua's arm if you die too many times - the game warns you if it reaches the top of your arm the game will reset completely adding further dread, anxiety and perhaps touching on the hopelessness that one could feel. Interestingly this turns out not be true and actually a lie¹ a nod to the difficult way in which someone with psychosis might experience reality or understand (or not) their illness.

The game received funding from the Wellcome Trust, consulted a Recovery College, a Hearing Voices group and Professor Paul Fletcher to make their conceptualisation as realistic as possible.² Whilst I personally feel it would have been interesting to explore a modern day Senua, the

Overall Hellblade: Senua's Sacrifice is a novel and engaging experimental piece of media that makes great strides to help us put ourselves in the shoes of someone with psychosis,³ an achievement seeing as this is a complex, stigmatised and poorly understood condition. However given the highly individual nature of a psychotic experience and the difficulty in making something that is, by definition, disabling into something playable leads to some flaws.⁴ It certainly opens up the conversation, and puts a much more nuanced representation of a protagonist with mental illness than the usual video game "psychotic" enemy, and that's promising.⁵

References:

- [1] <https://www.eurogamer.net/articles/2017-08-09-theres-more-to-hellblades-permadeath-than-meets-the-eye>
- [2] <https://venturebeat.com/2017/10/22/game-boss-interview-tameem-antoniades-journey-into-madness-with-hellblade/>
- [3] <http://www.kotaku.co.uk/2017/08/09/hellblade-psychosis-and-me>
- [4] <https://www.polygon.com/2017/9/15/16316014/hellblade-senuas-sacrifice-mental-illness>
- [5] <https://www.engadget.com/2015/08/20/video-games-mental-illness/?guccounter=2>

Author details:

Dr Alex Adams
Core Psychiatry Trainee 1

Culture vulture: Emily Mayhew - A Heavy Reckoning

Book review by Dr Hubertus Himmerich



The book “A Heavy Reckoning”¹ is written by the medical historian Dr Emily Mayhew and published by the Wellcome Collection. Its title refers to a scene in the 4th act of Shakespeare’s “Henry V”, in which a soldier gives a speech before the battle of Agincourt listing the dying, the injuries, the losses and the suffering of the soldiers and their families as a result of a battle and pointing out that the king has to make “a heavy reckoning” before his decision to go to war.

The book is written from two different perspectives: First, it tells the stories of soldiers who unexpectedly survived a blast injury from improvised explosive devices (IED) in The War in Afghanistan which followed the 11th September 2001 attacks in New York. It portrays how these amputees with impressive personalities manage to forge new and meaningful identities for themselves.

Second, it describes the perspectives of people involved in the treatment of these casualties. Examples include the team medics and the combat medical technicians (CMT) who were the military first aiders in the theatre; the members of the Medical Emergency Response Team (MERT) who rescued the casualties in a Chinook helicopter; the nurses and medical doctors in the Field Hospital Camp Bastion who provided first medical care; the pilots and nurses of the Critical Care Air Support Team (CCAST) who brought the casualties back to the United Kingdom in a C17-Globemaster; the duty critical care nurse (DCCN) in the hospital in Birmingham who has to inform the families of the casualties about what happened and what the

future of an amputee might look like; and the physiotherapists and prosthetists at Headley Court, where the survivors received their prosthetics, started to use their new prosthetic limbs, create their new identity and lead their new life as an amputee.

However, the author does not restrict herself to telling other people’s stories and perspectives. Dr Mayhew also expresses her opinion about unwise institutional decisions having led to the loss of medical knowledge which British orthopaedic surgeons had already acquired during World War One. She praises patient diaries as a help for the casualties and their families to understand what has happened. She discusses the difficulties and progress regarding stumps and prosthetic sockets, the treatment of acute and chronic pain, and the scientific concept of blast injury and post-traumatic stress disorder (PTSD).

From a point of view, two points are worth mentioning: firstly, her view on PTSD and secondly, her description as to how the casualties dealt with stress and the loss of limbs and abilities, with the help of comrades, nurses, medical doctors, physiotherapists and their families. Regarding PTSD, she does not mention or discuss the current clinical and scientific concept of PTSD according to the major classification systems e.g., the International Classification of Diseases (ICD-10) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Instead she highlights the biological sequelae of the blast in the brain, such as the inflammatory processes causing astroglial scarring and chronic

pain as causal factors for the behavioural changes following blast injury.

The book will change the way you think about the costs of war – the unremitting inflammation in the brain triggered by the blast's pressure waves, the hope and suffering of the families, and the traumatic experiences of the nurses and physicians who serve in a war zone. It will also be an asset to everyone who is interested in the bigger picture of The War in Afghanistan, who wants to learn how unwise institutional decisions can lead to a loss of medical knowledge and skills from previous wars, and who is

willing to admire how human beings can deal with extreme threats and challenges.

References:

[1] Mayhew ER. A Heavy Reckoning. War, Medicine and Survival in Afghanistan and Beyond. Wellcome Collection, 2017.

Author details:

Dr Hubertus Himmerich
Clinical Senior Lecturer in Eating
Disorders



London Division Events

SAS Event 2018

Theme: Suicide Awareness

Confirmed Speakers:

10th September 2018

Where: RCPsych - 21 Prescot St, London, E1 8 BB

Jump on over to our events page to see the draft programme! [Book now](#) - 2 weeks to go!

Dr Peter Hughes

Professor David Mossee

Dr Mary Whittle & Dr Tehmine Cadinouche

Dr Rachel Gibbons

Medical Student and Foundation Doctor Event 2018

‘Discover Psychiatry’

Join us to hear a range of interesting talks and learn about the scope of a career in psychiatry.

18th September 2018

Where: RCPsych - 21 Prescot St, London, E1 8 BB

Registration: 17:30

Event: 18:00 - 20:00

A promotional poster for the 'Discover Psychiatry' event. It features a dark blue background with a yellow banner at the top that reads 'THE LONDON DIVISION OF THE ROYAL COLLEGE OF PSYCHIATRISTS PRESENT...'. Below this, the text 'DISCOVER PSYCHIATRY' is written in large, bold, yellow capital letters. At the bottom, it states 'A FREE EVENT FOR MEDICAL STUDENTS AND FOUNDATION DOCTORS INTERESTED IN PSYCHIATRY AS A CAREER...'. On the right side, there are social media icons for Twitter and Facebook, with the hashtag #discoverpsychiatry and the website londonrcpsych.ac.uk.

For more information and to reserve a place, please contact: London@rcpsych.ac.uk

Annual Academic Event

Theme: Mental Health in the Workplace

When: 30th October 2018

More details coming soon!

The International Congress 2019

Next year the International Congress is coming to London!

Dates: 1st - 4th July 2019.

Medical Student Prize 2018

The London Division has established a prize for the best submission by a medical undergraduate within the London Division. This can be any of the following:

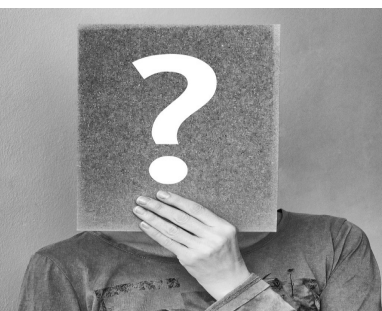
1. An essay written on a subject in psychiatry.
2. A research project in psychiatry where the student is either the main author or has made a significant contribution.
3. A literature review on a topic in psychiatry.
4. An essay on psychiatry written with a special relevance to London such as history or some other local topic.

Prize: A maximum of three prizes of £200 each are offered!

Jump on over to our [website](#) to find out more regarding deadline, where presented, regulations and submission!

Keep an eye out for the call for articles via email
and twitter for the next themed newsletter:

***“Psychedelics in Psychiatry - are we in for a
good or a bad trip?”***



**Congratulations to Dr Alex Adams, winner of the best article Summer 2018
Edition — read it on [page 10!](#)**

Join us!

We're looking for a new
member to join the
PsychEye newsletter team!
Enthusiasm, creativity,
and interest in writing and
editing are vital. Please
send us an e-mail if you're
interested in getting
involved!

London Division Editorial Team:

ThePsychiatricEye@rcpsych.ac.uk | [@ThePsychEye](https://twitter.com/ThePsychEye)

Kindly note that The Psychiatric Eye Twitter will be merging with the
London Division account. Jump on over and follow us [@RcpsychLDN](https://twitter.com/RcpsychLDN).

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Dr Rory Sheehan
Dr Chris Symeon
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