



Psychiatry

The Northern & Yorkshire
Division eNewsletter

Editorial

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Hello, and a warm welcome to this latest edition of the RCPsych Northern and Yorkshire Division eNewsletter. One of the many privileges of being Secretary and Northern and Yorkshire representative for the Psychiatric Trainee Committee is becoming Editor of the Newsletter, and I must express my thanks to all of the submitting authors. There are currently multiple vacancies open to interested members at [Northern and Yorkshire Executive vacancies \(rcpsych.ac.uk\)](https://rcpsych.ac.uk/northernand-yorkshire-executive-vacancies).

The articles submitted to the newsletter range widely and reflect the many facets of our work and interests. We start with our Chair, Dr Paul Walker, providing a divisional update. Dr Sarah Orr reflects on a leadership project for aspiring consultants and Dr Ranjita Howard focusses on a psychotherapy initiative for trainees. Dr Amelia Gledhill shares her thoughts on her first year as a consultant and Dr Wico van Mourik reviews 'Boys in Zinc', a Belarussian narrative documentary on war.

We finish with a report on the recent Northern and Yorkshire Spring conference by Dr Sumeet Gupta and look ahead to future events, including the Autumn Conference on Friday 15th September, an online Mentoring and Coaching event on Wednesday 11th October and the online Well Event on Wednesday 6th December.

A quick word about the sold-out National Trainee Conference that took place in Cardiff 2023. An innovative approach whereby speakers talks were linked to HLOs within the new trainee curriculum

proved a hit and enabled easy linking to some of the more hard to evidence outcomes. We hope this model will be adopted across future conferences and training events.

Thanks also to our Committee Division Manager, Moinul Mannan, and Zsuzsanna Csombordi, Division Administrator, without whom production of the newsletter and the other work of your RCPsych Division is not possible.

If being published in this august organ is not incentive enough, there is the fantastic prize of £50 for the article selected by the Editorial team. Congratulations to Dr Wico van Mourik who is this edition's winner. Please kindly submit your articles of 500-1000 words length by 30th September 2023 to: northernand-yorkshire@rcpsych.ac.uk.





Chair's Column

By Dr Paul Walker

Hello and a warm welcome to you all for our Summer newsletter! It's been a very busy time since my Winter 2022 column, in our vibrant Northern and Yorkshire division. The division has held extremely successful CPD events including the physical health monitoring in eating disorder patients in February which had 179 registrations and then the therapeutic use of cannabis, psilocybin and ketamine webinar on the 24th March which had 282 registrations and our Spring conference on neuro psychiatry attracted 142 registrations. We are doing extremely well compared with other divisions and I want to particularly thank our academic secretary Dr Sumeet Gupta for his hard work as well as Susie Veitch, our events Manager.

I am particularly excited to tell you that our Autumn conference is available to book for Friday 15th September to be held for the first time at the Scotch Corner Hotel and will be face to face: [Northern & Yorkshire Autumn Conference 2023 'Gold Standards: Myths, Bias & Evidence'](https://rcpsych.ac.uk/conferences/2023/gold-standards-myths-bias-evidence) (rcpsych.ac.uk)

Dr Lade Smith, our new President of the Royal College of Psychiatrists will be speaking, as well as a host of other excellent speakers concentrating on reminding us about gold standard treatments in psychiatry. All the sessions are topical, and I hope of interest to us all. Please note the venue places will be limited in number, I am confident it will rapidly be fully booked so book now if you want a place!

Can I remind trainees, SAS Doctors and Medical Students to submit your poster competition entries to division.events@rcpsych.ac.uk. Remember there is a £100 prize for each category which are usually presented by the President. The deadline for submissions is Friday 28th July.

We also have our Mentoring and Coaching Event run jointly by Northern & Yorkshire and West Midlands Divisions on Wednesday 11th October (online).

We have recently recruited to a number of Executive positions in our division, but the following vacancies are still available including:

- Academic regional rep (division-wide),
- Child and Adolescent Regional rep (North East region),

- Eating Disorders representative (North East region),
- Intellectual Disabilities regional rep (North East region),
- Old Age regional rep (Yorkshire region), Rehab and Social Rep (North East).

Please contact myself or Moinul Mannan, Divisions Committee Manager if you are interested in one of these opportunities. Thanks to our representatives at the Mindmasters quiz at the International Congress, Drs Amelia Gledhill, Arun Kuruppath, Joy Ukonu and Steven McFarlane. We also helped fund the Northern and Yorkshire Psychiatry Summer School facilitated by Dr Melissa Harris on the 3rd–5th July 2023.

May I wish you all a happy and healthy Summer and please look after yourselves in the midst of this particularly challenging time working as a doctor.

All the very best



Dr Paul Walker

Chair of the Northern and Yorkshire Division



South West Yorkshire Partnership Foundation Trust Development Programme for Aspiring Consultants; reflection on a leadership project

By Dr Sarah Orr

Background:

In August 2021 I joined the Royal College Leadership and Management Fellowship Scheme. I was assigned a mentor and we discussed potential projects I could work on. South West Yorkshire Partnership has been working on ensuring their trainees feel supported and valued for some time and one aspect of this was ensuring they feel prepared for the next stage in their careers. Trainees also expressed a desire to feel better prepared for work as a consultant. It was felt that an event to inform and educate trainees on various aspects of work as a consultant would be well received and help raise the profile of the trust. This was supported by surveys and a focus group completed by local higher trainees. A working group was created to plan and deliver this event.

Method:

Initial surveys were conducted for higher trainees in the North, East and West Yorkshire deanery and the South Yorkshire deanery to assess the appetite for a training event regarding consultant preparation, and if appropriate, what content would be most useful.

Following this we created an agenda for the day in order to incorporate the above. Consideration of keynote talks led to the invitation of the Chimp Management team and the including of a session from Big Speeches from actor Jessica Regan.

Design:

The Agenda included sessions on;

- Values Based Recruitment. This is important as it is a key aspect of ensuring common ground between staff and the Trust. It is not something widely discussed at a trainee level therefore a brief introduction to this was felt helpful when considering job applications.
- The perspectives of the Medical Director, the Deputy Director of Nursing, Quality and Professions and the Associate Medical Director for Workforce and Operations. As these individuals often sit on interview

panels their views on what aspiring and new consultants may need to know are invaluable.

- Leadership from a current consultant. Pre event surveys identified this as an important component of the event.
- Financial Advice. Survey feedback found that advice on managing personal finances was of interest.
- Non-clinical opportunities. As above, survey feedback suggested there would be interest in what non-clinical roles were available to new consultants generally and locally.
- Adapting to life as a new consultant. The survey had identified this as a key area of interest, given the dramatic change of role from trainee to consultant.
- A session on interview preparation from actor Jessica Regan. Her Big Speeches workshops to develop workplace confidence are well received.
- A keynote talk from Chimp Management on Simplifying Neuroscience to get the best out of yourself. Chimp Management have had positive reviews from similar sessions previously and their books on these themes very popular.

Results:

We completed a pre-event survey and a post event survey to determine if there was any impact on confidence and likelihood of applying to work at SWYPFT following the event. We also sought feedback on the individual sessions and the event as a whole. Unfortunately, we had fewer responses to the survey after the event, making it difficult to draw any clear conclusions. The main findings are briefly outlined below:

In terms of impact on confidence in applying for consultant work, confidence in the practicalities of the work and the leadership aspects of consultant work, there was not a clear change in findings.

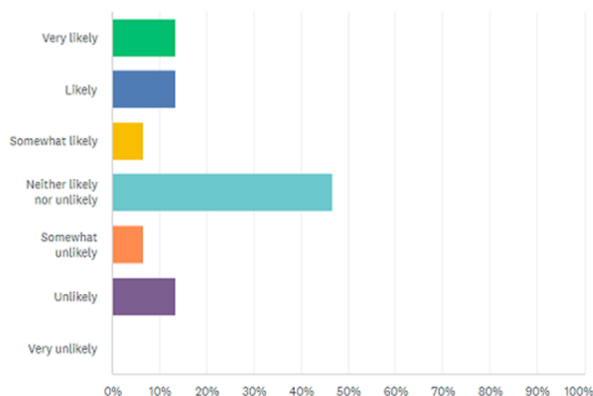


South West Yorkshire Partnership Foundation Trust Development Programme for Aspiring Consultants; reflection on a leadership project

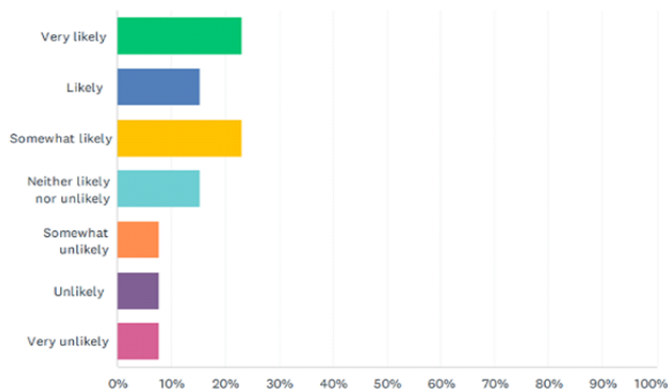
By Dr Sarah Orr

The responses received suggested a somewhat increased likelihood of applying for work at SWYPFT in future:

Pre session:



Post session:



Favourite sessions:

Respondents were very positive about the session on confidence and interview preparation from actor Jessica Regan. The financial talk and talk from a new consultant were also popular.

Less popular were the sessions focussing largely on local opportunities and the local support available.

Respondents felt that more focus on the application and interview would be welcomed. An appetite for some form of mock interviews was also voiced. Several respondents

felt that an in person event would be an improvement, alongside more time for lunch and breaks with more time for discussion and Q&A.

Conclusions:

Whilst it was unclear if the event had impacted on confidence for delegates, it was clear that some of the sessions were valued highly. This tied in with informal feedback during the event. It also appeared that the likelihood of applying to work at SWYPFT may have been increased following the event.

In the future if we were to run the event again, we would consider narrowing the focus to interview and application preparation, alongside a briefer component on preparing for consultant work. Ideally the event would be in person and have more time allowed for discussion.

Given the nature of the event it is likely that we would wish to encourage applications from trainees local to Yorkshire in the first instance as it is more likely to be of interest and use to them.

My own reflections on the leadership experience:

The leadership scheme itself was a greatly enjoyable one. This project was a key part of that and has taught me a great amount about aspects of leadership that can only be gained by practical experience. This includes communication skills such as negotiation and diplomacy. It also includes developing an understanding of the organizational structure of the Trust and the processes involved, awareness of organizational goals and strategies and how to become a part of these. This experience has been invaluable and I would recommend it to all higher trainees. I am particularly grateful to Dr Nisha Alex, Dr Manoj Mathen, Alison Scott and Yvonne Graham from SWYPFT for the planning and delivery of the event.

Dr Sarah Orr

ST5, Perinatal Mental Health Team. South West Yorkshire Partnership NHS Foundation Trust



Improving psychotherapy training for psychiatric trainees: Does the VAPA initiative provide the answer?

By Dr Ranjita Howard

Background

The efficacy of CBT across a range of psychiatric disorders is firmly established and it now serves as a form of treatment on best practice medical guidelines internationally¹. What remains equivocal, however, is the role that psychiatrists play regarding CBT provision, leading to calls for this to be clarified². This uncertainty has been further exacerbated by the scarcity of medical psychotherapists across NHS trusts as well as the reduction of BABCP-accredited CBT psychiatrists who now represent only 1% of BABCP accredited membership compared to 14% 20 years ago³.

Despite such circumstances what we do know is that the Royal College of Psychiatrists (RCPsych) still maintain a strict set of recommendations regarding CBT training for trainees, including attendance at case-based discussion groups, the undertaking of two psychotherapy cases in two modalities, and numerous expectations of higher trainees. Additionally, the RCPsych expects trainees to be able to draw upon a competent psychotherapeutic skillset that can be utilised within generic psychiatric practice or as direct therapeutic practice itself.

However, consistent with surveys showing that trainees feel far from competent with CBT practice, research suggests that RCPsych expectations are far from being realised, with several common barriers being seemingly responsible, such as the variable delivery of quality supervision⁴. So, given this landscape, how exactly can this conundrum between an increasing demise of a CBT presence within psychiatry and the maintenance of RCPsych expectations be resolved?

The VAPA Initiative

Given the value attributed to quality supervision by trainees in terms of facilitating confidence in psychotherapeutic practice it would seem that interventions that support the development of supervisory best practice would be fruitful. To address this issue TEWV NHS Foundation Trust have proposed a Value-Adding Professional Activities for Trainees (VAPA) initiative that intends to support clinical staff with the development of para-clinical competencies in areas such as supervision. More specifically, one of the provisions of the VAPA initiative is the sponsorship of trainees to undergo an accredited psychotherapy programme to support current psychotherapy tutors within the trust with teaching/quality improvement activities.

Being one of the chosen applicants for the sponsorship I was excited about the prospect of undertaking a diploma in CBT at Newcastle University particularly as I have always

valued the role of psychotherapy within our field and yet dismayed to observe its presence being eroded in recent years. Indeed, given the aforementioned scarcity of medical psychotherapists and BABCP-accredited CBT psychiatrists who are largely responsible for RCPsych expectations being met⁵, I found the prospect of facilitating psychotherapy practice particularly compelling, and strongly agreed that such an initiative may contribute towards ensuring that quality psychotherapy training prevails.

As I am now coming towards the end of my second module, I feel able to feedback on my experience of undergoing this programme and give an overview of what I have learned and how this may be of benefit to TEWV teaching/quality improvement activities going forward.

Intensive and Comprehensive - Not only are we theoretically covering a broad spectrum of anxiety disorders as well as the practical application of CBT for patients with moderate to severe symptoms, but we are also expected to undergo considerable assessment regarding our progress. Indeed, the practical expectation is at least 200 hours of patient contact, over 50 hours of intense supervision encompassing critical feedback on video recordings and role playing, a 4000 word assignment, several case studies, as well as regular lectures and seminars.

[Newcastle University Cognitive Behavioural Therapy PGDip](#)

- Teaching
 - 2-year programme
 - Fortnightly lectures (1day) and group supervision (half day)
- Compulsory Modules
 - Fundamentals of CBT
 - CBT for Anxiety Disorders (Year 1)
 - CBT for Depression (Year 2)
 - Accreditation Portfolio
- Assessment Methods
 - Essay & case study (written)
 - Professional skills assessment (video recording)
 - Evidence of 8 completed cases
 - Oral Presentation



Improving psychotherapy training for psychiatric trainees: Does the VAPA initiative provide the answer?

By Dr Ranjita Howard

Excellent Supervisory Support - Probably the best part of the programme I have experienced is the excellent supervisory support I have received from university psychotherapy tutors. Given that we receive at least one supervisory session weekly this provides optimal support for what can seem like an overwhelming amount of clinical expectation. The collaborative manner in which supervision is provided, the constructive and structured nature of its delivery, the multi-dimensional elements (i.e., role-play, formative assessment, group-feedback etc.), as well as the provision of multiple supervisors to ensure one gets that multi-source benefit, has been incredibly insightful with regards to how I myself can undergo what I would regard as first-rate supervision practice.

Excellent Objective Assessment - The programme also provides considerable objective assessment to guide trainees through each case study to ensure that sufficient competency levels are being met. I found the CTS-R assessment tool to be of particular benefit which comprised a competence checklist of items to be followed, including: agenda setting and adherence, feedback and collaboration, pacing and interpersonal effectiveness, and conceptual integration and application of change methods.

Summary

Not only does the CBT diploma provide an excellent understanding of CBT principles but also a platform to obtain considerable experience of demonstrating these principles practically. On completion of only a quarter of the expected 200 hours I already feel confident in delivering therapy independently, something many trainees never attain. I have no doubt that my competence will progress exponentially through the diploma and that I will become a very competent therapist consequently, something which is indeed fundamental to delivering quality supervisory activities. My faith in this is largely based upon the quality supervision I have been fortunate enough to receive whilst on this programme and this is something I am keenly observing for the purpose of cascading elements back into the trust when given the opportunity to support existing psychotherapy tutors.

To conclude, interventions such as the VAPA initiative that support the BABCP-accreditation of psychiatrists may contribute towards offsetting the demise of a CBT presence within the psychiatry field. Indeed, by having a number of CBT-accredited peers who can cascade their knowledge and supervisory skills back to the trust may go a long way towards ensuring that future trainees are able to

accomplish RCPsych expectations. Moreover, given the scarcity of medical psychotherapists, such initiatives may also ensure that there are still psychiatrists who are not only prepared to champion CBT in terms of its value to patients but who are also able to clinically lead by example, drawing upon their synergistic knowledge of psychiatry and psychotherapy, to help support the multidisciplinary team with dealing with the most complex psychological cases, and to even deliver psychotherapeutic interventions themselves.

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Dr Ranjita Howard

ST6, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust



Thriving, not just surviving - the first Consultant year

By Dr Amelia Gledhill

The transition from registrar to consultant is a strange one, I have found. I'm now about six months into my first consultant post. Some days I feel like I started last week, and occasionally I'm sure I've been there forever. There are times where I feel I can change the world – and evenings where every decision I've made that day has been questionable and I wonder what fools my Trust have been to employ me. There are aspects that the training programme and curriculum don't even touch, and psychologically it feels different to be in a permanent position compared with the frequent moves of my SHO and registrar years.

Early on, I made a conscious decision to practice what I preach to my patients and colleagues. I felt I needed to take control of the parts of life I could, so as to give me a stronger base, physically and mentally, to work from.

I started getting to bed before 12 at night – the Old Wives' Tale of "an hour before midnight is worth two after" ringing in my ears. I signed up to Joe Wicks' exercise app while it was free for NHS staff for 3 months, and made the half hour HIIT a daily event (even if my enthusiasm didn't always match the presenter's bounding cheeriness). I listened to podcasts on my commute to work – a list of my favourites is below – and sang loudly and embarrassingly and joyfully on my drive home. I started to read about the influence diet and other lifestyle factors have on our mental and physical state – again, some of my recommendations are below – and tried to put the theories into practice. I started a 'gratitude practice', recording three positive things which happened in the course of the day. It sounds cheesy and twee but is remarkably powerful, with some evidence for improving mental wellbeing.

I found a mentor from a neighbouring Trust and put time aside every month to speak to her (hello, if you're reading!) and got practical, professional and emotional support and advice. One of the top tips she gave me (having been given it from one of her previous supervisors) was to diarise everything, and colour code it so I can see at a glance how much was DCC and how much is teaching/audit/CPD etc. I also abolished my never ending To Do list – items get put into my Outlook calendar straight away, with some flexibility, if needed, by dragging and dropping them into another slot. Nothing gets lost – a lovely 'work hack' I got from Deanery Coaching in my ST6 year. I joined a Peer

Group who have been supportive and realistic about the challenges of consultant life.

But the most beloved change I made, and one which I hope to continue, is demonstrated by the photo of our Patient and Staff Garden at Rosedale Community Unit. It's a beautiful space, maintained by our staff, volunteers and patients. Spring has seen an explosion of colour as the plants bloom and blossom. Every morning, before going into the building, I go into the garden and sit in one of the shelters. I have used a technique known as 'anchoring' to get me into this habit – you link a new activity to something you already do regularly. In this case, I park my car in the same spot, and immediately get out and open the garden gate. In December I shivered, swathed in a scarf, hat and gloves; in February I left footprints in the snow on the path; in recent weeks I've dug out my sunglasses. And there, for a mere 10 to 15 minutes, I attempt to meditate.

I use the Headspace app. It had been free for NHS staff during the Covid era, but I'd rarely used it. I've now got up to a running streak of 123 days in a row, and find this external validation marvellous, as if my phone is my personal cheerleader. I'm still very much a beginner in the practice, however. My mind wanders; I think about the various tricky parts of life and catch myself worrying and planning. The voice in the guided meditation gently reminds me to let those thoughts pass by; to return to The Breath; to scan my body to ground me again. There is a kindness towards the self in the practice which doesn't come easily but is slowly seeping in. On busy days I've made the mistake of skipping my time in the garden, thinking I've got to get on with my various tasks. I have always regretted this. Whilst not the same as prayer – I am not religious myself – it does remind me of St Francis de Sales' approach. When asked how much he prayed on days when he was very busy, he said he prayed for twice as long as he normally would.

I am not necessarily advocating any of my experiences for anyone else; I think the whole point of finding ways to make life a little easier is experimenting and seeing what works for the individual. In fact, that is the most important step of all – recognising a need for change



Thriving, not just surviving - the first Consultant year

By Dr Amelia Gledhill

and reflection, and prioritising joy wherever we can find it.

Books –

Brain Changer by Professor Felice Jacka
Why We Eat (Too Much) by Dr Andrew Jenkinson
Together by Dr Vivek Murthy
Why We Sleep by Dr Matthew Walker
Untamed by Glennon Doyle

Podcasts –

You Are Not A Frog with Dr Rachel Morris
Feel Better, Live More with Dr Rangan Chatterjee
A Thorough Examination with Drs Chris and Xand
Just One Thing with Dr Michael Mosley
How to Own the Room by Viv Groskop



Dr Amelia Gledhill

Consultant Psychiatrist, Humber Teaching NHS
Foundation Trust

RCPSYCH PSYCHIATRISTS' SUPPORT SERVICE

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

Our service is totally confidential and delivered by trained Doctor Advisor College members.

For information about the Coronavirus, please visit our [information hub](#), you can also find specific [guidance for clinicians here](#).

Get in touch with the support service

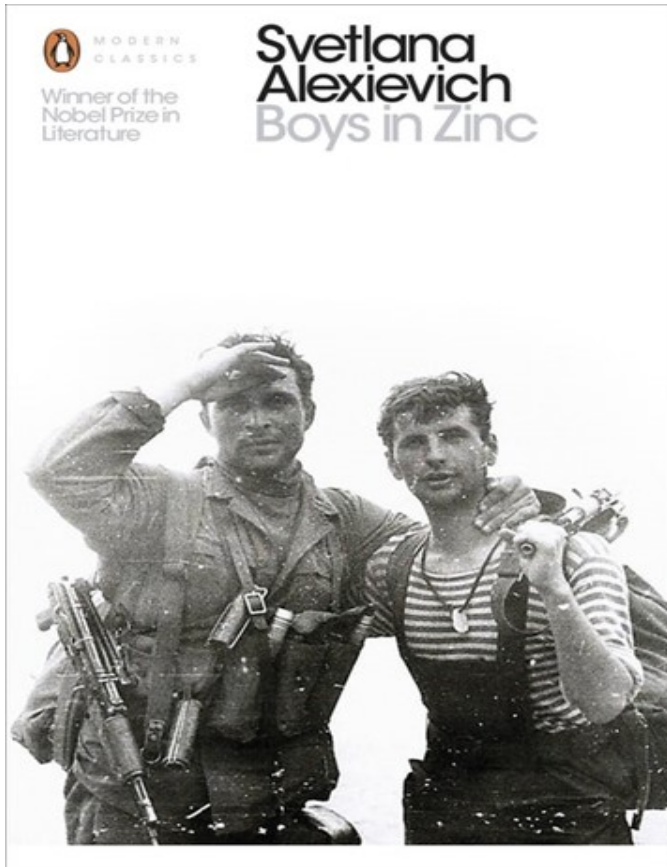
Call our dedicated telephone helpline on 020 8618 4020
Email us in confidence atpss@rcpsych.ac.uk.

The service is available during office hours Monday to Friday.



Boys in Zinc: the 'pebbles and ripples' after war and trauma

By Dr Wico van Mourik



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The 'zinc' in the title refers to coffins and the 'boys' to the Soviet soldiers whose bodies or body parts were flown home to Russia during the Afghan war in the 1970s and '80s. The title when you know it's meaning, conveys the content of the book: how did the soldiers live out there and what wreckage was returned after they had served their purpose.

The author, Svetlana Alexievich, is a Belarussian journalist¹ who has written several books related to the experience for example of women, children and in this book, men, and women in war, using a method called 'narrative documentary'. Hundreds of hours of listening with minimal questioning, deliver a rich and true narrative. Authorities however objected to her books, stating that truth was violated and that she was bringing dishonour upon the dead; a charge that was ultimately dropped by the courts in Russia. In this book, much spoken about the relationship between soldier and Soviet society/government as well as the feelings of being deceived into going to this war. However, this article is not the place to address this, even though it is an important theme.

What comes to the fore is the brutalising effect of war upon individuals. It starts with the initiation by the 'grandpas' of the conflict, who inflict their own trauma upon the new recruits as part of a dehumanising process of subordination. Dehumanisation required to be able to undergo immense physical hardship, long marches in extreme heat and cold and minimal rations. The dehumanisation required to habituate to killing: face to face with a militant, to shoot first, burn down a village, mine a corpse so that it would explode and kill the mourning families. Sometimes the killing was close and personal eyeball to eyeball: *'And you have to go through it all the first time, make yourself do it... 'Bear' took the knife put the blade to the wounded man's throat but he couldn't do it... It was a long time before 'Bear' could do it. He took a long time to kill him. When 'Bear' got drunk he used to cry that he had his 'place in hell already booked'.*

Another comments: *'We were suspended between life and death and someone else's life and death was in our hands too. Is there anything stronger than that feeling?... Man is terrifying... but Nature is beautiful.'*

The contrast with life at home, before and after, is also captured by: *'I knew ideals but I did not know life... Mama, I have come to tell you that life is hard for me. Those things you taught me? None of that exists... Where did you get it from?'* This points towards the split nature of experience that defies explanation and defies integration in the mind and in emotions.



Copyright: The Seattle Times 2018

The witnessing and committing of atrocities, as well as enduring the persistent threat, required numbing with alcohol and drugs, a numbing that never lasted beyond the end of active service. How the war changed them?



Boys in Zinc: the 'pebbles and ripples' after war and trauma

By Dr Wico van Mourik

"War does not make man better. Only worse, that's for sure. I can never go back to the day I left for the war. I can never be who I was before the war." And another: "After two or three weeks (of war) there will be nothing of the old you left, just your name".

It is on return that the effects of trauma were visible in many aspects of life. Even though the horror is avoided, words to describe it are not used because it continues to haunt the veteran: *"Remembering is like sticking your hand in a fire. A word or a hint is enough...Just two lines in a newspaper is enough and you don't sleep a wink at night. It all surges up in you. It all comes back".* It is as if they are constantly looking over their shoulders fearing the next traumatic memory. It is not just words or direct references which re-ignite the flames of trauma. Following his return, one says:

"And don't tell me the war is over, a hot dusty breath of summer wind, a bright glint on a circle of water, the acrid smell of dry flowers... It's like a blow to the temple. It will pursue us all our lives". The symptoms of PTSD are not only directly disabling; it is also the deformed perception of self and the world, that makes return to normality so difficult. Even when the veteran 'Afghanis', as they call themselves, meet, they remain in an impossible situation, they say: *"What are we to do?" or "We did our fighting, we stayed alive and came back home. Now we are trying to figure things out".*

Society's response to the 'defeated' soldiers adds insult to injury so that in some it brings about an angry, rather than a helpless, response: *"If you weren't there, then don't judge us. You will never be able to stand alongside us. At least understand that, try to... We've been left alone, face to face with this war: 'Sort this out yourselves!'. We feel guilty all the time; we have to make excuses all the time. Who have we to make excuses to? They stick us out there, we trusted them..."* The same soldier continues: *"We brought so much back inside us: the country just carries on its own life. I am still fighting. We are all still fighting".* Victory nor defeat appears to make any difference because neither undo the hurt, the trauma or the memories.

The bewildered mothers and wives looked on as the broken lives returned home. As one recounts: *"He's alive. He's back alive from Afghanistan. That terrible war is over for me"* she thought. However, she goes on to describe: *"He was lying on the ground and clutching grass, amazed at how green it was, he couldn't believe he was back, but there was no joy in his face. I went to the doctors saying: 'Give me my son back. Save him!'. I told them everything,*

but they could find nothing wrong with him.

Later her son brutally murdered a stranger with an axe, in a manner typical for soldiers sent to Afghanistan, for difficult to fathom reasons. She concludes: *"I envy all the mothers, even those ones whose sons are lying in graves. I'd sit by the mound and feel happy to bring flowers".*

The after-effect for those back home is also life-changing, as one soldier comments: *"The men do the fighting during the war, the women do their fighting after it".* They are fighting for the restoration of their loved ones, frantically trying to repair them. They fight for recognition of their plight too, but often remain unheard.

This compelling book at times shocks and at times brings tears to your eyes. The clinician can also witness the first person experience of war, horror, trauma and all that follows. There will be other books that do this as well, however by the recurrence of the same themes and the emotional language, this book really drives home these points.

As a clinician, I could learn from Svetlana Alexievich as well; about the power of listening, patiently listening. In our search for diagnostic features and assessing the patient, we could well at times infringe upon the sensitivities that these veterans experience: 'Does this person believe me, does this person like others in society see me as violent, a perpetrator or a failure.' I get the impression that military veterans are quick to see not just the trauma play itself out, but also quick to experience societies' rejections. The response, like with their memories, is to close off and clam up.

Finally when we talk about the traumatised soldiers, we should not forget those around them, who are not only a source of information, but also themselves live with 'the war' a lot of the time. They must at times mourn the loss of the person they knew.

1. She won the Nobel Prize for Literature in 2015 for her body of work covering lives of Soviets in WW2, the Afghan War, Chernobyl and following the breaking up of the Soviet state.

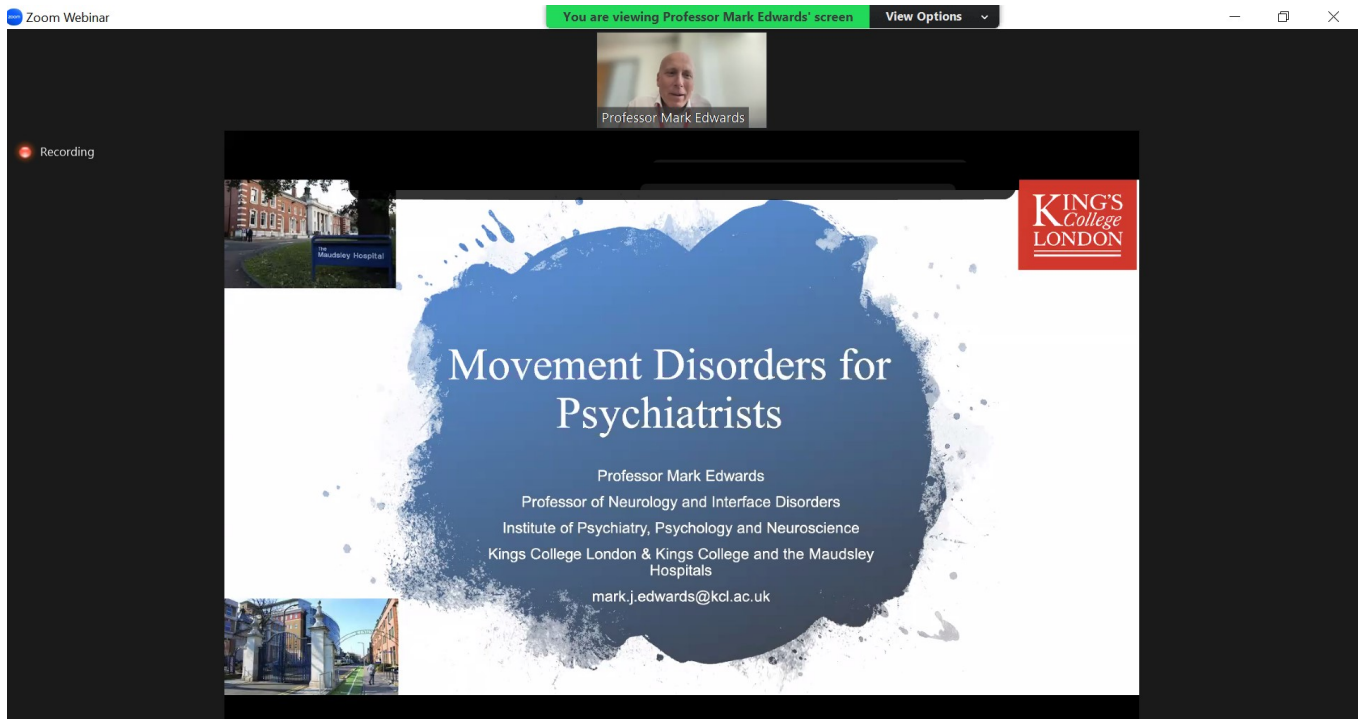
Dr Wico van Mourik

Consultant Psychiatrist, Retired Member



Spring Conference - Neuropsychiatry Update - Report 2023

By Dr Sumeet Gupta



This year, the executive committee decided to have the spring event as an online seminar, rather than face to face conference. This time, we opted to dedicate the session to neuropsychiatry topics. Occasionally, we all come across patients with neuropsychiatric problems and, at times, struggle to manage them. In our area, specialist service provisions are limited to Newcastle.

We invited three eminent speakers, Professor Mark Edward, Consultant Neurologist, Dr Suresh Komati, Consultant Neuropsychiatrist and Professor Alan Carson, Consultant Neuropsychiatrist. The event generated good interest and 142 people registered for the event.

Professor Edward gave an extremely useful review of movement disorders. He showed several videos to illustrate diverse types of movement disorders. It was a good revision for most of us. After that, he gave a brief overview of Parkinsonism. As an adult psychiatrist, I rarely see patients with Parkinsonism hence learning about its different phenotypes was particularly useful. Later, he provided information about Wilson's disease, tic disorders and tardive dyskinesias etc. I liked his videos, simple explanations, and practical answers to questions.

Dr Komati talked about alcohol-related brain damage. He provided two case vignettes to explain alcohol-related cognitive deficits. Information about Wernicke and

Korsakoff's syndrome was a good revision. I learnt about cerebellar cognitive affective syndrome and alcohol-related dementia (especially differential with Alzheimer's dementia).

Our last speaker was Professor Carson, who talked about functional neurological disorders. It was reassuring to know that now functional neurological disorder is a stable diagnosis and that it is rare for a patient with functional neurological disorder to have an organic aetiology. His diagnostic tips were extremely helpful.

Overall, we have received very positive feedback about the event. We need help and suggestions from all members to select future topics and speakers. If you have any ideas, then please feel free to email me or contact me.

Dr Sumeet Gupta

Academic Secretary, Northern & Yorkshire Division



Upcoming Northern & Yorkshire Events 2023

Friday 15 September 2023

Northern & Yorkshire Division Autumn Conference

Holiday Inn, Darlington, Scotch Corner, DL10 6NR

Wednesday 11 October 2023

Mentoring and Coaching Event 2023 (Joint N&Y and West Midlands)

(Online Via Zoom)

Wednesday 6 December 2023

Northern & Yorkshire Division Well Event 2023

(Online) TBC

Please visit the [Northern & Yorkshire Events page](#) for more information.

Follow us on Twitter:
@rcpsychNY



Mindmasters July 2023

Meet your Northern & Yorkshire Division team for Mindmasters at International Congress 2023! Representing the Division and challenging at this years' Mindmasters 2023 were..

Mindmasters
Northern & Yorkshire
Meet Your Team

 <p>Amy Gledhill Consultant Psychiatrist Humber Teaching NHSFT</p>	 <p>Arun Kuruppath ST5 CNTW NHSFT / LET Northumbria</p>	 <p>Jomo Joy Psychiatry Fellowship doctor CNTW trust</p>	 <p>Steven McFarlane Dual ST4 TEWV</p>
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Mindmasters at RCPsych International Congress 2023: <http://bit.ly/3IUbn6G>



Northern and Yorkshire - Division eNewsletter

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The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

The Northern & Yorkshire Division is made up of members from areas including Leeds, York, Bradford, Cumbria, Tyne & Wear and Gateshead.

We would like to thank all members for their contributions towards Northern & Yorkshire Division activities throughout the year.

Northern & Yorkshire Division Vacancies

The Northern & Yorkshire Division have a number of exciting roles to share. Please see our vacancy list below:

Regional Representatives

- Academic: Division-wide
- Child and Adolescent: North East region
- Eating Disorders: North East
- Intellectual Disability: North East region
- Old age (shared role): Yorkshire region
- Rehab and Social: North East region

Regional/Deputy Regional Advisor

- Regional Advisor (North East region)
- Deputy Regional Advisor (Yorkshire region)

Executive Committee

- Academic Secretary (shared role)
- Mentorship Lead

For more information on these roles and to apply, please click here: [Northern and Yorkshire Executive vacancies \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/northern-and-yorkshire-executive-vacancies)

Deadline for next edition: 17 November 2023

Submit your articles for Winter Edition to northernand.yorkshire@rcpsych.ac.uk

Royal College of Psychiatrists - Northern & Yorkshire Division eNewsletter

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