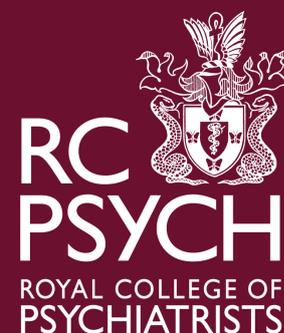




Spring Edition 2022

The Psychiatric Eye

The London Division eNewsletter



‘Psychiatry Plus: Shining The Spotlight On Life Outside Of Psychiatry’

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After what has felt, to a lot of us, like an exhausting last few years working in an increasingly stretched NHS system, having to embrace virtual working and the ever present threats of the COVID-19 pandemic and now war in Ukraine, we felt like doing something a little more upbeat this issue. Work-life balance has become a buzz word within the NHS recently – I even noticed our ward reflective practice has recently changed its name to “staff wellbeing.” This is understandable given now many of us no longer sign up to the “work hard, play hard” mantra that may have been drummed into us previously. The pandemic has made many of us look outside of our work lives in evaluating what gives us meaning in our lives. Therefore, we wanted to understand a little more about what our readers did outside of their work lives, and how this may have enriched their lives as psychiatrists or mental health workers.

Once again, we have been overwhelmed by the number of extremely well written articles that we have received and even more impressed by the talent, passion and breadth of interests that our colleagues have outside of work – from Dr Adam Boggon’s writing, Dr Vasco Almeida and Dr Amit Biswas’ different experiences in film-making and Dr Anya Borissova’s on podcasting, to the joys and advantages of singing (Dr Alison Conway – article 6) and gardening (Dr Julia Top – article 5). Although our primary audience are psychiatrists, we always welcome articles from other mental health professionals and medical students. We were pleased to see the interesting reflective piece this issue by Eleanor Roberts, occupational therapist and our regular features “Conference Watch” and “London Eye” this week are both from medical students - Lois Zac-Williams (article 9) and Viv Guiloff (article 11).

We would like to congratulate Eleanor Roberts on the winning article “Freeing the soul from the dungeon of the mind”: Musical Metaphors in Mental Health Practice.” In this article, she discusses how music is not only therapeutic but also a metaphor for effective multidisciplinary working within teams. We thought it was a thought-provoking piece. Well done!

Please continue to submit your articles. It is your wonderful contributions that make the newsletter a success!

This edition we also say goodbye to one of our editors Dr Chris Symeon, who we thank for all his hard work as well as Peter Hughes, as the London Division Chair, who has been a terrific support to the team. We wholeheartedly welcome Dr Mervyn Yong to the editing team and also Dr Suhana Ahmad as the new London Division Chair and look forward to working with them both in the future.

Alex and Afia



Chair's Message

By Dr Peter Hughes



This is my final newsletter as Chair of the London Division. My thanks go to the newsletter team for all their work. I am proud of the London Division newsletter and hopeful for its future. I also take this opportunity to thank the RCPsych staff and all the Executive Committee members and the Vice Chair for all their support over the years.

These have been what I refer to as the "Covid years". Moving forward, still we face the challenges of Covid, and now a war in Europe. Even with this, the London Division has managed to continue almost as usual, with many events and support for mental health in London.

I remind myself that the London Division remains the largest of all Divisions in membership, yet smallest in geography. This gives it particular challenges to represent so many. We are blessed to be in London with its resources of academia, training experience, and the College headquarters. Yet our proximity to the headquarters means we have to work even harder to maintain our own Divisional identity. As part of strengthening this identity, we are launching our first ever London Division awards this year. We hope this will give pride to London Division members. We have steered these awards towards recognising patient care, teaching, and the service user perspective.

I am very happy the theme for my final newsletter is the extra-curricular activities of Psychiatrists. I know when I read CVs, I skim through to find the "other interests" section. From this I can get a feel for what the person is like, as a clinician. As psychiatrists, our role is to heal those in pain and suffering. It can take its toll on us. Doing things outside of Psychiatry, as well as our family support, is what can keep us going in our challenging jobs. We need to guard our own mental health and our own wellbeing carefully. I believe these outside activities to be tools of retention in the career, and that they can make us better clinicians. The Arabic word for Psychiatrist means "doctor of the soul", or "doctor of the self". It is a special career, which provides us the privilege to be with someone in distress and ease their plight. We use our humanity in our work and we need outlets. Many psychiatrists are involved in creative projects: music, writing, dancing, art, etc. In this edition, we celebrate the "souls" and creativity of our members. I am delighted to have this edition, which I hope will be food for all of you. I hope it will inspire us, personally and professionally, in these difficult times.

I am sad to finish my tenure as Chair of the Division, and in this I speak for the Vice Chair as well. It has been a pleasure to serve the Division. I hand over my role to my dear colleague Suhana Ahmad, who I know will be brilliant for the Division. I wish the best to all, moving forward.

Dr Peter Hughes

London Division Chair



“Freeing the soul from the dungeon of the mind”: Musical Metaphors in Mental Health Practice

By Eleanor Roberts & Professor Sukhi Shergill

It was Aristotle who first postulated that music could serve a therapeutic purpose. More recently, music is popularly understood to “free the soul from the dungeon of the mind”¹. As both an occupational therapist (OT) working in mental health and a keen clarinettist, I have seen firsthand the power of music to inspire and restore. In this short reflection I examine how music may serve not only as a literal component of therapeutic practice but as a figurative means to envisage effective working of the multidisciplinary team (MDT).

¹ 21st century author, composer and musician Wiss Auguste states “music has the power to free the soul from the dungeon of the mind” and has talked about how it has supported him through his own mental health problems. The beneficial effect of music for health and wellbeing outcomes is currently gathering a wide evidence base in health and social care research (MacDonald et al, 2013).

A symphony orchestra performing a score with exquisite unanimity is one of the finest examples of mass collaboration and teamworking in human society. In healthcare literature, the arrangement of an orchestra into different sections has been compared to the MDT composed of different professionals taking responsibility for the relevant aspects of patient care (Fryer-Keene and Simpson, 1997). Generally such comparisons are set within a hierarchical framework: the responsible clinician is the ‘conductor’ with overall control in setting the tone and phrasing for the patient’s treatment plan.

In the classical music world however, orchestral organisation may be less hierarchical and more distributive than commonly supposed. In more progressive orchestras, musicians are made to conduct during rehearsals regardless of their level of expertise. The exercise is aimed to encourage a deeper listening of the other parts and to enable an appreciation of the musician’s part in relation to the wider whole. In the move towards NHS organisational models that favour more distributive styles of leadership, the fluid role of the orchestral conductor can serve as an apt metaphor that lifts the buzzwords of ‘teamwork’ and ‘local leadership’ from a mere tick-boxing exercise to a vision of the type of collaboration and communication most effective for patient care.

Orchestra and audience exist in a symbiotic relationship. The team must produce a piece of music that heals but do so alongside both the patient and their carers. Whilst it is impossible for any metaphor to capture the complexity of best interests and joint decision making in mental health

care, conceptualising the patient as the audience allows professionals to appreciate the deeper existential dimension of their work. An orchestra guides the audience towards meaning in the score it performs; yet it is ultimately the audience member who has the final say in what the piece means. Mental health professionals often work with patients who have reached a transition point, where meaning that was found in a previous way of living and thinking is lost, and a new meaning is needed to take its place. While only the patient can find this meaning; professionals can guide the journey.

Comparing our work to the execution of a complex and beautiful art form such as orchestral music making is not simply another hackneyed way of talking about patient care and MDT work but instead allows us to appreciate the sensibility, discipline and craft of collaboration. We must listen closely both to each other and our patients, paying attention to the nuances and feedback received. Using metaphor provides us with a tangible vision to constantly improve a practice that benefits both our patients and ourselves.

As an occupational therapist, I use music literally rather than metaphorically in my practice. Not only is it a therapeutic and inclusive activity but it facilitates communication between patient and therapist that may not be possible with words. In my experience, the introduction of music on mental health inpatient wards, particularly collaborative music making, has had significant impact on a patient’s treatment as well as the dynamics of a ward structure. Both patients and staff, be that consultant psychiatrist or health care assistant, all have musical preferences, tastes or musical skills. When I was a student at an eating disorders inpatient unit, the consultant psychiatrist of the ward would play the piano each week for sing-along sessions for patients. In those groups, the unspoken power dynamics and hierarchy that often exist between psychiatric professionals and inpatients under section was levelled out. The piano-playing psychiatrist took his lead from the songs patients wished to sing whilst the group being accompanied were kept in time by the twinkling of the piano keys.

Working to the aspiration of harmony, both literally and figuratively, MDTs can become much more attuned to when we are off-beat, out of time or in the wrong key so that together we can reflect on the aspects of our work requiring more rehearsal.



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Author Details:



Miss Eleanor Roberts
Occupational Therapist



Professor Sukhi Shergill
Consultant Psychiatrist, Professor of Psychiatry and Systems Neuroscience



‘Physician-Writer: Journey Without Brakes’

By Dr Adam Boggon

I began writing stories in an attempt to protect my spirit from the reflexive cruelty of the rota gods. I've continued for six years and have been rewarded with several miniature feats: first editor to take an interest; first time in print; first fan mail; first award nomination; first time finding my stuff in a bookshop.

Mostly I write about things going to pot. Journeys serve as clotheslines upon which are hung peculiarities found working in new places. Medicine has let me live in Edinburgh, the Highlands, Orkney, Tanzania, Uganda, The Gambia, and now London. What an opportunity: to read, to listen, to snoop around. Here's an example, called Journey Without Brakes.

'You see boy, you see. These people are very wicked! Two hours east of Fajara, The Gambia. Mr Njie had driven his seven-seater Toyota Picnic through an Army checkpoint without stopping. I snapped awake to the sound of Mr Njie barracking two soldiers for their impudence in having required him at gunpoint to pull over and account for himself.

We were heading for the chimpanzee rehabilitation project, 260 kilometres up the River Gambia. A Frenchman I'd met near the port at Banjul had piloted his six metre yacht upriver almost as far as the camp but became entangled in fishing nets and had turned back. When last I sailed a dingy I performed an involuntary gybe; the main sheet levitated and flicked my spectacles from the bridge of my nose into the Adriatic. I would get there by road.

Trouble was the brakes on Mr Njie's car did not work. I understood then why each time we entered a village he wove around the road blaring his horn. 'You see Adam, it is better to lose brakes than to lose horn!'

He berated the soldiers into letting us past – offering neither explanation nor apology. The ferocious sun baked the dust and sand on the inland road to Janjanbureh. I cringed and tensed in the passenger seat, bracing for impact round every turn.

We arrived at Baboon Island, shaken but not maimed, and I was shown to the canvas safari tent in which I would sleep. The procedure was clear: you go to the river, you board a small boat. You see the chimpanzees. You eat fresh fish at the waterside lodge. You walk in the night looking for bush babies. You do not find them.

As I sipped Julbrew and watched malachite kingfishers flash across the water from the lodge, Mr Njie's mechanic came down from Basse to work on the car. Departing for the coast the next day, it was clear the brakes remained shot. I had a 24-hour on-call in the MRC hospital to get back for and there wasn't an alternative taxi within a hundred miles. We pressed on.

Eventually Mr Njie's tactic of screaming insults at other drivers, children and livestock yielded bitter fruit. One accosted man gave chase in his van, overtook us, and forced us off the road – not appreciating we hadn't brakes. We almost collided with his old Mitsubishi as we lurched off the tarmac onto the sand. There followed a lively and frank exchange of views in Wollof which lasted several minutes before Mr Njie decided it was time to be off. He swung out past the van and nearly obliterated a motorcyclist attempting to bypass the rumpus.

Mr Njie drove cabs in New York city for a decade, sending remittances home for his children. He'd returned to oversee their education. He had brought back Manhattan's famed pugnacity, and it risked getting us killed.

I asked him to stop yelling at people. Grudgingly, he agreed.

Stories available: www.adamboggon.co.uk
@AdamBoggon

Author Details:



**Dr Adam Boggon, BSc(Hons) MBChB
DTM&H PGCertMED**

CT1 Psychiatry, East London NHS Foundation Trust
Honorary Clinical Lecturer, University College London
Medical School



‘How amateur filmmaking has enhanced my clinical skills as a psychiatrist in London’

By Dr Vasco Almeida

From a very young age, I have been fascinated by the arts. I grew up close to one of the most popular innovative metropolises in the world (Lisbon) and I was lucky to have a family who frequently encouraged me to be immersed in its diverse culture. Thinking retrospectively, that is probably one of the main reasons I moved to London to chase a career in Psychiatry later on in life.

My parents thought it was crucial for me and my brother to learn how to think outside the box. As such, in parallel to our school studies, we soon found ourselves signed up for a variety of extra-curricular activities including karate, swimming, English lessons and music lessons. It only took me a few days to fall in love with the piano. I was aged 8 then and spent the following 9 years in the conservatoire and completed a music degree. I was privileged to be able to play a few pieces by some of the most prolific composers such as Mozart, Haydn and Bach. I must confess medical school did get in the way and I stopped practising...

But, as years went by, I almost immediately found another hobby through which I could express my creativity. We were lucky enough to afford travelling abroad and we got to visit some of the world’s most breath-taking sites. We enjoyed being surrounded by people from different parts of the world and to learn from them. To get to know their language, their culture, their gastronomy, their values and ideas.

And I soon found myself copying my dad in these travels and I started carrying a film camera around, capturing everything my eyes could see. The people, the streets, the birds flying up in the sky, the food, the sea, the countryside...it all started with really shaky newbie footage!

The first time I ever saved money was to buy a GoPro camera. I sold most of my video games online at the time. Along the years and travels, I read about different cameras and learnt different filming techniques to use in my trips. I even ended up purchasing a drone and learnt how to drive it! I spent infinite hours on YouTube, learning from professional filmmakers and enthusiastic content creators. Not only did I teach myself how to produce film content but also how to edit it using complex timeline-based video editing software applications such as Adobe Premiere Pro and Final Cut.

I have been challenging myself in the world of amateur filmmaking ever since and I have come up with interesting and entertaining content that I have shared in my YouTube channel and other social media platforms for others to watch. I have even applied to take part in an amateur travel film festival in Cyprus which will take place in October 2022.

I often find myself reflecting on how this hobby relates to other aspects of my identity as a person, including that of being a psychiatrist. These skills have allowed me to slowly promote my own growth in different areas of my life and, ultimately, to be more creative and self-sustaining.

In clinical practice, if one thinks of creativity as the prospect of transcending the border between a concrete scenario determined by a mental illness (e.g.: objective evidence of symptoms from ICD-10 criteria) and the subjective world of the person undergoing such experiences, then one could reflect that the more creative the clinician the lesser difficult it would be to surpass that boundary. If I may make a comparison to filmmaking, watching the final film as part of the audience is a completely different thing from producing it or editing it as the creator.

Reflecting on my long years of exposure to different arts and my hobby of amateur filmmaking, and relating it to my clinical practice in London, it has most definitely helped in a number of different clinical responsibilities such as being more capable of 1) connecting with patients from different cultures and empathising with their experiences, 2) dealing with patients’ and MDT’s conflicts and complaints, 3) promoting new solutions for problems, 4) teaching medical students at different stages of their learning and 5) strengthening the role of a psychiatrist as a confident professional, open to the needs of patients and colleagues alike.

In recent years, there have been arts programmes in medical settings (such as in University College London Hospital), arts in health enterprises (such as Aesop) and galleries (such as artist-led Bethlem Gallery, which supports and exhibits artists who are current or former patients of the South London and Maudsley NHS Foundation Trust). Medical schools are also training the next generations of ‘boundary spanners’, through new interdisciplinary arts – the mental health programmes.



Psychiatry remains at heart concerned with subjective experience, consciousness and extreme mental states; the arts are frequently concerned with the same things. In the world of psychiatry and mental illness, being creative, thinking outside the box and promoting the so-called lateral thinking is essential when tackling barriers we may encounter when providing care to our patients or even when working with colleagues or mentees. After all, Medicine is both an art and a science!

PS: do visit my YouTube channel if you are interested in watching my content! <https://www.youtube.com/channel/UCoS-Yu01KME4wj2hRT-bkQ>

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Author Details:



Dr Vasco Almedia
Specialist Doctor in East London Foundation Trust

‘Podcasting for Psychiatrists’

By Dr Anya Borissova, Dr Alex Curmi, Dr Rebecca Wilkinson

The Maudsley Learning Podcast is a London based podcast created by training psychiatrists with the goal of providing the public access to more nuanced conversations around mental health, psychiatric medicine, psychology and psychotherapy. It was launched in 2019 by Dr. Alex Curmi, and now has two more hosts - myself (Dr. Anya Borissova), and Dr. Rebecca Wilkinson. I'll take us right to the beginning of the story. Between 2016 and 2019, Alex was completing his Core Psychiatric training in the South London and Maudsley trust (SLaM). Alex had fallen in love with listening to podcasts after having moved from Malta to the U.K. to do his medical training. What was particularly appealing about the medium was its ability to serve as a direct link between high level expertise in a given area and an audience interested in that subject, without the need for any middlemen or gate-keeping institutions. This stood in sharp contrast to legacy media institutions such as television and newspapers which were more cumbersome in this regard.

Alex felt that podcasts could be used to help psychiatrists gain direct input into conversations around mental health, and that the medium allowed for all the necessary complexity and debate the conversation deserved. In 2018

Alex began to experimentally record conversations with various psychiatric consultants about their work, their experiences, and their outlook on the mental health landscape. In 2019 Maudsley Learning (an organisation dedicated to mental health education) put out a call for digital content and Alex began to release these conversations on their platform. This process was hugely challenging, as it involved rapidly learning a multitude of new skills including conducting media interviews, audio recording and editing, post-production as well as internet marketing. On a more abstract level, having these discussions forced Alex to consider where his own practice fell short of the ideal and how he could improve.

Having started his registrar training in General Adult Psychiatry in 2020 while training privately in Psychotherapy, Alex wanted to bring younger trainees on-board who had different perspectives and areas of interest. In that way, not only could the podcast expand, but it could also begin to function as a form of mentorship in public speaking, writing and interviewing skills.



When Rebecca and I joined in 2020 as first year Core Psychiatry trainees, we got to hit the ground running, learning from Alex's skills. I am particularly curious about why our minds are affected by drugs in certain ways. I am also fascinated by what we can learn about conditions such as depression from potential novel treatments like ketamine and psychedelic-assisted psychotherapy. I have therefore sought to invite researchers to share their work on the podcast in a way accessible to a general audience. For me, an unexpected benefit has been a huge drop in the anxiety I feel when preparing for giving a presentation or teaching session. Podcasting isn't live – meaning you always feel safe knowing that anything said can be edited, but somehow it still helps challenge beliefs that something terrible might happen if you say something silly in public.

Listening and hosting conversations helps to develop my clinical skills in ways that I hope listeners could use too. I've picked up ways to explain emotions and cognitive distortions to patients more clearly and how to turn 'One Flew Over The Cuckoo's Nest' errors into conversation starters with concerned relatives. It's also shaping my style of work by hearing senior clinicians discuss how to be aware of the power imbalance in clinical relationships and the importance of cultural humility.

Rebecca said there were an abundance of reasons for her wanting to join the podcast (stating "I couldn't think of any reasons not to!"). She felt the chance to speak to experts and ask the questions herself, was an absolute privilege. Rebecca's experience since has echoed mine, especially developing her confidence when public speaking. She commented on the ability to think more laterally in her day-to-day job, after meeting such a variety of experts in different fields. Mental health is such a broad field, and everyone has had different experiences. Therefore, being able to learn from such a variety of people can really widen your understanding, and as a result your empathy for your patients (and colleagues!).

We are always trying to work on improving the podcast. We're particularly keen to have more episodes exploring people's first-hand experience of mental illness. We are also experimenting with video recordings of our conversations (even more editing and media production skills for Alex to develop!). As our audience has grown, with thousands of downloads from people in over 100 countries, they've become increasingly vocal in requesting specific topics. This means we can learn and branch out into areas that we may not have thought about before. We would heartily encourage anyone who is considering trying a new creative challenge to dive right in – you never know what you might learn!

Author Details:



Dr Anya Borissova
Academic clinical fellow, CT2



Dr Alex Curmi
Training Psychiatrist



Dr Rebecca Wilkinson
Core Trainee



'Should Psychiatrists be prescribing gardening?'

By Dr Julia Topp

I think I can now safely describe myself as a gardener. This was not always the case. I assumed the mantle almost without realising during a year out of training that I took between CT3 and ST4. I had intended to use the 12 months to brush up my French or learn a musical instrument, read those many untouched novels looking at me accusingly from my bookshelves or indeed travel the world. Instead, however, I cultivated a garden that has sustained me ever since.

It all started when I attacked a huge mound that had somehow developed in the middle of the lawn in the back garden of my South West London home. Instead of flattening and re-seeding it, I converted the uneven patch into a raised bed. Over the following few months, much of the rest of the back lawn was made into similar growing areas ready to be planted in the Spring.

The year saw both gardening successes and failures. To my great satisfaction, I produced wave after wave of delicious rainbow chard but my sweet potatoes were underwhelming. My initial attempt at making compost ended in a slimy mess but my herbaceous border brought months of joyous colour! Wildlife soon joined me on my plot. By April, I noticed the persistent hum of bees and later I took great delight in sharing my blueberries with a pair of blackbirds who came early each morning to steal the fruit!



Back in training and with far less time to devote to gardening, I still find myself heading outside whenever I can. So, what does my garden give me? I find gardening totally absorbing. It distracts me from worries, quietyens my thoughts and brings me a sense of calm in a way mindfulness practice never has. The garden makes me plan ahead for the seasons yet to come so I am always

looking forward in anticipation to what needs doing next. Gardening has taught me to accept that I cannot control everything because plants, pests and the weather are a law unto themselves. It is an arena where I find I am happy to abandon my usual perfectionist streak and just accept what happens! The garden provides me with something to nurture and invest in. It needs regular attention and so pulls me away from my computer screen and gives me a reason to take a break, get some natural light and be physically active.



The COVID-19 pandemic certainly made us all more aware of how access to green space can support our physical and mental wellbeing. This innate understanding that spending time in nature is good for our health is backed up by a growing body of research. For example, in a pioneering randomised study, Ulrich showed that patients recovering from surgery who had a view of trees from their room had shorter hospital stays and required less analgesia than those looking out onto a brick wall [1]; a bacterium in soil *Mycobacterium vaccae* has been shown to trigger the release of serotonin providing one explanation as to why working in the garden can lift mood and decrease anxiety [2]; many plants release volatile organic compounds (phytoncides) that have been shown to improve the immune system by increasing the levels of Natural Killer cell activity in humans [3]; in a randomised trial, outdoor gardening was shown to have a greater stress-relieving effect (in terms of salivary cortisol levels and self-reported mood using the Positive and Negative Affective Schedule) than an equal period of indoor reading after performing a stressful task [4].



The NHS Long Term Plan published in 2019 included a commitment to invest in social prescribing. This involves referring patients to a range of local, non-clinical services and activities to address people's needs in a holistic way. Green social prescribing (such as walking for health schemes and community gardening) is part of this. The government has pledged that by 2024, 2.5 million people will benefit from social prescribing and in July 2020, Environment Secretary George Eustice announced £4 million for a cross-government project aimed at preventing and tackling mental ill health through green prescribing.



Most social prescribing currently happens via primary care because the typical model used in England situates social prescribing link workers in primary care networks (PCNs). However, some green activities accept referrals from elsewhere including community mental health teams. One such is MindFood (www.mindfood.org.uk) a small mental health charity based in Ealing, West London that runs food-growing and other nature-based activities 6 days a week. Their courses are designed to tackle stress, depression, anxiety and isolation. Using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) they have shown a statistically significant improvement in participants' scores and 93% of attendees report feeling better able to manage their own wellbeing (watch this short film <https://youtu.be/DPnhoeromRs> to understand the MindFood approach).

We cannot all have our own gardens or live close to fields and forests. Indeed, in 2019 roughly 83% of England's population lived in urban areas. So, if government is truly serious about green social prescribing, local councils and urban planners must be encouraged to use land for parks and community gardens and allotments alongside housing. If health inequalities are to be tackled, this is particularly important in deprived inner-city areas. Hospital gardens should be part of the green therapeutic mix too. Cooper Marcus and Sachs have shown how, with

careful design, a garden within a hospital can enhance the wellbeing of patients and staff alike [5], an important consideration in this present climate of increasing staff burn-out.

Whilst gardens and gardening activities cannot be a panacea, access to green spaces and involvement in nature-based activities can play a role in disease prevention, health promotion and potentially medication reduction. As psychiatrists, I think we should at least consider suggesting green activities to our patients. After all, gardening is a potentially therapeutic option that comes with only a few possible adverse side effects!

This psychiatrist for one will certainly continue to prescribe a regular dose of gardening for herself!

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Author Details:



Dr Julia Topp
ST6 in Adult and Old Age Psychiatry



'Singing in a Bulgarian Choir'

By Dr Alison Conway

When I was at school, a music teacher told me I could not sing, and so I did not consider joining a choir until I was in my forties. I initially went to an evening class, and when this ended, I came across a very charismatic Bulgarian singer who was starting a choir. I had heard a famous Bulgarian choir, Les Mysteres de Voix Bulgares, and found the music different from anything I had heard before, so I decided to take the plunge. To start off, there were only a few of us, and it took us many weeks to learn each song by ear. In the next 21 years, the choir has grown in size and accomplishment. We are now around forty-strong and span a wide range of ages and backgrounds. About a third are Bulgarians and the rest are of many different nationalities. Some people have more musical training than others, but a lot of us still learn the music by ear with the aid of our recorded rehearsals and parts of songs uploaded on the internet (adult learning in practice).

People often ask me what appeals about this type of singing. It is usually unaccompanied and has rhythms and harmonies unusual to the western ear. A lot of our repertoire consists of arrangements of traditional folk songs about maidens and soldiers (Bulgaria has a very bloody history), with quite a lot of sock knitting and wedding ritual thrown in. We also sing a few beautiful Orthodox songs. And, yes, all the songs are in Bulgarian, which has its own challenges.

When we did our first concert in a small church in Paddington, I was terrified, but now I feel much more confident going on stage. Through the choir, I have had many amazing experiences. We have performed in a wide variety of venues in London, in different parts of the UK, and abroad. On one memorable trip, we were on stage with Nigel Kennedy in a Bulgarian amphitheatre. We won the open section of the BBC Radio 3 Choir of the Year competition in 2007, performed with a rock group as part of the Electric Proms, and took part in a Shakespeare play at the National Theatre.

During the height of the pandemic, we had to rehearse on Zoom, which was far from ideal, and we then moved outdoors to various parks and open spaces. Despite these challenges, the choir has gone from strength to strength, and has been an important source of support during uncertain times. We are now able to meet to rehearse indoors again and are performing in various parts of the UK.

I have been pondering how this relates to my background as a psychiatrist. Singing with others is a great antidote to the stresses of work. It involves a lot of teamwork, and certainly in our choir the whole is much greater than the sum of its parts. One thing I have gained is the enjoyment of participating and perfecting something that then gives pleasure to others. I have learnt a lot about leadership from our choir leader, who works us hard and tries valiantly to maintain order. Her communication with an audience is fascinating to watch. I have made many new friends and my partner often calls the choir my second family. Finally, as an old age psychiatrist, I have been inspired by the work the choir has done with a Bulgarian composer who has written many amazing songs for us in his seventies.

If I have whetted your appetite, do look on our website www.londonbulgarianchoir.co.uk, where you can see what we are up to, and even order our CDs.

Author Details:

Dr Alison Conway

Regional Advisor North West London



Screen Alchemy - Power of Kindness in Healing and Transformation through the Film *Bridge*

By Dr Amit Biswas

I am a Consultant Child & Adolescent Psychiatrist working in a Tier 4 Adolescent Unit in North London (The Beacon Centre) and also a filmmaker and Wellbeing Champion of the Royal College of Psychiatrists. My debut feature film, *Bridge* (2016, in Bengali) premiered in London at the BFI London Indian Film Festival in South Bank; received 12 international awards in film-festivals; travelled the world, creating dialogues on the centrality of kindness and compassion in mental health work; and at the same time raising awareness on suicide, trauma and mental illness.

Made with a shoestring budget and a group of passionate and reputed international and multi-cultural cast and crew, this indie film *bridge* is a life-affirming story of two strangers; two lost souls, and the Bridge that connected them! At the break of dawn, two strangers, Tanima (30) and Santanu (75), both with the intention of committing suicide, meet on a bridge over the Ganges. Noticing Tanima about to jump off the bridge, Santanu suddenly changes his decision and runs to stop her. He brings her home. Tanima continues to be in great distress and suicidal; refusing interactions, food and resisting every help offered. Santanu doesn't give up. As he tries to figure out what to do, he gets to discover Tanima's painful past. Not only does Santanu show great compassion and determination, the sequence of events allow him to connect with his own unresolved grief. As they search for hope and optimism, a bridge of trust and bonding brings powerful healing and wholeness to both of their lives and they regain a sense of meaning and belonging to life!

My own creative journey evolved through a gamut of artistic forms; from being a performer and choreographer of Indian classical dance (Kathak) to a director of dance theatres; being a poet and playwright to a screenplay writer; making short films, documentary and awareness films; to evolve towards a feature filmmaker. After traversing and experiencing this long journey through various genres of creative expression, I needed to find a single but wider canvas to involve and inspire people across cultures. My vision was to make international films deeply rooted in Indian culture with a universal theme in appeal.

I am a firm believer that *recovery* is not just about reducing *symptoms*. Instead, *healing* happens through the integration of various dimensions of health: the physical, emotional, cognitive, behavioural, social, and spiritual. When clinicians can see individuals in a holistic way and apply a *person-centred approach* in their work, the process of recovery starts. We are highly skilled and experienced individuals, but it is also important to approach patients with kindness, an "intelligent kindness" (1) where we can start building trust through deep empathic connection.

In the past, in my creative work, I was keen to raise bigger questions of life, through musicals or through plays. The vision of *Bridge* was also to raise questions: what heals and transforms us? How do we create hope/optimism and how important is kindness and compassion in our lives? While developing the idea of my film, I attempted to bring together three aspects: the psychological insights I gathered from working with young people with severe mental illness, my worldview beyond materialism and my creative vision to make a film that will create a greater and lasting impact on society.

My inspiration for *Bridge* came from my direct experiences of clinical work with young people and families to whom I am highly indebted. Psychiatrist and Holocaust survivor Viktor Frankl's life-changing book *Man's Search for Meaning* (2), deeply moved me and inspired my directorial vision of *Bridge*. Like stoic philosophers, Frankl's prophetic words made a massive impression because they focussed on the inner strength of individuals and the attitude to any given circumstances that makes us free.

After the film festivals, I continued my journey to showcase the film in various Universities, organisations and public settings to create dialogues on mental health and raise awareness. The journey of making and subsequently presenting our film *Bridge* (2016) to the audience worldwide was a transforming experience for me and the Team Bridge.

Author Details:

Dr Amit Biswas

Consultant Child & Adolescent Psychiatrist



Giving back to the charitable sector – Everyone benefits

By Dr Dr Abigail Swerdlow

I was very excited to have been appointed as a trustee and co-chair of the clinical governance committee for a large mental health charity, [JAMI](#). All the work that JAMI delivers is based on three strategic pillars; to advise and advocate, to educate and campaign and to provide treatment and support.

Prior to my appointment there were no clinicians on the trustee board and this was identified as something that would be beneficial to the charity because as a trustee you have oversight of the charity's decisions and are able to help set the charity's direction. The opportunity to make significant changes and provide medical input to the voluntary sector was very appealing to me. A large part of my role is ensuring the mental health services that the charity offers are high quality, safe, effective and meet the needs of the service users, as well as supporting and reviewing the development of new services and policies.

As a higher trainee in Child and Adolescent Psychiatry, I find working in child psychiatry both an extremely challenging and rewarding career. I am lucky to work alongside a large multidisciplinary team in a fascinating speciality which has had huge developments in recent years. I enjoy working with children of all ages, with a wide variety of conditions. The chance to support them and their families, whilst being able to make a lifelong difference and change their trajectories is enormously fulfilling. Child psychiatry requires both a holistic and systemic approach when caring for patients – evaluating the many approaches to treatment and considering not only the child but also the system around them when providing treatment and support. Community services, such as those offered by the charity JAMI, including peer support, occupational therapy, social work and advocacy are, therefore, vital in supporting a child's mental health.

We have seen over the past few years that there has been a significant increase in children experiencing mental health difficulties and subsequently there has been a surge in the number of referrals to CAMHS. Waiting lists for these services and for specialised assessments and interventions are growing. The COVID-19 pandemic has further increased this demand and has impacted children and adolescents at a pivotal time in their lives. For some, it will have exacerbated existing issues and for others, it will have placed them at a greater risk of developing mental illness. Young people's mental health has been disproportionately affected by the pandemic and the restrictions imposed on society, as their environment and other external factors contribute a large part to their mental wellbeing. Children and adolescents have been significantly affected by reduced social contact, disruption

to routines and strained family relationships and we expect to continue to see the effects of these long after COVID-19 is gone.

I joined JAMI as a trustee at a very exciting time – as they launched a bold and ambitious new strategy for 2021-2026. The strategy includes the launch of a new, pilot service for young people, where there is currently a stark gap in provision in the charitable sector. This service will provide early intervention and mild-to-moderate mental health support for secondary school aged children who are experiencing emotional and behavioural issues relating to their mental health. JAMI will be able to facilitate referrals and signpost to statutory and voluntary sector health and social care services. It will provide evidence-based assessments of need and mental health interventions, carried out by a multi-skilled team. This service aims to bridge the gap between the current wellbeing support provided in schools and the threshold for statutory support for mental illness. I will have the ability to be able to support and shape this new service as well as the direction of the organisation.

Anyone is able to become a trustee and the most important attribute as a trustee is passion for the cause. I have found being a trustee has benefited me in a number of ways; I have gained a greater understanding of the charitable sector, I have become more involved in my local community and it has offered me a great opportunity for professional development. I have been able to gain valuable leadership skills, experience of negotiation, managing different types of risk as well as working with and learning from a range of different people. These are all transferable skills which will better equip me in my role as a psychiatrist.

Author Details:



Dr Abigail Swerdlow

Higher Trainee in Child and Adolescent Psychiatry, Tavistock and Portman NHS Foundation Trust & Fellow in Medical Education, East London NHS Foundation Trust



“Belmarsh Prison, were you safe?” An elective student reflection

By Lois Zac-Williams & Inbar Aberman

As part of the end to our final year of medical school we decided to do our elective in forensic psychiatry at HMP Belmarsh, arguably one of the UK's most well-known prisons. It is part of the Greenwich prison cluster and Oxleas NHS Foundation Trust is the healthcare provider. While scores of medical students before us have opted to do their electives in tropical countries with wondrous weather, we thought that three weeks in a high security male prison would be much more interesting. Neither of us had ever been inside a prison before this experience, so naturally we had certain ideas of what it would look and feel like. This reflection gave us the opportunity to consider how different the reality was from our initial ideas.

Before starting our elective, despite being excited about the placement, most of our ideas about the prison experience were quite negative. We imagined lots of anguished shouting, constant slamming of cell doors and a tense atmosphere - a picture shared by our families and friends when we discussed this placement with them. We were told to avoid being friendly to prisoners, not to be naive or get too involved. This added to our apprehension, but the desire to learn and have a unique experience spurred us on.

During the placement we spent much of our time with prisoners on the healthcare block or accompanying psychiatrists while they did assessments on the houseblocks. These interactions often involved being in close proximity to prisoners, sometimes several at once if they were having time out of their cells. Unsurprisingly, this was initially a highly stressful experience. But we soon realised the reason why the healthcare staff walked around so at ease among the prisoners: there was a mutual respect between them that kept everyone safe and within the rules. We noticed that the psychiatrists were very open to discussing issues with patients who came up to them, they knew them by name and were able to have friendly conversation and share jokes with them. We saw how the prisoners greeted healthcare staff with a smile, how they stood at appropriate distances from them and did not cross beyond the threshold of their cell doorways. While at the prison we also had the good fortune of being allowed to attend a focus group looking at the views of over 50s in the prison on the care they receive. We were struck by how many of the prisoners spoke up to say that they felt the healthcare staff were advocating for their needs in the midst of restrictive security policies that made

it difficult to access certain services and medical equipment. This was not the first time we had seen how prisoners were given the opportunity to express their concerns and wishes to staff. The weekly ward round was another time when prisoners could have the opportunity to speak to multiple people from the healthcare team and say what they wanted to achieve during their time on the healthcare block with the help of staff.

After three weeks at HMP Belmarsh we were no longer under the impression that prison is a place of complete despair. Of course there is great mental distress among some prisoners, but we saw that they are met by a healthcare team that works to provide the best care for them by embodying the Oxleas values: We're Kind, We're Fair, We Listen, We Care. After our elective we can gladly confirm this.

Author Details:

Miss Lois Zac-Williams

Final year medical student, King's College London

Mrs Inbar Aberman

Final year medical student, King's College London



Culture Vulture – “Spring Awakening”

By Dr Michael Zervos

Appropriately named for the Spring Issue, “Spring Awakening” is a coming-of-age rock musical, based on an 1891 German play. It tells the story of a group of friends coming to terms with their maturing bodies and strange urges in a repressed and adult-centric world. I first saw the show as a 15 year old - a direct peer of the emotionally labile characters - and saw the recent run at the Almeida Theatre now in my late 20s. I was immediately taken back to adolescence and exquisitely felt the injustice of a world run by adults, now with the added lens of being a CAMHS trainee.

While the centre of the story is the characters’ burgeoning sexuality, the show’s main attraction is the array of catchy songs covering their struggles. Heroine Wendla wants to learn about how babies are made (“Mama Who Bore me”) but then falls unwittingly pregnant and doesn’t know what to do (“Whispering”). Martha struggles alone with vicious physical and sexual abuse at home (“The Dark I Know Well”) knowing that Ilsa was ostracised for going through the same (“Don’t Do Sadness/Blue Wind”). Georg has an almost paraphilic obsession with his piano teacher while classmates Ernst and Hänschen come to terms with their homosexual attraction (“My Junk”). Perhaps the saddest storyline follows class clown Moritz; struggling academically and rejected by his parents, he thinks his only way out is suicide (“Left Behind”).

Stories like this are sadly familiar to those of us working in psychiatry and CAMHS, and the musical consciously doesn’t offer solutions to these problems. To some, this might be frustrating, but the show’s strength lies in its balance of the celebration of adolescence with its many challenges. The show remains surprisingly relevant to today’s youth but is not without possible danger. It certainly doesn’t cast the ‘responsible’ adults in a favourable light; teachers victimise and then expel Moritz, almost every parent rejects or ignores their child’s wishes, and the only doctor in the play is an unsuccessful backstreet abortionist. There is an argument that portrayals of adults as irresponsible as these makes young people less likely to access help (Ref 1). This reviewer would give the youth of today more credit than that, and would focus instead on the myriad benefits that would arise from a better dialogue between adults and young people.

For those of us minded towards CAMHS, it can be a challenge to bridge the age/angst gap, with the haze of hormones and our own biomedical gaze equally at fault. While we can recall our teenage years, can we really

understand the complexity and intensity of the feelings associated with growing up in the modern era?” Spring Awakening” unequivocally reminded me that there is an angsty teenager inside us all, and should it ever transfer to the West End, you should 1000% (using some teenage hyperbole!) go see it. “Spring Awakening” may sound less highbrow than the usual cultural works reviewed for psychiatrists, but it does hold its own artistically, and other productions have won Olivier and Tony Awards. If you’d like a taste of the music, “My Junk”, “Totally Fucked”, “Bitch of Living” are worth a listen.

References:

[1] https://www.washingtonpost.com/entertainment/tv/thirteen-reasons-why-shows-how-adults-can-really-mess-up-teen-angst/2017/03/30/c8db5f00-1346-11e7-9e4f-09aa75d3ec57_story.html

Author Details:



Dr Michael Zervos
CAMHS ST1 NW London



Conference Watch - A Student's Perspective on the Pan London Psychiatry Conference 'Global Minds: Exploring Psychiatry Around the World'

By Viv Guiloff

Joining the Zoom call for this conference on a Wednesday afternoon, I was not quite sure what to expect. To broaden my basic understanding of Global Mental Health from my BSc modules, I was eager to look at health care systems I knew less about. Alongside 263 other medical students from across London, I tuned in.

Dr Peter Hughes, the keynote speaker with vast international experience, gave us a thorough overview of the important themes, setting the tone for the afternoon ahead. Dr Hughes also reminded us to focus on the patient's psychiatric presentation, avoiding commenting or fixating on the political climate of the country we visit – a theme that was explored again later in the session.

Dr Anis Ahmed, chair of the Volunteering and International Psychiatrist Special Interest Group (VIPSIG), followed with a frank talk on volunteering as a medical student. It could have been easy for this conference to ignore the elephant in the room: the many ethical dilemmas and 'saviour complexes' that may come with volunteering abroad. However, Dr Ahmed spoke honestly and transparently about the issues involved, and the 'irony of volunteering' – serving to remind us of the social responsibilities we all have as future healthcare providers. He discussed new opportunities within the growing field of 'micro-volunteering', such as through social media campaigns, which have been popular over the COVID pandemic due to travel restrictions.

We then were transported to the world of Forensic Psychiatry in the Caribbean, presented by Dr Marc Lyall. Focusing on the death penalty and the concept of diminished responsibility through a homicide case in Trinidad and Tobago. It was an interesting look at some of the pertinent issues within Forensics. Switching to perinatal psychiatry, Dr Roxanne Keynejad discussed her research in perinatal depression and intimate partner violence in Ethiopia, considering how these events had affected the wellbeing of the women involved in her study.

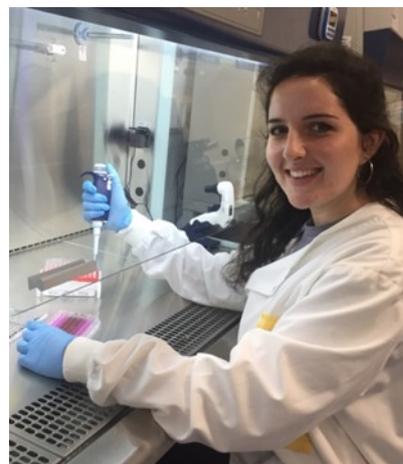
Now moving to the Czech Republic, Dr Alzbeta Karlikova discussed the history of Psychiatry in the country, including the rise in the anti-Psychiatry movement. As I knew little about their health system, it was fascinating hearing about how these events shaped current attitudes and practice, and I finished keen to learn more!

It was interesting contrasting these different systems abroad, especially with Dr Deeksha Elwadhí's talk on Psychiatry in India, where integration of Psychiatry and General Medicine is prominent in a literal sense, as a medical ward may be physically opposite to a Psychiatric ward. This is quite different to other systems, such as in the UK, where Psychiatric institutions are often segregated from hospitals. I reflected on the utility of having a closer integration between these services, having observed on placement the logistical challenges involved when Psychiatry inpatients require urgent medical care, and the difficult situation when patients have both major psychiatric and medical manifestations of illness. Concluding the conference, we heard from Agnes Raboczki on the multiple global health partnerships hosted by the College.

Attending conferences are an important part of all our professional development, but even more so for students considering their future careers. Psychiatry offers so many avenues and subspecialties. In just under a modest 4 hours, we were able to journey through so many different systems, and overall, it was a wonderful event!

I would like to express my gratitude to the London Psychiatry Clinical Teaching Fellows for hosting this event: Dr Abigail Swerdlow, Dr Rachel Swain, Dr Sonya Rudra and Dr Georgina Edgerley Harris.

Author Details:



Viv Guiloff

4th Year Medical Student at St George's, University of London (SGUL)



Conference Watch - London Division StartWell Event 30 March 2022

By Dr Ally C Xiang

As I edge closer to finishing my dual training and thus to becoming a consultant, this conference seemed the perfect event to attend as part of my preparation. I had heard about Startwell for some time, but not managed to get myself to it. After two years of mostly virtual conferences, it was incredible to be back at the Royal College of Psychiatrists' headquarters and amongst people physically. It seemed surreal to not see only merely images of disembodied people on a flat screen, but real live 3D people and real live 3D hot drinks, food and pastries!

The morning started with a warm welcome and introductions by the organiser Dr Suhana Ahmed, then a talk regarding the importance of self-compassion and kindness provided by Dr Amit Biswas. We were able to participate collectively in a mindfulness exercise. This prepared us for Dr Rachel Gibbons taking us through the as-ever-necessary, but difficult, topics regarding coping with serious incidents, suicide, and complaints, as a new consultant. The morning workshops were very informative: the first one was on comparison between locum and substantive consultant life by Drs Anthony Brown and Natasha Budhwani. The second workshop was on data analysis for clinicians by Dr Asif Bachlani, which emphasised the importance that consultants be aware of the needs and data of the population one serves.

In the afternoon, we heard from Dr Ananta Dave on what she would want from a new consultant and Dr Suhana Ahmed gave us tips on continuing professional development, peer groups, revalidation and other useful areas to know. We learned about developing one's own authentic leadership style from Drs Alex Till and Ross Runciman. Finally, Professor Matthew Broome gave us an overview of his consultant role as well as developing academic interests as a new consultant.

Overall, the event was brilliant and better than I anticipated. It was a relief to be back in person at the RCPsych HQ and catching up with colleagues I have not seen for some time. It felt like a very supportive event, for higher trainees and new consultants. It validated the transition and that it is okay to feel anxious about this next big step in one's career. It also demystified the first years as a consultant and provided the time and space for thinking together about this important step up. It was a very helpful event not only because of the talks and workshops, but also due to the opportunity to network and see old friends. I feel very grateful to the organisers and presenters for giving their time and expertise to the next generation of consultants.

Author Details:

Dr Ally C Xiang

Specialty registrar in medical psychotherapy and general adult psychiatry



Have you looked after an under-18 on an adult psychiatric ward?

“Far Away from Home” is a mixed-methods study investigating the scale and impacts of adult psychiatric ward admissions and out-of-area admissions for 13-17-year-olds. Funded by the NIHR and led by Professor Kapil Sayal (Nottingham), it reflects a collaboration with regional teams across England including: East of England, East Midlands, West Midlands, Oxford & Thames Valley and the North West.

The study consists of 3 main components:

- 1) Quantitative
 - Surveillance Study of adult ward, far away or out of region admissions
 - Investigation of NHS England data
- 2) Quantitative
 - National Interviews with General Adult and Child & Adolescent psychiatrists across England
 - Regional Interviews with young people, parents and professionals
- 3) Health Economics study

Progress so far:

- Over 180 cases reported
- >30 interviews completed with Consultants from across England
- >25 regional interviews completed with young people, parents and professionals

How can I get involved?

Qualitative Interview:

- We are very keen to interview General Adult psychiatrists (STs or Consultants) or General Adult ward nursing leads who have looked after an under-18 on their ward. Interviews are around 30 minutes and completed via MS Teams.
- We will provide you with certificates of research participation
- If you are willing to be interviewed please contact faraway@nottingham.ac.uk

Reporting cases:

- Please let us know if you or a member of your team, including when on-call, has seen any eligible cases (e.g. for assessment or ongoing clinical care)
Eligibility criteria: The young person (aged 13-17 years) was admitted any time between 1st Feb 2021 – 28th Feb 2022 to either:
 - An adult psychiatric ward
 - a CAMHS General Adolescent Unit (GAU) over 50 miles from their home address
 - or a CAMHS GAU outside their NHS region
- by directly emailing us at faraway@nottingham.ac.uk

Support and Follow the study:

- Data from NHS England suggests that we are still getting significant under-reporting.
- This risks under-estimating the true scale and extent of this issue.
- To raise awareness please follow/tweet @FarAwaystudy or email faraway@nottingham.ac.uk to sign up to our newsletter.





London Division Awards 2022

Medical Student of the Year

Samyak Pandey

Trainee of the Year

Dr Laith Alexander

Patient/Carer Contributor of the Year

Onome Ugbeye

Psychiatrist of the Year

Dr Rajesh Mohan

SAS Doctor of the Year

Dr Emmeline Lagunes-Cordoba

Team of the Year

Croydon Mental Health Liaison Services

Educator of the Year

Dr Maurice Lipsedge

Contribution to Care during Covid

Dr Emmert Roberts



The first ever London Division Awards was held on 24 May 2022 at the Royal College of Psychiatrists. Congratulations to all winners and shortlisted nominees.



Save The Date - Upcoming London Events

**London and South Eastern Joint StayWell Event
19 October 2022**

**London Division Autumn Conference
15 November 2022**

Please visit the [London Division events page](#) for more information.

London division editorial team

**Dr Afia Ali
Dr Alexander Adams
Dr Sachin Shah
Dr Stephanie Young
Dr Sonya Rudra
Dr Rory Sheenan**

RCPsych Staff

*Jen Edwards (Division Manager)
Gareth Griffiths (Division Administrator)*

*ThePsychiatricEye@rcpsych.ac.uk
Twitter: @rcpsychLDN*



Winning Article

Congratulation to Miss Eleanor Roberts for winning Best Article for the Spring 2022 Edition for their submission:

“Freeing the soul from the dungeon of the mind”: Musical Metaphors in Mental Health Practice

Read all about it on page 3.

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.