



Spring Edition Theme:
'Environmental Sustainability in Psychiatry'



The Psychiatric Eye

The London Division e-Newsletter

With the College deciding to divest from fossil fuels and commit to invest in only ethically sourced companies, we thought environmental sustainability would be a topical issue to turn our Psychiatric Eye to. Little did we know our world (and lives in psychiatry) would be changing beyond recognition due to a global pandemic. However, one positive impact of the pandemic has been on the environment, with a fall in pollution and greenhouse gas emissions since the world went into lockdown. At work many of us have embraced digital ways of working to reduce face to face contact with our patients, switched to cycling to work to avoid public transport and have been thinking about maximising efficiency of teams whilst keeping our own self-care in mind. It seems the global pandemic has led us to start implementing some of the Colleges ["Top Ten Tips for practicing psychiatry sustainably"](#). Perhaps these new approaches to working will be one of the legacies of this pandemic.

Thank you to our London Division members who have contributed to this edition. Our submissions have looked at how we in psychiatry must adapt and how climate change can affect mental health, as well as our usual culture vulture and conference watch pieces. Congratulations to Dr Rudra for winning the prize for best article.

Editorial from Dr Alexander Adams and Dr Afia Ali

Inside this issue

Chair's message	2
Climate Change and Mental Health	3
The Climate Disaster - Why Psychiatry Must Adapt to a Rapidly Changing Climate	5
Motor-psych-ling: The greener alternative?	7
Nourishing the Soil of our Workplaces	9
Psychiatry's response to Climate Change: A responsibility and opportunity	11
Getting to net zero carbon: what can we all do?	13
Learning from experience: Gardening for rehabilitation and recovery	15
Conference Watch 1	17
Conference Watch 2	19
Culture Vulture	20
Book Review	22
Responding to Covid-19	24

Chair's Message

Dr Peter Hughes

Chair of the London Division Executive Committee

Although the theme of this newsletter is environmental sustainability we are swamped at this time with the COVID-19 pandemic. It is a time of immense stress for all of us and our families. Our lifestyles have been transformed. A crisis like this brings up the best and the worst of us. We need to be aware of ourselves.

At this time we need to be leaders and show calmness against panic even we don't feel it. We have a duty to support our colleagues and families and stop false rumours, and to give hope and comfort. At these times we need good reliable information. We need physical distancing not social distancing as we have never had so much technology to connect. Our patients need to see us lead and care calmly. They need to rely on us in an uncertain time. We are stretched in our roles. This week I trained all my patients in hand washing and was delighted to see that all had a good grasp of this vital activity. This is a time for kindness and patience. This crisis will test us all as we have never been tested before and will bring out our worst but if we know it at least we can mitigate that.

The biggest enemy we have at these times is panic. When we panic and stress we make mistakes. The one thing we know about epidemics is they do end and so too will this. Remember what will keep us all safe and alive is physical distancing and adequate hand washing. We know the solutions.

It remains to be seen how this crisis and environmental sustainability link but link they must. Whilst we are distracted the climate crisis continues and will be there after the pandemic is over. Life still goes on and we need to keep thinking of how we tackle environmental change. We have an individual personal and professional responsibility to see what we can do to save our planet. Health includes physical, mental and our planet's health.



Climate Change and Mental Health

Dr Sonya Rudra



All around us we are seeing and hearing about the impacts of climate change – floods driving people from their homes; wildfires wiping out entire ecosystems; droughts destroying people and their land; extreme weather events causing chaos to whole towns and villages. That's just the start.

With more protests and more media attention on the topic than ever, there is undoubtedly an increase in public awareness and knowledge about climate change. All too often I have sat through documentaries describing the physical impacts of climate change – ocean acidification and lack of oxygenation; threatened peatland ecosystems; changing sea levels; extremes of weather. Then roll the end credits. But what about the human impact? As advocates for mental health, we mustn't forget to talk about the effect on the individuals at the centre of this climate emergency. More specifically, the huge mental health impact of climate change. There are a number of direct, indirect, and overarching mental health impacts that disproportionately affect those who are most marginalized and vulnerable.

We already know that exposure to any kind of trauma can lead to mental health problems. We could reasonably formulate that extreme weather events might lead an individual to develop or exacerbate mental health problems that include, but are not limited to, post-traumatic stress disorder, depression and anxiety.

A significant burden of mental illness may be secondary to the physical health, community, human system and infrastructure impacts that are consequences of extreme weather events.

However, what about the direct impact of changing temperatures on mental illness? With climate change it is predicted that the incidence of prolonged periods of extreme heat will increase. Many studies have found significant associations between high ambient temperatures and increases in heat-related morbidity and mortality. Extreme heat events have been noted to increase hospital admissions for mental health disorders, including dementia, affective disorders, neurotic, stress-related, and somatoform disorders.¹



Heat-related mental health morbidity has been shown to occur most often in people with impaired thermoregulation, namely people taking prescription medications (specifically lithium, neuroleptic and anticholinergic drugs), and those with substance abuse. Dementia, schizophrenia and substance misuse are significant risk factors for heat related illness hospitalizations.²

The statistic I see quoted most often in relation to mortality in mental health patients and warmer temperatures is, "Patients with mental illness had an increased risk of death of around 5% for every 1 degree increase in temperature – compared with 2% for the general population".³ Although it is difficult to account for all confounding variables, the study supports the findings of similar research done internationally.

Research has consistently shown an association between increase in temperature and suicide.⁴ This should not be surprising given what we know about trends of suicide being higher in warmer months. However, research is evolving and giving us even more reasons to take notice of the increasing issues of mental illness that would result from climate change.

The findings so far are alarming. Warmer climates are directly linked to increased morbidity and deaths in an already vulnerable patient group. Anecdotally, I can easily draw on my own experiences of working on hot mental health wards during the summer months. Patients become increasingly frustrated; there are more incidents of violence and more problems with physical health.

Attribution of specific mental health outcomes to climate change remains challenging. However, there is reason to be concerned. As mental health advocates we need to lead in highlighting the mental health impact of climate change. The world is one large ecosystem where what affects one individual affects us all. The future is very much in our hands.

References:

[1] Hansen A, Bi P, Nitschke M, Ryan P, Pisaniello D, Tucker G. The effect of heat waves on mental health in a temperate Australian city. *Environ Health Perspect.* 2008;116(10):1369–1375.

[2] Schmeltz, M.T.; Gamble, J.L. Risk characterization of hospitalizations for mental illness and/or behavioral disorders with concurrent heat-related illness. *PLoS ONE* 2017,12,e0186509.

[3] Page LA, Hajat S, Kovats RS, Howard LM (2012) Temperature-related deaths in people with psychosis, dementia and substance misuse. *Br J Psychiatry* 200 (6):485–490

[4] Burke, Marshall and González, Felipe and Baylis, Patrick and Heft-Neal, Sam and Baysan, Ceren and Basu, Sanjay and Hsiang, Solomon (2018) 'Higher temperatures increase suicide rates in the United States and Mexico.' *Nature Climate Change*, 8 (8). 723 - 729.



Author details:

Dr Sonya Rudra

ST4 Intellectual Disability Psychiatry

The Climate Disaster - Why Psychiatry Must Adapt to a Rapidly Changing Climate

Dr Lucia Chaplin

In a beautiful short film by Canadian director Rebbecah Love, entitled “Parlour Palm”¹ follow the protagonist, a young woman with initially well-managed bipolar disorder, as she confronts the reality of our climate disaster, and her anxiety transforms into a manic episode. Her partner echoes our own response to climate change: “I just don’t have the energy this week, and I don’t have the time”. As our protagonist’s mania reaches a peak, and she is hospitalised, there is an unsettling sense that an unwitting modern-day prophet has been silenced by a world that isn’t prepared to hear the truth.

“I Want You to Panic”²

In our own lives we are surrounded by a series of disorienting and conflicting emotional messages. Following years of consumerist advertising, a new ethics is emerging. We mustn’t eat meat, drink milk, fly, drive, or have children. There is no end of guilt-inducing imagery of sick and dying animals to reinforce the message that our personal consumer choices are to blame for the death and destruction we see around us. There is a lot to feel guilty about. Stark predictions about the effects of climate change are coming true. The planet is burning, the oceans are choking, and we are in the midst of a mass extinction. There is a lot to fear.

It is unsurprising, therefore, that mental health professionals are starting to see an increase in clinical anxiety, depression and PTSD related to the climate,³ as well as a rise in more casual use of terms such as “eco-anxiety” or “climate depression”. Much of the content comes under two broad themes: that of personal guilt, shame and anger, and existential fear of our planet’s destruction.



This trend should prompt us to sit up and take note, for the worst is yet to come.

“Our house is on fire. I am here to say our house is on fire”²

This isn’t the first time that we have faced threats as a human race. The threats (and realities) of war, nuclear attacks, and even financial crashes might be considered catastrophic life events on a comparable scale. We are familiar with the wartime mantra of ‘keep calm and carry on’, a stiff upper lip, just-get-on-with-it approach that relies, at its core, on a premise that everything is going to be OK so long as the worst can be endured.

Climate change, unlike these other crises however, has no foreseeable end, and even the most conservative predictions of the events we face in this century represent the infliction of worldwide trauma unlike anything we’ve ever experienced. Everything will not be OK, and no country will be spared. It therefore represents an event that is sufficiently unprecedented both quantitatively and qualitatively that we should consider how to approach its associated emotional responses differently as mental health professionals.

Consider a possible future 50 years from now. Anxiety, depression and guilt are widespread. Hope is seen as naïve, and we encourage our patients to adopt a more pragmatic, fatalistic posture. There is an exclusion criterion in our diagnostic manual, much like the DSM-IV ‘bereavement exclusion’, for those with climate-related conditions, and we have simply stopped seeing these patients.

“Instead of looking for hope, look for action. Then, and only then, hope will come”²

Despite a future that is now inevitably very different to the world as we know it, scientists predict we may still have a few short years to prevent the most catastrophic outcomes of climate change.⁴ There is, only just, some space for hope. The threat remains real, and urgent, and we as mental health professionals will play a vital role in steering the public conversation about a ‘reasonable’ emotional response.

Fear is, of course, a survival-driven evolutionary response. When faced with a threat, our fear prompts behaviour directed at removing the threat. Psychiatrists don't tend to pathologise those who are appropriately scared of real threats, using both rating scales and some 'common sense' to determine where the boundary between 'helpful' and 'unhelpful' anxiety lies. But when climate scientists and activists are agitating to actually increase public anxiety, and when the world is not responding appropriately to this unparalleled global threat, how can we as mental health professionals calibrate the appropriate-ness of climate anxiety?

Firstly, we must keep ourselves informed, and inform others. The effects of global heating will inevitably impact us all, and all of our patients. We must take the lead in telling the truth about this upcoming global mental health disaster. The Royal College of GPs has led the way in declaring a climate emergency, and the Royal College of Psychiatry must follow, as well as joining the many institutions divesting from fossil fuels, in keeping with the principle 'first do no harm'.*

Secondly, let us help our patients (and the general public) to frame their emotions. We can empower patients to engage in goal-directed and purposeful actions. The cognitive dissonance that comes with increasing awareness of the scale of the threat, unmatched by an appropriate behavioural response, can be disorienting and destructive. We can support and educate patients, both to reclaim a sense of agency where learned helplessness has set it, and to instil a sense of hope that the worst is not inevitable. Another example: guilt, while perhaps serving as a useful prompt for sustainable behaviour, need not develop into personal shame and inward-directed anger. The responsibility for the climate disaster primarily lies with those in power.

Finally, and perhaps most importantly, we can allow ourselves to learn from our patients. Following Greta Thunberg's galvanising call to "act as if the house was on fire... [and] panic",² some people are doing just that. Perhaps, in those who are anxious, we are indeed encountering modern-day prophets. Perhaps, just as in our manic protagonist, they are speaking a profound and urgent truth. We must listen.

*What a great delight, only a few days after submitting this article, to hear the news that this was announced. A reminder to me to celebrate beautiful news, a source of that all-important hope.

References:

- [1] Parlour Palm. Love, R. (2020) Short clip available at: <https://vimeo.com/390828116>.
- [2] Thunberg, G. (2019) #FridaysForFuture, Available at: <https://www.fridaysforfuture.org/greta-speeches> (Accessed: 3rd February 2020)
- [3] Clayton, S., Manning, C. M., and Hodge C. (2014) Beyond Storms & Droughts: The Psychological Impacts of Climate Change, Washington D.C.: American Psychological Association and ecoAmerica.
- [4] Wallace-Wells, D. (2019) The Uninhabitable Earth: A Story of the Future, London, England: Penguin.



Author details:

Dr Lucia Chaplin, CT1 Psychiatry

Motor-psych-ling: The greener alternative?

Dr Gareth Smith

A novel approach to the theme of 'Environmental Sustainability in Psychiatry' is looking at transport modality and the subsequent impact on not only the environment but also the effect on physical and mental wellbeing.

Environmental and population health government policy initiatives have been adopted both nationally and within the capital with a focus on road transport. Examples include the Congestion Charge Zone¹, the adoption of the Euro 6 emissions standards², the Ultra Low Emission Zone³. Recently controversial government policies have been announced, for example the abolition of new petrol and diesel car sales from 2035⁴. At the time of writing, two-wheeled powered motorcycles are exempt from the Congestion Charge (including the ULEZ, providing that emissions standards had been met) and the new petrol 2040 vehicle sales ban.

There is an abundant research base regarding the physical and psychological health benefits of regular exercise. The environmental impact of differing transport modalities is well established. It has been advocated that we should encourage our peers and patients to engage in regular exercise, such as walking and cycling. These modalities, along with use of public transport, are generally considered as more environmentally sensitive (as opposed to the car). The car remains a vital mode of transport, both within and external to the capital. It is therefore important to consider further transport alternatives.



There is an emerging evidence base regarding the physical and mental wellbeing benefits of motorcycle riding as a form of transport, although it is noted that motorcycling is not without risk.

A study completed by the University College of Los Angeles Semel Institute for Neuroscience and Human Behaviour in 2019 demonstrated that the riding of motorcycles was associated with reduced cortisol, increased adrenaline, an improved sensory focus and increased alertness.⁵ The study was commissioned by Harley Davidson.

A study by Leyland et al. 2019, funded by the Engineering and Physical Sciences Research Council, demonstrated that electric power-assisted bicycles are associated with trends of an improvement in cognitive (executive) function in older adults.⁶

From an anecdotal perspective, I personally feel much refreshed in terms of physical and mental alertness after a motorcycle ride in to work compared to the daily 90-minute route on public transport.



Photo: The trusty steed – it saves time, money and the carbon footprint. Whilst navigating into London and the hospital car park through peak congestion, one can only imagine the emissions fumes accumulating in the air around the workplace.

To conclude then, we should be aware of the effects of transport method types and their association with physical and mental wellbeing in addition to environmental sustainability. Motorcycling as a form of transport for our patients may be seen as physically and psychologically beneficial, and environmentally sensitive.

There does remain unanswered questions regarding whether the benefits from powered two wheeled (petrol) transport are reciprocated to the equivalent electric motorcycles. One may surmise that this could be the case, although this remains an area for future independent study as electric power transport becomes more prevalent.

References:

[1] Transport for London. Congestion Charge. Accessed 26/02/2020: <https://tfl.gov.uk/modes/driving/congestion-charge?cid=pp020>

[2] European emissions standards. Transport for London. Accessed 26/02/2020: <http://content.tfl.gov.uk/lez-impacts-monitoring-baseline-report-appendix-1.pdf>

[3] Transport for London. Ultra Low Emission Zone. Accessed 26/02/2020: <https://tfl.gov.uk/modes/driving/ultra-low-emission-zone>

[4] House of Commons Science and Technology Committee, Clean Growth: Technologies for meeting the UK's emissions reduction targets. 22 August 2019. Accessed 26/02/2020: <https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/1454/1454.pdf>

5] Vaughn, D. (2019). The mental and physical effects of riding a motorcycle [Online]. Accessed 26/02/2020: <http://www.donvaughn.com/wp-content/uploads/2019/01/Motorcycle-Study-Research-Results.pdf>

[6] Leyland L-A, Spencer B, Beale N, Jones T, van Reekum CM (2019) The effect of cycling on cognitive function and well-being in older adults. PLoS ONE 14 (2):e0211779. <https://doi.org/10.1371/journal.pone.0211779>

Author details:

**Dr Gareth Smith MBBS BSc MRCPsych
ST5 Psychiatry (Dual General Adult and
Old Age Psychiatry)
East London NHS Foundation Trust**

Nourishing the Soil of our Workplaces

Dr Chris Chan

The issue of our ecological crisis is never far from thought, nor should it be. Reminders of our carbon footprint abound at every corner. Indeed if we do not, as Sir David Attenborough warns, take serious heed and radical action the disastrous consequences of climate change could only get far, far worse. So I do my best to live as consciously as possible as to my impact on the planet, masticating my way through a plant-based diet whilst labouring over whether the much-too-large box my Amazon package has arrived in should be allocated to the recycling bin, returning it to the paper supply chain, or to our compost bin to make precious nutrients for the garden. Yet I wonder if these considerations relate to the workplace, where they can feel a million miles away from the referrals that trickle in at an alarming rate with clinical crises and conundrums rearing their heads to demand immediate attention.



I wonder how truly separate my worries over the environmental crises out there are from the clinical crises that overwhelm me daily. I have for some time been influenced by the ideas of Satish Kumar, editor of the green magazine *Resurgence and Ecologist*. He urges us that the crisis facing our climate, our land and our soil, is deeply inter-related to the crisis facing the environment within: of our internal nature, our soul; and on a wider scale, of our society¹. It may seem that the solution to making psychiatric services more environmentally sustainable is to reduce our carbon footprint by minimising patients' durations of treatment, opting for virtual appointments if possible and prioritising short-term over longer-term psychological treatments. However, these suggestions feel spreadsheet-driven and financially-based similar to the austerity measures dressed up as being 'cost-effective'

that have led to a lost decade in the NHS, overlooking the human factors that make teams enthusiastic, motivated and ultimately sustainable.

It is this question of how we can make the very soul of our workforce sustainable that must be urgently addressed if we are to get to the crux of how our services could become more environmentally sustainable. The pressures of working in Psychiatry are innumerable and have been well enough captured by a multitude of surveys and research, and they reveal a workforce in crisis. The 2018 NHS staff survey reported 39.8% of staff feeling unwell in the preceding 12 months as a result of work-related stress and 19.1% of staff personally having experienced harassment, bullying or abuse at work from other colleagues². Recruitment and retention of trainees in psychiatry continue to be a challenge, leaving gaping rota gaps in persistently under-filled training schemes, which simply put means that there are way fewer people available than needed to do the work. 'Work-related stress' is a cursory phrase, but one that easily brings a host of challenging experiences and likely traumatic memories to mind without much of a stretch of imagination for all staff working at the frontline of the NHS. After all, 24.9% of trainees reported feeling burnt out to a high or very high degree in the 2019 GMC survey³. Interpreting burnout as a crisis of the soul, this is a frightening and sobering statistic to contemplate.

Unsurprisingly the things that help include feeling supported, valued and having good and consistent supervision with an appropriate workload that feels manageable. Unsurprisingly it does not help to be expected to function as normal on an arbitrarily decided minimum amount of five hours of continuous rest overnight, and it certainly does not help to feel deeply scrutinised by persecutory and unforgiving systems of inquiry and investigation after every patient complaint and death. These seem obvious, but the wellbeing of our workforce is still too often just an afterthought, if thought about at all. Perhaps sustainability in our workplaces begins in the home, and specifically in the garden. Before planting a new climbing rose, one would thoroughly prepare and fertilise the soil, and firmly secure a suitable trellis.

Similarly, how could we expect our teams to thrive without first laying down a fundamental framework of nurture, care and support for their members?

The metaphorical soil of our services has been left eroded and unfit for purpose, just like our denuded, overgrazed and deforested lands. In order to reform our services, we could take inspiration from the counterculture economic theories of E. F. Schumacher, explored in his seminal 1973 book, *Small is Beautiful: A Study of Economics as if People Mattered*⁴. He writes of a 'Buddhist Economy' that takes a view of work which, 'properly conducted in conditions of human dignity and freedom, blesses those who do it and equally their products'. Three and a half decades later, the heart of these ideas are revived in the recently published GMC-commissioned review into medical students' and doctors' wellbeing, chaired by Professor Michael West and Dame Denise Coia⁵. They report that compassionate leadership is urgently needed to ensure the wellbeing of our workforce through prioritizing three core needs of doctors: 1) the need for autonomy over our work lives, 2) the need to feel a sense of belonging to our teams and 3) the need to deliver competent, high-quality care.

A particular challenge of working in Psychiatry is that we are constantly exposed to a variety of unconscious projections from our patients. In order to help our patients, we must be receptive to these projections, digesting them before returning them to our patients if possible. However, these projections can be highly disturbing, violent, violating, despairing or intrusive. Therefore, a priority must be placed on there being time, structures and spaces where they can, like my Amazon packaging, be recycled or composted, through rest, supportive teams, high-quality and consistent supervision and training, reflective groups, personal psychotherapy or even through one's own exercise programme or yoga and meditation practice. Otherwise the risk is that these toxic projections are left to accumulate in the landfill of our souls, seeping out and contaminating the soil of our workplaces.

References:

- [1] Kumar, S. (2017) *Soil, Soul, Society: A New Trinity for Our Time*. Leaping Hare Press.
- [2] NHS Staff Survey 2018 [Survey]
- [3] General Medical Council. National Training Surveys 2019 [Survey]
- [4] Schumacher, EF. (2011) *Small is Beautiful: A Study of Economics as if People Mattered*. Vintage.
- [5] West, M and Coia, D (2019) *Caring for Doctors, Caring for Patients: How to Transform UK Healthcare Environments to Support Doctors and Medical Students to Care for Patients*. General Medical Council.



Author details:

Dr Chris Chan, ST6 in General Adult Psychiatry and Medical Psychotherapy, West London Mental Health Trust

Psychiatry's response to Climate Change: A responsibility and opportunity

Dr. Jacob Krzanowski

The most recent Lancet Countdown Report makes the cautious observation that 'Mental health might be negatively affected in various ways by heatwaves, loss of property, and loss of livelihoods due to floods, or climate-induced migration' [1]. Beneath this offering is the recognition that the causal links between climate change and mental health are difficult to quantify and even to understand. Its apprehension reflects that in a time of great uncertainty we must provide only the most robust and proven information.

And yet the speculative nature of this conclusion is unsettling. For many of us it is easy to imagine that particles in the air can be inhaled with each breath, carried away by our blood stream, and buried within our tissues. We take it at face value that a lack of clean water and nutritious food is incompatible with life. It is even possible to believe that we create things unseen, which over time circulate and accumulate in our bodies, causing harms yet to be fully comprehended. How is it then that a rising incidence of flooded towns, droughts, and displaced communities leaves space for doubt about the impacts of such events on our emotions, minds, and relationships?



It is not for Psychiatry, or anyone else, to claim that it fully understands the textures and elements of well-being. In fact, caring for mental illness shapes a perspective which demands patience, humility and empathy. Part of the challenge is that the treatment and understanding of mental health are rooted in conceptual divisions such as those between mind and body, or nature and nurture.

With enough time we understand these categories do not map onto actual experience and are, at best, an over-simplification. We come to see that people's internal life is in fact deeply enmeshed with their surroundings and that their experiences are often lived out and through the body. And there is an increasing recognition that healthy, nurturing relationships, meaningful contact, and a rich, supportive environment are all indispensable to the mental health of individuals and the generations that follow.

Meehan Crist writes that 'We rarely break from the binary thinking that pits humans against the rest of nature' [2]. This line offers another example of a stark divide in tension with lived experience. Timothy Morton has suggested that this conceptual construct is at the root of a perspective which has paved the way towards modernity with all of its consequences [3]. However, as we reckon with our choices, we draw closer to appreciating that such progress has come at a great cost. These sorts of binary divisions, the eternal 'us and them', are attractive for the distance they provide from notions of interdependency, and by extension, responsibility. But if they carry the potential for harm, perhaps the space between us and the natural world is less than we imagine. Responding to this foundational obstacle some writers have reacted to our environmental crisis by calling on the phenomenological tradition [3,4]. David Abram in particular suggests that a phenomenologically informed examination of our experience leads us to the natural conclusion that we each sit within a web of connections, humbling and awe-inspiring in its scale; a space where causality is perhaps less definable but always felt [4].

To live in a way which embodies our profound connection with the natural world, a shift in how we relate to our actions is urgently needed. As part of this transition, we will more deeply understand the interface between the environment and ourselves.

In joining the response to climate change, mental health professionals have the opportunity to show that the quality of this relationship to the natural world is already reflected in the undefinable but incredible interplay of community and culture that shapes an individual. It is then also our responsibility to model a relation to the natural that reflects a view of health emboldened with the richness of what it means to be alive.

References:

- [1] Nick Watts, Markus Amann, Nigel Arnell, Sonja Ayeb-Karlsson et al, "The 2019 report of the Lancet Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate," The Lancet 394, 10211 (November 2019):1836-78.
- [2] Meehan Crist, "Is it OK to have a child?" London Review of Books, March 5, 2020.
- [3] Morton, Timothy. Being Ecological. London: Pelican, 2019.
- [4] Abram, David. The Spell of the Sensuous. New York: Vintage, 1997.



Author details:

Dr Jacob Krzanowski
SpR Psychiatry

Getting to net zero carbon: what can we all do?

Dr Felicity Callender

Climate change and the ensuing crisis is difficult to escape; there is an overwhelming amount of information in today's media. In summary, the Earth's mean temperature is rising due to increased greenhouse gases in the atmosphere. This is mainly as a result of burning fossil fuels to create energy in response to industrialisation and the high energy demands of modern living. Carbon dioxide makes up two thirds of these greenhouse gases. Global warming leads to rising sea levels, extreme weather events and destruction of ecosystems; all of which have further devastating consequences for both the people and the planet.(1-5)

The Paris Agreement is a global strategy adopted in 2015 to combat climate change.(2) All nations have made a commitment to limit the rise of global temperatures to no more than 2 degrees Celsius.(3) To successfully achieve this we need to halve carbon emissions by 2030, halve them again by 2040 and aim for net zero carbon emissions by 2050.(4)



I am currently a higher trainee and chief registrar at The Maudsley Hospital in South London. Within the trust we have a growing group of trainees who are interested in climate change, reduction of carbon emissions and promotion of sustainable working and living. In line with the upcoming NHS sustainability awareness day on the 19th March 2020 here are five tips to reduce your carbon emissions and work towards net zero carbon:

1) Switch to renewables

Did you know? Carbon emissions as a result of burning fossil fuels is the largest cause of human induced climate change.(5)

What can you do? Switch to a green, 100% renewable energy provider. It's simple and quick to do and there are several to choose from; Octopus (recommended by Which?), Bulb and Ecotricity to name a few. If, and when, you need to buy new appliances, seek out energy efficient ones. Use energy efficient LED light bulbs. Improve the insulation of your home.

Make the switch today!

- **Octopus:** <https://octopus.energy/>
- **Bulb:** <https://bulb.co.uk/>
- **Ecotricity:** <https://www.ecotricity.co.uk/>

In your hospital or trust: Try to start the discussion around energy consumption and encourage your trust to switch to 100% renewable energy sources. Does your trust already use any renewable energy sources, or solar panels, if not could they?

2) Eat less meat

Did you know? 1/4 of the world's carbon emissions are related to food.(2) The cultivation of cattle for meat accounts for roughly 10% of global carbon emissions, out of 15% for all animal grown for food.(4)

What can you do? Individually, making changes to your diet is one of the biggest ways to reduce your carbon emissions. You can reduce your carbon footprint by roughly 1/3 if you cut out meat from your diet.(4) If you can't stomach going entirely veggie, start by eating less meat, think 'meat-free' Monday, or even better just 'meaty' Monday.

In your hospital or trust: Try to engage with relevant managers and encourage your workplace canteen to have regular meat-free days.

3) Think about transport

Did you know? Overall transport generates more than 1/4 of UK carbon emissions; cars alone account for 16% of UK carbon emissions.(4)

What can you do? Walk and cycle more, not only will this reduce your carbon emissions, but it will also improve physical health and well-being. Use public transport where you can. If you really need to travel by car then car share with colleagues and friends. If you only have a car for occasional use do you really need it at all? There are plenty of options for renting cars and car-clubs, such as zip-car, which could ultimately save you money in the long-run too. In the future, commit to shifting to making your vehicle electric.

In your hospital or trust: Campaign to improve facilities for cyclists, such as secure bicycle racks and access to showers and changing areas. Encourage car-sharing amongst colleagues. Persuade your trust to pledge to only buy electric for new vehicles in the future.

4) Say no to fast fashion

Did you know? Fashion accounts for about 3-4% of the UK's carbon footprint.(4) Most fabric ends up in incinerators or landfill and less than 1% is made into some form of new clothing.(4)

What can you do? Try to purchase fewer items of higher quality clothing designed to last. Extend the life of existing clothing using the philosophy of make, do and mend! Buy second-hand. There are countless charity shops supporting great causes. Borrow from a friend rather than buying an outfit you might only wear a few times. Swap clothes with friends or look out for clothes swap events, which can be a great way to refresh your wardrobe. For high-fashion aficionado's there are even clothes rental companies too, such as HURR (www.hurrcollective.com).

5) Elect politicians who care

To win the race against climate change, policies and solutions must be prioritised at a national and international level. Reduction of carbon emissions requires investment in technological solutions, such as hydrogen boilers to replace gas heating, and renewable energy sources over fossil fuels. (2-5)

What can you do? Choose your vote wisely. Vote for political candidates who are passionate about the reduction of carbon emissions and the development of sustainable solutions.

References:

- [1] Un.org. (2020). United Nations: Global Issues, Climate Change. [online] Available at: <https://www.un.org/en/sections/issues-depth/climate-change/> [Accessed 3 Mar. 2020].
- [2] Jaccard, M. (2020). The Citizen's Guide To Climate Success: Overcoming Myths That Hinder Progress. 1st ed. Cambridge: Cambridge University Press. PDF version available as Open Access on Cambridge Core at doi.org/10.1017/9781108783453
- [3] Figueres, C. and Rivett-Carnac, T. (2020). The Future We Choose, Surviving the Climate Crisis. 1st ed. LONDON: Manilla Press.
- [4] Goodall, C. (2020). What We Need To Do Now , For a Zero Carbon Future. 1st ed. LONDON: Profile Books Ltd.
- [5] Berners-Lee, M. (2019). There Is No Planet B: A Handbook for the Make or Break Years. 1st ed. Cambridge: Cambridge University Press.



Author details:

Dr Felicity Callender MSc (Public Health) MRCPsych, Chief Registrar and ST5 General Adult Psychiatry, South London and Maudsley NHS Foundation Trust

Learning from experience- Gardening for rehabilitation and recovery

Dr Shuo Zhang



Twitter: @GPFoodCoop

Website: lambeth.gpfoodcoop.org.uk

I am a CT2 trainee in psychiatry in South London and have just finished a six-month job in a Community Rehabilitation and Recovery team. I am also a member of the Lambeth GP Food Co-op, a co-operative of patients, clinicians and the local community who grow food at GP practices for the NHS. The project contributes to sustainability within the NHS by showing the food can be grown locally and also adding social value through building relationships between primary care and local residents. Whilst I fully accept that I am not a GP, I have really enjoyed being involved in a community project and learnt many things which will go on to inform my psychiatric practice. I wanted to share my experience and encourage others to do the same.

How I got involved

I heard about the Lambeth GP Food Co-op through word of mouth. I had been living in South London for a few years and had also been interested in sustainability and healthcare, so I heard about the project through those networks.

I was immediately inspired to get involved as I felt the project was both simple and achievable. At the heart is a very simple idea- to get patients to grow fruit and veg on

GP practice land- but it had the potential to have wide ranging benefits. We hope to promote physical activity, healthy eating, more resilient communities, decreasing social isolation, food miles and more.

What I learnt

Having become a member of the Lambeth GP Food Co-op three years ago, since then I have had the opportunity to not only learn more about growing fruit and veg, but also to see how different gardens at different GP practices run and meet and get to know other community gardens locally. Other less expected things that I have achieved, have included selling vegetables to staff at King's College Hospital and the wider public at the Garden Museum, hosting a film screening at the South London Gallery, and manning a stall at the annual BMA house open gardens weekend.

I feel that I have gained important insights into the role of the wider community in promoting health and wellbeing. In particular, it has been great to spend time getting to know a range of people from all walks of life, and an activity such as gardening often changes the sort of interactions you have with people; you can get to know someone in different and surprising ways. I also found that some people will always call you doctor, even if you are both just doing the weeding.



I have also enjoyed sharing this experience with GP colleagues. It is probably quite rare that as a psychiatrist we would get to poke around different GP practices, and through this I realised that GP practices are very different from each other and are often their own communities within themselves.

We also share a lot of common ground with our GP colleagues who despite juggling many different demands, are passionate and dedicated around working together to improve the health of local communities.

Although I did not know it when I joined, my experience in this community project proved to be invaluable in my Community Rehabilitation and Recovery job, where a key part of the team's role in helping people stay well, despite residual symptoms, was through identifying and engaging them in meaningful activities. It was great to see that a few of the supported accommodation had gardening groups already. It would be great if we could use activities such as gardening as a way to promote both physical and mental health, and a way to start a more collaborate relationship between primary care and community mental health teams. If we want to improve the sustainability of the NHS, then we need to embrace new ways of working, and projects which foster greater interconnectedness between people across different parts of the healthcare service will be increasingly more important, and we need to find ways to nurture and sustain them.

**Author details****Dr Shuo Zhang, CT2 core psychiatry trainee**

International Medical Graduates Conference 2020: Promoting diversity in the psychiatric workforce

Dr Emmeline Lagunes-Cordoba

In late 2019, the General Medical Council's "The workforce report" included two key findings. First, the number of psychiatrists in the UK remains low. And second, more non-UK medical graduates are gaining a licence to practice than UK medical graduates. The publication of this report coincided with the advertising of the RCPsych 's International Medical Graduates Conference, which, in light of the report's findings, I thought I couldn't miss it.

The #IMG2020 was held on 17th January at the RCPsych in London, where we were welcomed by Dr Subodh Dave and Dr Saadia Alvi, who started the day asking the audience to look for those who were visiting the building for the first time and talk to them, a nice touch for anyone visiting 21 Prescott Street for the first time.



The morning session included three talks, delivered by five speakers, focused on key issues for most IMGs working on psychiatry in the UK. First Dr Ian Hall talked about how the college is addressing discrimination and valuing diversity in ensuring fair examinations for IMG's taking the MRCPsych exams, by making reasonable adjustments such as using an accessible language. Then, Dr Manoj Rajagopal and Dr Chukwuma Oraegbunam discussed the importance of supervision, mainly the need of supporting and mentoring IMGs during their initial days, as they consider supervisors play a key role in the integration progression and retention of IMGs.

Finally, Dr Naseer Khan and Dr Raja Ahmed talked on personal experiences of blogging, and highlighted how social media can help IMGs find relevant information, reach other doctors - potential mentors- access online sessions, and even find jobs. This session concluded with a Q&A section, in which someone asked, what do IMGs need to unlearn? The answer: More than unlearning "bad habits", it's about recognising the cultural differences and making the necessary adjustments to ensure the best care for our patients.

The mid-morning included Dr Kate Lovett's fantastic talk about reflective practice, which started by Dr Lovett asking the audience to take a selfie to look at our own reflection, an activity that everyone seemed to enjoyed - I mean, it appealed to our narcissistic traits. One key message was the description of Gary Rolfe's reflective practice model, which includes three basic but powerful questions: what? So what? And, now what? This talk was followed by four "world café" sessions, which were focused on: how to make the most of your supervision; the benefits of mentorship; the challenges of adapting to a new culture; and the support IMGs can get from the Psychiatric trainees' committee.

The afternoon session included personal accounts from two brilliant speakers and inspiring psychiatrists. First, Dr Femi Oyeboode delighted us with a talk about identity and transition into western culture, in which he spoke about his transition from Nigeria to the UK. His stories not only resonated with me, they also made me realise that transition never ends. Also, I agreed with his view about not understanding how people could think a freezing but sunny day is a nice day! After this, Dr Lade Smith, a prominent forensic psychiatrist (and recently appointed CBE!), talked about her personal journey, and all the challenges she had to overcome as a black woman, to achieve her goals. She acknowledged that "not being one of the boys" might be a barrier, but stated that if we are smart, personable, fun, have interesting ideas, and are prepared to work hard when required, we can make it.

The conference continued with a slightly negative note, as we heard Dr Roger Kline talking about the disproportionate number of referrals of IMGs – mainly from BAME backgrounds- to the GMC for fitness to practice hearings. However, he also discussed current recommendations about how to tackle this issue, one of the most important points being to better understand diversity. Finally, the conference ended with a panel discussion including Dr Shahid Latif, Dr Alka Ahuja, Dr Mihaela Bucur and Dr Mohammed Al-Uzri, in which they talked about their personal experiences as IMGs, and provided some very valuable tips for success: build relationships, be resilient, ask for help, get a mentor, don't be shy, get a hobby, stand up for yourself, and more importantly, recognise that being an IMG as a strength.

Overall, this was a stimulating and inspiring conference, which any IMG working in psychiatry in the UK should attend at some point in their life; the earlier, the better. Room for improvement? More diffusion. Why I didn't hear about this last year?

Author details:**Dr Emmeline Lagunes-Cordoba****Specialty doctor in General Adult Psychiatry**

Conference Watch: Advances in Clinical Practice for Older People with Substance Misuse, London, February 2020

Dr Alexander Vale

The baby boomers are starting to get quite the reputation. I'm constantly informed that they are the reason buying my first home seems out of reach, not to mention their culpability in climate change. However, an emerging impact on the generation that lived through the swinging 60's is, perhaps not surprisingly, substance misuse. This was explored through a two-day conference at the Royal College in February.

The event began with enthusiastic speaker, Dr Tony Rao making introductions before giving a presentation on the public health aspects of addiction in older people. The last 15 years has brought a 2000% increase in the number of older people accessing addiction services for some treatments. This set the tone of the conference and highlighted the necessity of increased awareness amongst clinicians.

Dr Nicky Kalk presented on opioid dependence in older adults; an intriguing and pertinent topic given the stateside 'epidemic'. She also raised some thought provoking points on polypharmacy. Most striking was that Gabapentinoids are associated with at least a 50% increase in the risk of opioid related deaths.¹

She was followed by a reading from Diane Goslar, who passionately extracted from her own experience through alcohol dependence and subsequent abstinence. During the morning question and answer session, Heather Ashton's famous work on Benzodiazepines was referenced for the first of many times during the conference.²

On the first afternoon I attended a workshop focussed on substance misuse in older people with chronic pain run by physician, Dr Cathy Stannard. She expressed explicitly that the analgesic ladder is significantly past its sell-by date. The result is mass over-prescription of compounds with abuse and dependence potential, in patients where pharmacological treatment was often never the optimal choice. ICD-11 will recognise chronic primary pain as a diagnostic entity. It describes pain without an obvious aetiology characterised by co-morbid psychiatric and psychological issues. For example, adverse childhood experiences, emotional distress and functional disabilities.³ This group are vulnerable to unnecessary analgesic polypharmacy.

Dr Tony Rao triumphantly returned on the second morning to educate on cannabis use in older people. After talking to

other attendees, the most illuminating part of his presentation was a breakdown of the constituent compounds of cannabis and their effect on the user. From my own perspective, I had not been aware of the physiological response of the cardiovascular system to cannabinoids and the subsequent increased risk of most major cardiac pathology. Dr Ed Day, the UK Government's Drug Recovery Champion, also spoke on treatment outcomes in substance misuse.

Following this, Oliver Standing informed the audience about reducing harm from alcohol in the third sector. He chairs the Collective Voice⁴ alliance that brings together charities providing addiction services in England. He had a unique and expert insight into the organisational difficulties faced.

Finally, the conference was closed by two parallel workshops. The first a bombastic performance by Dr Cathy Symonds on the common substance misuse problems liaison psychiatrists face in older people. She focussed heavily on longstanding iatrogenic benzodiazepine dependence. The second, a refresher on alcohol related brain damage in older adults, presented by Dr Tony Rao.

As an aspiring addiction psychiatrist, the conference instilled a new degree of confidence in managing substance misuse in older populations. Old age psychiatry attendees approaching the issue from the opposite direction seemed to concur. This can only attest to the talented array of speakers and I am optimistic the standard of my clinical practice will appropriately boom.

References:

- [1] <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002396>
- [2] <https://www.benzo.org.uk/>
- [3] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450869/>
- [4] <https://www.collectivevoice.org.uk/>



Author details:

Dr Alexander Vale
Specialty Doctor, Royal Free
Hospital, Mental Health,
Liaison Team

Culture Vulture: Classic opera female leads in the #metoo era

Dr Emmeline Lagunes-Cordoba

The 2020's spring season of the English National Opera (ENO) is about to start and includes the revival of two classics, Bizet's *Carmen* and Puccini's *Madame Butterfly*, and two new productions, Verdi's *Luisa Miller* and Dvorak's *Rusalka*. While scrolling through the ENO website, I noticed that most of this season's operas are focused on tragic female stories. I know one can argue that opera and tragedy are almost synonymous, but in these cases all the heroines suffer tragic deaths or curses, due to the betrayal, anger or jealousy of men. These are classic tales and I don't wish to change or adapt them to fit our current #metoo era. However, I thought it would be interesting to imagine how things would have been for our lead females, having they had lived in our current time of emails, Tinder, Deliveroo and the omnipresent social media.



Ah! He has forgotten me?

Butterfly is a young Japanese woman who shortly after marrying Officer Pinkerton, is left behind, pregnant, when he goes back to America. After waiting for three years, *Butterfly* learned that her beloved husband is back, but with a new wife. Heart broken and dishonoured, she takes her own life. Although we no longer hear these kinds of tragic stories, we all know a woman that raised a child on her own after her partner left. Lucky for us, women and children are now protected by law and systems that support them. However, are women still dishonoured? Are they still shamed if they are "left"? I'm afraid some still are. "You had a failed marriage" or "you couldn't keep your man" are some phrases that women still hear after men leave.

So, would *Butterfly* have ended her life had she been born in our current time? I hope not. I hope she'd be supported by her family and friends; I hope her GP could identify she is struggling and refer her to social and psychological services; and finally, at her moment of despair, I hope she would call any emergency service to reach for help. I hope she would know she is not alone. "Who cannot live with honour, must die with honour"

The grave is a bed strewn with flowers

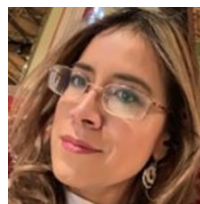
In Verdi's *Luisa Miller*, after the title character rejected courtier Wurm over Rodolfo, Wurm plots to get Luisa to write a letter to Rodolfo confessing her love to Wurm in exchange of her father's life. Married to another woman, but still hurt, Rodolfo poisons himself and Luisa when she admitted she wrote the letter, only to later hear the truth. But it's too late; Luisa dies in her father's arms. Nowadays we mostly hear this kind of intricate plot in *Eastenders*, but unfortunately we still live in a society where men can feel entitled to abuse women, or even end their life, if they feel betrayed. So, would Luisa have been killed by Rodolfo if she were alive now? I don't know. Yes, it is plausible that due to jealousy, Rodolfo could abuse, and even kill, Luisa. However, I want to think she'd be supported by her family and friends, and that she'd know she should not tolerate being in an abusive relationship. I hope she'd know where to seek help and not feel embarrassed about it; I hope her GP would notice; I hope people around her would speak up and intervene; and more importantly, I hope she receives the support she needs to recover and leave this episode behind. "Oh Forgive my sin!"

Moonlight don't disappear

Rusalka is a water-nymph who loses her immortality and ability to speak after she drinks a potion to make her human, as she had fallen in love with a human prince. However, after the prince rejects her and she refuses to kill him to save herself, she is cursed to be a spirit of death that will only appear to take humans to their death. I know this a fantasy tale that has no obvious link to our modern society.

However, one could argue that today, more than ever, women change the way they look seeking “princes” to fall in love with them, or even worse, to get more “likes” across the multiple social media platforms.

Many girls from a young age are changing their looks or editing their images to present themselves as perfect (or at least more desirable) seeking perceived acceptance and validation by a society obsessed by likes, followers and retweets. So, if Rusalka was to be a real woman of this era, she’d probably still try to change her looks to get the man she desires to fall in love with her. This might lead her from editing her profile pictures to undergo unnecessary plastic surgeries to achieve the desired look. However, I hope people around her make her feel accepted and remind her that her value lies in who she is rather than the way she looks. I hope also that, if necessary, her loved ones help her improve her self-esteem before deciding to support physically changing any aspect of this young lady. “All sacrifices are futile”



Author details:

Dr Emmeline Lagunes-Cordoba,

Specialty doctor in General Adult Psychiatry

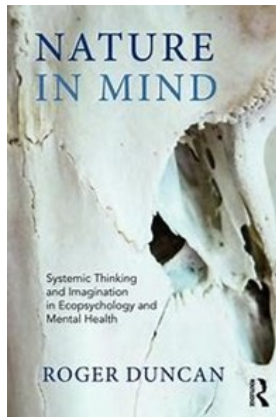
Love is a rebellious bird

Carmen is a free soul who likes to flirt with men and do whatever she wants. After Carmen seduces Don Jose, he becomes obsessed with her, spiralling down into disgrace and jealousy, which eventually leads him to stab her, pleading “Oh Carmen, I adore you!” Although Carmen was killed by Don Jose, she is not our classic operatic victim. Carmen is strong, challenging, a “survivor”, used to doing whatever she wants. She knows she doesn’t need to do anything to please men and she is happy with it. I think nowadays more women relate to Carmen, as they feel free to express who they are and as they wish.

Unfortunately, there are still many men that would take a woman’s life if they are rejected. In many places the rates of raped and murdered women seems to keep increasing, which reflects how our modern society still “allows” women to be abused or killed because of their gender. I know it might seem there is not much we can do to tackle this essentially social and cultural issue. However, we can continue supporting women that are in abusive relationships, get involve with organisations that provide support to rape victims, and we can challenge misogynistic views and comments that undermine women in anyway. “Free she was born and free she will die”

Book Review: Nature in Mind Systemic Thinking and Imagination in Ecopsychology and Mental Health

Dr William Burbridge-James



Roger Duncan invites us into the journey that his life has taken him along, which inspired him to write this book. From his early life experiences that kindled his passion and study for biology; his travels in the Middle East and across Africa as a young man; then in his working life as a Steiner teacher; and as an educationalist and forester, working with young people with complex needs in the outdoors, and latterly as a systemic family psychotherapist in the NHS.

In the book, he weaves his deeply personal experiences with a conceptual framework that has grown out of his curiosity to develop his understanding and establish meaning out of his experience. Duncan builds conceptual links between the 'siloed' disciplines of education, biological science, practical nature based work, and systemic psychotherapy to illustrate how 'approaching nature and human development in a different way can create a 'systemic ecological approach to psychotherapy'. His book captures the zeitgeist as climate change is forcing us to examine our relationship with our planet and that 'the time for talking has run out and action is needed to prevent us living in a destructive relationship with world and with ourselves'.

In the introductory chapter, Duncan sets out his thesis that our dislocation from our ancestral relationship with the natural world has led to an emotional disconnection between nature and our instinctual minds, and thus a forgotten un-mourned trauma. This trauma is manifest and enacted in the self-harming, suicidal and addictive

behaviours, seen in displaced indigenous peoples linked to their cultural dislocation, which are now endemic in western industrial societies.

He seeks to induct us into an eco-psychological practice that is still in development, making the case that we are 'drawn to and emotionally moved by the aesthetics of the natural world' (p15), therefore incorporating aspects of indigenous experience into education and therapy practice makes good sense. He describes the significant impact that wilderness experiences can have on the lives of young people struggling with a range of difficulties, including those in contact with the criminal justice system, with a subsequent impact on re-offending rates compared to more costly interventions.

He draws on the work of Gregory Bateson, whose philosophy was inspired by Goethe, and the work of the philosopher Henry Corbin. Bateson was one of the most original thinkers of the twentieth century whose research moved across the boundaries of different fields as an anthropologist, social scientist, and cyberneticist. His publications include 'Steps to an Ecology of Mind' (1972) and 'Mind and Nature' (1979). Bateson was interested in 'patterns that connect' in nature and the interdependencies in the ecological system, which, if we were aware of, we would be less destructive towards. 'Break the pattern which connects', he says, and, "-you necessarily destroy all quality'.

It is this experience that Duncan seeks to induct us into; stories that allude to 'something lost' and that there might be another way of experiencing nature and the human mind; a way of approaching Ecopsychology outside of the scientific and even cognitive framework. He introduces us to Corbin's notion of the language of the 'imaginal world': a forgotten aspect of reality hidden in plain sight, that we can learn to access by the process of 'active imagination' through learning to recognise the patterns and subtle organising principles, not usually experienced by thinking or sensory experience; An area of experience usually left to artists and poets, rather than scientists.

Duncan draws on a neuroscientific understanding of trauma and 'the emotional brain' and links this to the American psychologist James Hillman's understanding of the mastery of the 'alchemical language of the material world that is nonverbal and bodily based' (p38); and Corbin's notion that we need to actively inhabit our body and nature. This can be achieved through hands on work and physical encounter with natural materials that is self-healing and therapeutic.

He invites us into the woods with him and illustrates how his work in an educational research project set in ancient woodland working with young people, who experienced a heterogeneous mix of complex mental health difficulties, provided an educational and therapeutic environment where through the sensory motor learning in a supportive frame, students experienced embodied engagement with the imaginal world. Duncan provides feedback from students who undertook the project as well as giving practical suggestions for therapeutic education woodland activities.

The work is also informed by 'nature based developmental wheels'. A systemic way of conceptualising developmental tasks and stages, that is circular and non-linear, representing both our relationship with nature and the seasons, and cultural context, but also our physical and psychological selves. Duncan introduces us to three developmental wheels, which share an overarching connection, originating in pre-Christian indigenous communities. He elaborates on the specifics of each model, and draws on his experience of Rudolf Steiner's writings and approach to teaching, linking the models to neuroscientific models of development and trauma. A 'bottom up' neurophysiological hypothesis, where working through bodily based activities can help emotional regulation, and which recognises the importance of the 'links between nature and the human mind' (p67).

Essential aspects of development in indigenous cultures are rites of passage at points of transition in development, especially adolescence to adulthood. Duncan trained at 'The School of Lost Borders' in California where the founders Foster and Little had developed Vision Fasts as a contemporary 'pan cultural rite of passage'. Vision fasts involve being out in nature for four days on your own, fasting without shelter but with non-contact oversight from guides. In this process nature is engaged as a sentient 'other' in an intersubjective dialogue with the 'psyche', which creates a potentially transformational experience that needs

mindful facilitation. Duncan is clear to differentiate this from psychotherapy, inviting us to share his experience of both undertaking and facilitating vision fasts with testimony from participants.

In the penultimate chapter, Duncan expands on his theoretical framework, and describes how systemic thinking and exploration of multiple perspectives promotes a wholistic, as opposed to mechanistic fractured view of nature and the world.

Duncan's book invites and challenges us as practitioners from a biomedical underpinning to open our minds to think systemically across boundaries that have divided us from a lost unarticulated aspect of ourselves and open a dialogue to 'an imaginal narrative' that connects nature and the human soul. I can recommend this book to colleagues wishing to develop their understanding of the emerging practice and epistemology of ecopsychology and its application to mental health.



Author details:

Dr William Burbridge-James FRCPsych
Consultant Psychiatrist in Medical Psychotherapy

Responding to Covid-19

Different ways the College is supporting members at this time

Psychiatrists' Support Service

The Psychiatrists' Support Service is a free, confidential support and advice service for psychiatrists at all stages of their career who find themselves in difficulty or in need of support.

Telephone: 020 7245 0412

Email: pss@rcpsych.ac.uk

[PSS webpage](#)



CPD Online has released more free modules and podcasts to support members work at this difficult time.

[Free CPD Online Modules](#)

[Free Podcasts related to Covid-19](#)

Webinars for members

The College has launched a series of free webinars for members. The webinars will offer a solution-focused approach to the current Covid-19 pandemic.

[Free Covid-19 Webinars](#)

COVID-19: Support for patients and carers

The College has created an area on the website to provide information about managing your own or someone else's mental health during the COVID-19 pandemic.

[For more information please visit the website.](#)

COVID-19: Guidance for clinicians

The College has created a hub on the website to support clinicians at this time. The pages will continue to be updated with relevant information and guidance.

[For more information please visit the website.](#)

London Division Editorial Team:

ThePsychiatricEye@rcpsych.ac.uk

| [@rcpsychLDN](#)

Dr Afia Ali

Dr Alexander Adams

Dr Matthew Francis

Dr Rory Sheehan

Dr Chris Symeon

Dr Sachin Shah

Dr Stephanie Young

Jen Edwards (London Division Manager)



Congratulations!

Congratulations Dr Sonya Rudra for winning the best article of the Spring 2020 Edition for her submission on *'Climate Change and Mental Health'* 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.