

South West Division e-Newsletter - Spring 2018



Welcome from the Editor - Dr Juzer Daudjee

I am very pleased and honoured to have been appointed the new Newsletter Editor for the South West Division of the Royal College of Psychiatrists. The Newsletter plays a very important role in ensuring that the College communicates effectively with all of its members and stakeholders. I am really looking forward to working with the South West Executive Committee and all affiliates within this region; my aim is to not only deliver educational contents but to also provide interesting and stimulating items that relate to the South West.

I am looking forward to hearing from all of you with any exciting developments within your Trust and of course would welcome any proposals about how to improve future editions. This may include subjects that are pertinent or thought-provoking, or innovations that enhance the excellent work and “best practice” that we as clinicians are undertaking to promote excellence in mental healthcare.

Do get in touch with your suggestions via:

Email the [Newsletter Editor](#); the [Division office](#); or Twitter [@rcpsychSW](#)



Chairman's Foreword

and [Epidemiology Report](#)

I would like to thank Dr Juzer Daudjee for taking on editing our SW Division newsletter. We live in interesting times, and the ongoing challenges of increasing demand with diminishing resources are facing most of us.

To deal with these challenges, we need to encourage innovation and research in our division. I am pleased that we have introduced a Research Prize for the best research paper published by a trainee or non-consultant grade psychiatrist in the region. I would also wish to congratulate Dr Rohit Shankar, Lead for Innovation for the SW Division, for being awarded an MBE in the New Years Honours list for services to people with an intellectual disability. The [Spring Biannual Meeting](#) will welcome speakers who are leading research and innovation in mental health in the Division.

An innovation initiated our division- the delivery of Section 12 and AC training by the Royal College- has been a great success and given the division a financial foundation we need. I would like to thank our Division Staff for delivering these courses and all the other work they do. Karen Morgan has had the difficult task of covering Abigail Watts' maternity leave over the last year which is a great challenge as so much knowledge is gained over time. From a standing start she has done a great job- thank you.

Recent discussion on our Executive Committee have included how we support doctors taking non-training jobs after foundation training whilst they decide what they want to do, sometimes referred to as the 'F3' year- a term I understand Health Education England are not too keen on! Any ideas on how we support this group and encourage them to train in psychiatry would be most welcome.

Student mental health seems to be an emerging issue, and we are only beginning to discuss how we may support services in our Universities in Bristol, West of England, Bath, Exeter, Plymouth and Falmouth.

Finally we have written an article on the geographical distribution of psychiatrists in England entitled '[Parity of Esteem in Workforce Distribution](#)'. Recent data reinforce the inequity for psychiatrists and patients. Change will not be immediate, but I believe we need to take this cause up for the sake of patients in our region.

Richard Laugharne

March 2018

Retired and Resting Psychiatrists Update

In 2014, the South West Division launched a programme of half-day courses to meet the needs of retired or resting psychiatrists and we are aiming to host 2 full-day events during 2018. We are aware that retired psychiatrists can feel isolated and bewildered especially by the prospects of revalidation. Many find jobs within organisations that can help e.g. SOADs in the CQC, but others are with no particular parent organisation. To give guidance and assist in the 'careers' of retirees, Dr Paul Divall and Dr Angela Rouncefield hope to welcome you to these events, which are open to psychiatrists who have retired from their substantive NHS post and attend 2 biannual meetings around these events.

The topics will reflect what we believe to be the mainstream needs of psychiatrists who continue to offer help and advice, or are involved in activities such as Section 12 work. Each meeting will include a short update on revalidation, especially to hear members' experiences and to share good or helpful practice.

Dates to be confirmed for 2018

Need help finding a Peer Group?

If you are not in a peer group but would like to be put in touch with one, please forward your details via [Karen Morgan](#) who will put you in touch with the SW Retired Doctors Representatives, Dr Paul Divall and Dr Angela Rouncefield.

Do you have space in your Peer Group?

To assist colleagues with finding a suitable peer group, if you have space in yours it would be very helpful if you could let Dr Rouncefield and Dr Divall know via [Karen Morgan](#) so that we can put retired working doctors in touch with you.

Do get in touch with your local Retired Doctors Representatives via the [Division Office](#) if you have any queries or comments: Dr Paul Divall and Dr Angela Rouncefield would be pleased to hear from you. More information and additional support for retired doctors can be found on our [Retired Doctors page](#).

South West Division Training Update

I don't know how it works for the rest of you, but when I get a mailshot offering an 'exciting opportunity' my first reaction is to run screaming for the door. Rest assured SWDT will not be offering any exciting opportunities in 2018. What we will be offering is:

- Good value: the courses are invariably cheaper than equivalents elsewhere, sometimes substantially cheaper.
- Courses near you. Even if you discount the eye watering cost of a train fare to London, not having to get up in the dark to score your CPD hours has to be a plus.
- Catching up with people you actually know at the coffee break. For some people, hearing about what jobs are going in neighbouring trusts might be reason to attend in itself.
- Good quality. SWDT meetings have outstanding speakers with national and international reputations. The feedback is invariably excellent.
- Responsiveness to member requests. If you've got an idea for a course you'd like to attend or (even better) a course you'd like to lead, get in touch.

Highlights for 2018? The course I'm most looking forward to attending is the 'Communication Skills for Psychosis' event on the 18th October led by Professor Rose McCabe. This workshop will teach some of the insights from the TEMPO trial, which some of you may [have read about in the British Journal of Psychiatry](#).

The very successful Autumn Biannual in 2017 seems to have whetted people's appetites for more neuropsychiatry. Our most requested topic for a new course is developmental disorders (ADHD and Aspergers'/ASD), and we are currently putting together a programme for this year on this topic – more details to follow.

The exception to the rule about exciting opportunities is of course 'Supervision: beyond the ticked box' in March, facilitated by Josie Lee and me. This is for people that have been supervising for a while but are still occasionally bumping up against difficult challenges. There will be plenty of time to learn from each other as well as some didactic learning and a chance to practice.

The full programme of Section 12 and AC inductions and refreshers continues, as does the pattern of biannual meetings and events for retired psychiatrists. The next biannual is the Spring biannual which returns to the theme of Mental Health Research and Innovation in the South West. This has an all-star list of speakers already confirmed including Prof Ray Jones, Prof Richard Byng and Prof Tamsin Ford.

As well as the programme of events, SWDT also administers a selection of prizes and bursaries. Have a look at the [Prizes](#) page for more details.

Dr Guy Undrill

SWDT chair.



PTC Update

What is the PTC?

The Psychiatric Trainee Committee of the Royal College of Psychiatrists is a national community representing psychiatric trainees within the United Kingdom, with a particular focus on driving through improvements in training and ultimately the lives of people with mental illness. We (Dr Russell Gibson and Dr Ross Runciman) are your local representatives. The new and improved [PTC website](#) has further information.

What do we do?

We meet throughout the year to discuss issues relevant to the trainees, how best to improve training and offer trainee representation throughout the Royal College of Psychiatry. Last year the PTC produced "Supported and Valued: A trainee led review into moral and training within psychiatry.

This included undertaking regional focus groups and, importantly, the voice of South West trainees was included through a focus group at the 2016 Joint Severn and Peninsula Training Day for psychiatric trainees.

Recommendations have included the development of an in-programme leadership and management scheme, steps towards preparing national ARCP guidance, and production of a guide for enhanced junior doctor forums.

How can you get involved?

This year the PTC are also undertaking a review "Staying safe – a trainee-led review into fatigue in psychiatry", looking at the issue of exhaustion due to the need to regularly drive whilst on-call during unsociable hours.

We would be grateful if all trainees could [undertake this survey](#), to build the evidence to make improvements in our training and the working conditions in your local area:

We also have opportunity in the coming months for a trainee (preferably pre-membership) who is interested in being co-opted to the PTC for one year.

Coming Up!

Looking to the future, we are planning on undertaking a CT1 Welcome event in the South West following successful events in Scotland and London.

If you have any issues you wish us to raise with the college please feel free to contact us, and we will endeavour to help.

Ross Runciman - South West Division PTC Rep

You can contact Ross Runciman and Russell Gibson via the [Division Office](#).



SW Division Promoting Recruitment into Psychiatry

An update from the Severn PRIP Network

The story continues:

The College strategy 2011-16 Promoting Recruitment into Psychiatry (PRIP) was set up to increase applications to psychiatry and achieve a 95% fill rate of CT1 posts in UK and has been extended for a further five years. It is widely thought that the campaign has at least prevented an even worse recruitment situation than we have at the moment.

In addition to existing initiatives, the new focus of the strategy is on:

- Foundation trainees (improving direct communication, looking at placement numbers and quality, and launching the Foundation Doctor Associate Grade)
- Core trainees (increasing engagement and retention from Core to Higher Specialty training)

In May 2017, I transferred my lead PRIP role in Peninsula to Dr Liz Adams, a Plymouth consultant. I now focus on Severn PRIP Network and I am fantastically supported by Jonathan Davies and Kim Humby (psychiatry trainees), Sally Stuart and Stephanie Upton (foundation trainees), plus a wider trainee group and now an enthusiastic Bristol PsychSoc committee. Dr John Potokar (University) and Dr Clare van Hamel (Head of Foundation School) regularly attend PRIP meetings. We always have a busy PRIP agenda....

Key recent events:

- **October 12th-13th 2017 Bristol Psychiatry Autumn Foundation School**-another excellent event run by our lead PRIP trainees, held this time at The Vassall Centre in Fishponds. Enthusiastic foundation trainees from around UK gave great feedback to a wide variety of talks by trainees and consultants from all specialties. Applicants at core psychiatry interviews have in the past quoted being enthused by the Bristol Autumn School, so this is a key activity for us.
- **January 25th 2018 Meet a Psychiatrist event**-run by Bristol PsychSoc with PRIP support. I had a magnificent response from psychiatrists from every specialty who turned out in the evening to sell their specialty to students in a 'speed-dating' type format. The atmosphere was buzzing and students were making links to organize further experience.



- **Foundation events**-the PRIP group have run an RCPsych stand and given presentations at last autumn's Foundation doctors careers session in Swindon and the National Foundation Doctors Presentation Day held this January in Bristol. These events give us a chance to try and influence young trainees to choose psychiatry, and it is interesting to hear why they might plan to avoid our specialty.

Upcoming projects

- **Medfest 2018** will be run by Bristol PsychSoc at the Merchant Venturers Building on March 15th. This year's theme is aspects of Silence. Medfest is always well-attended and inspiring!
- **Foundation Welcome Fair Bristol Pavilion**-we will again run a Choose Psychiatry stand and do a presentation at this event where students from around UK come to discuss their posts in Severn Deanery starting in August.
- 2gether Trust WhyPsych team led by Brenda Wasunna-Smith is putting together an exciting school work experience project in the Trust this year;

The way ahead:

Recruitment into psychiatry is now seen as a key activity for our College in view of the high number of unfilled trainee and consultant posts around the country.

The work of promoting recruitment into psychiatry can be fun and inspiring, working with young people at the beginning of their careers. We are always needing volunteers for events, projects, mentoring and more!

So if you are interested please email the [Division Office](#).

Do take a look at the [Promoting Recruitment resources](#) section of the main College website.

Dr Helen Sharrard
SW Division Consultant Co-Lead for PRIP



Brain

Mindfulness restores you to normal

Mindfulness is an inherent human trait that involves you in being actively engaged with what you are doing or feeling, creating a body-based reality that is more fully rounded and satisfying than just thinking about things, which counts as two-dimensional compared with full sensory experience. It's obvious that eating a cake is more satisfying than looking at a picture of one, but do you stop to really savour the food that you eat, or is eating a mere means to an end, the food untasted and unappreciated as you check your phone or plan your day or talk with someone? Mindfulness is about paying enough attention to what you are doing to create that second stage of vivid experience that is both enriching and nourishing. Life becomes grounded in coming back to the mundane physical reality of here and now that underpins all our efforts and aspirations.

Conscious efforts to be mindful switch you into an experiential mode of noticing and paying attention to what is happening, both internally and externally. In being mindful we are hands on with the activities of daily life rather than being like an absent-minded professor, engrossed in thought to the exclusion of our surroundings and even bodily needs. Even if you don't regard yourself as a space-case, a short period of self-observation will most probably reveal that your mind is incessantly thinking, that thoughts succeed each other in a forceful and unstoppable flow, and that there is no respite nor even a gap to be had.

Isn't this just normal? Actually no, it is not, despite being the norm for people in our society. Wandering attention is the default mode for the brain when not engaged in a specific task (Andrews-Hanna, 2014). The ceaseless activity of thoughts and emotions in a random and often reactive cascade is associated with stress and fatigue. Negative thoughts, images and emotions create reactions that show up as muscular contractions held as tensions in the body. Moreover, our emotional life has a physical component we are often trying to push out of consciousness as we fight to stay in control. It is easy to end up in a state of separation from our own bodies.

What is needed is for our attention to be redirected frequently in daily life in a focused and intentional way rather than being left to roam indiscriminately through past memories and future plans, pulled hither and thither by every successive thought, event, TV image, or emotional reaction. Mindfulness meditation practice involves taking conscious control of our own attention, in a gentle, non-striving way that gives the brain a rest from ceaseless activity, as evidenced by EEG studies of meditators (DeLosAngeles, 2016).

Scientific studies have shown that the brain undergoes neuroplastic changes during a mindfulness learning programme such as the world-renowned Mindfulness-Based Stress Reduction (MBSR) Programme (e.g. Santanecchi et al, 2014). The changes are both functional and anatomical, with increases in grey matter cell density in specific regions. These changes are thought to underlie the psychological and physiological benefits of learning mindfulness:

- better concentration and focus
- improved working memory
- better sleep
- reduced anxiety and stress
- improved mood

Regular practice of mindfulness meditation (e.g. focusing on the breath) has been shown to improve psychological health and wellbeing in a vast array of clinical studies (e.g. Khoury et al, 2014) and such meditations are nowadays an integral part of many psychotherapies (e.g. Kuyken et al, 2015).

In developing our capacity to be mindful, we are not attempting any special mental gymnastics into unfathomable new territory, nor straying into the realms of religion. In essence, learning mindfulness is a brain training programme that helps us undo bad habits of multi-tasking, incessant thinking and self-neglect. Increased self-awareness brings us out of the tramlines of unconscious behaviours and emotional reactions into a freer place of discrimination and choice.

References

Khoury, B., Sharma, M, Rush, S. et al (2015) Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research*, **78(6)**, 519-28

Kuyken, W., Hayes, R., Barrett, B. et al (2015) Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence (PREVENT): a randomised controlled trial. *Lancet*, 386, 63-73

Santanecci, E., D'Arista, S., Egiziano, E. et al (2014) Interaction between Neuroanatomical and Psychological Changes after Mindfulness-Based Training. *PLoSOne*. **9(10)**, e108359 <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0108359>

Recommended Reading

Storoni, M. (2017) *Stress Proof: The Scientific Solution to protect your brain and body – and be more resilient every day*. Tarcher Perigee (Random House Publishing)

Williams, M. & Penman, D. (2011) *Mindfulness, a practical guide to finding peace in a frantic world*. Piatkus (includes a CD of short guided practices)

Recommended Listening

Introduction to Mindful Awareness

<https://www.youtube.com/watch?v=PKRAWbq48OY>

Becoming Conscious: The Science of Mindfulness <https://www.youtube.com/watch?v=5TeWvf-nfpA>

Mind wandering and meta-awareness

<https://www.youtube.com/watch?v=iS0NRhmHanE>

Dr Maya Roberts is a retired consultant Psychiatrist and trained mindfulness teacher. She is a member of the College's Sustainability Committee as Lead for Social Sustainability.



Conference Review

Royal College of Psychiatrists South West Division Biannual Meeting: Neurodevelopment and the Jobbing Psychiatrist November 2017

I was delighted to have the chance to attend the RCPsych South West Division Biannual Meeting for the first time, particularly as the programme felt so relevant to my line of work. I specifically looked forward to hearing the talk on foetal alcohol spectrum disorders given that I could identify with its title, 'Foetal alcohol spectrum disorder: What can I expect to see as a psychiatrist and why am I not seeing it more?'. The day did not disappoint.

Each talk was compelling in its own right but in my mind the highlights were:

The emphasis on the huge variety of comorbid conditions that co-occur in individuals with FASD and specifically the overlap in characteristics and symptoms of FASD, ASD and ADHD.

- Hearing about the only specialist FASD clinic in the UK in Surrey and Borders Partnership NHS Trust and the work done there.
- The reminder of the phrase, 'comorbidity is the rule, not the exception', during the session on ADHD.
- The discussion surrounding the benefits of taking a phenomenological approach to ADHD accentuated by some enlightening real-life metaphors from adults both prior to and after receiving medication for their ADHD.
- The analysis of features of psychosis in autism and the issue of clinical overlap, with demonstration through fascinating case examples.
- The examination of the overlapping genomic architecture of schizophrenia and neurodevelopmental disorders.

As well as the talks, there were several posters on display throughout the day. The highlights of these were those presented by a group of fourth year Bristol Medical University Students which outlined projects undertaken during their external student selected component programme in India. Their experiences of mental healthcare in a developing country with such rich cultural and religious influences had clearly left an impression as evidenced by the quality of their project work and level of engagement in conversation with conference-goers.

I left the conference feeling inspired by the increasing recognition of the clinical importance of neurodevelopmental factors and by work being done in the neurodevelopmental field. I also left feeling even more enthusiastic and privileged to be training in the South West with its wealth of opportunities to work amongst and with leaders in the neurodevelopmental field.

Dr Kelly Adjei is an ST5 in psychiatry of learning disabilities in Bristol

A Voice of Reason

Auditory Hallucinations

Auditory Hallucinations

I can be classified quite neatly
into first, second or third person.

It can make or break
the diagnosis
depending on whether I am heard
giving a running commentary,

whether I am mood-congruent
or if I speak in commands
to be documented
in your notes under the heading: *Risk*.

I can be brought in closer,
from out beyond the hospital walls
until I'm mere crackle
between dulled synapses, the blurred line
between Zopiclone-induced dreams
and the 8am drug round.

I travel lightly, transmissible, through pathways
leaden with the drip of dopamine;
Mesolimbic
Mesocortical
Nigrostriatal

I am the Rorschach, bleeding between thoughts
into something almost interpretable.

But there's a quiet salience
to this world, blunted now at its edges
by the modified release
of Olanzapine, Risperidone, Haloperidol
that should not be quietened;

For maybe the taunts



whispered in the night
and each sign that appears
around every corner
and in everything I think I heard them say
are simply
the long-repressed knowledge
of who
and what I am

Dr Penny Shutt is a locum psychiatrist living in Cornwall who runs writing for workshops in her spare time. Some of her published poems can be found at <http://www.pennyshutt.weebly.com>

Medicine

The Purple Book and PIXIE Clinic

Dr Charlotte Pretorius, Dr Rohit Shankar, Sharon Hudson, Joanna Ledger, Dr Bridget Knight, Professor Jonathan Mill.

The National Audit of Learning Disabilities Feasibility Study found that quality of care for people with ID falls below recommended standards. CCGs aim to give particular focus for people with intellectual disabilities (ID) as they often experience poorer health than the general population, differences which are potentially avoidable. The challenges to accessing adequate health care are outlined in Death by Indifference. Annual Health Checks (AHCs) for people with ID detect unmet health need and are one important 'reasonable adjustment' that GPs can make to address health inequalities.

However, uncertainty lies around what is expected of primary care and secondary care. Who should organise the AHC? Whose job is it to monitor the results for the tests we recommend? How can the results be shared across the interface? Do primary care clinicians have a good understanding of what to do when patients have communication challenges, behaviours which challenge or lack capacity to consent? What happens when someone has an ID but falls outside the local commissioned service?

Primary care providers receive CQUIN funding to conduct the health check as outlined by NHS England. From our perspective as psychiatrists, our patients' AHCs vary in their frequency and quality across Cornwall. As well as the clinical ambiguity, GP surgeries are facing challenges around recruitment, heavy workloads and increasing patient expectation which may have a knock on impact on our patients. Patients with ID are vulnerable to being forgotten as they are often unable to advocate for themselves.

As well as facing challenges accessing health care, our patients do not often have the opportunity to be involved in research. This is due to more complex consent and practical issues. Research institutions may also be reluctant to consider research for patients with ID due to ethical challenges. Our patients often have complex co morbidities but have usually the least amount of investigation into their aetiology. This is an injustice and it could be argued that avoiding research is.

In Cornwall, we have constructed a unique patient held record called The Purple Book. It contains guidance on the AHC for professionals as well as an easy read section for the patient. It is a mechanism where blood results, blood pressure, pulse and ECG results can be documented and shared between different health care professionals. To launch the Purple Book, we invited patients

open to Cornish Adult Learning Disabilities Service who had not had a set of bloods in the last 12 months to clinic. Once they arrived they were consented for venepuncture and a set of bloods were taken. We considered this clinic as a mechanism which research could be integrated into. Alongside the University of Exeter, we got involved in the national PIXIE study. The PIXIE study is a full genome, whole population, explorative study looking to obtain genetic samples collected from all people assenting to give bloods. The eventual goal is to look for patterns which might help identify bespoke treatment. This project is a result of collaboration between CFT research team, Exeter Medical School and Exeter Genetic Tissue Bank.

Prior to the now dual purpose Purple Book Clinic, we consulted with the next of kin if the patient lacked capacity and posted out some easy read information. The nurse or the junior doctor took the set of bloods and they were sent off to the local hospital and the university. So far, three months into the project, we have reviewed 16 patients. 20% of patients had not had bloods in primary care for more than 3 years. We have found 30% of abnormal results in the cohort thus far, namely around hyperprolactinaemia, hypothyroidism and abnormal lipid profile. We have written to the GPs to update them regarding the results and populated the patient's Purple Book before giving it to them via the post. The genetic material will be ready for examination after at least 150 patients have been recruited.

This project has demonstrated that research can indeed be possible for people with ID. It may require wider logistical consideration and liaison with next of kin but it has been relatively simple. We received a very positive response from our patients, carers and relatives. Relatives have also kindly donated their blood for further genetic exploration. The genetic samples acquired could influence development of treatment which not only helps people with ID but the population at large. Thus, highlighting the immense potential that people with ID have to innovatively contribute to the wellbeing of society.

1. <http://www.rcgp.org.uk/clinical-and-research/toolkits/health-check-toolkit.aspx%2520last%2520accessed%252016/02/2018>
2. <https://www.rcpsych.ac.uk/pdf/RCPsych%2520report%2520physical%2520health.pdf> last accessed 16/02/2018

3. <http://www.rcpsych.ac.uk/pdf/Executive%2520summary%2520and%2520recommendations.pdf> last accessed 16/02/2018
4. Mencap (2007). *Death by Indifference. Following up the Treat me right report.*
5. <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/> last accessed 16/02/2018

Dr Charlotte Pretorius is an ST5 in psychiatry of learning disabilities working in Cornwall with a particular interest in improving safety for patients with epilepsy

Regional Highlight



The George Marshall medical museum is on the Worcester hospital site and is set out in a long curving corridor with cabinets packed with exhibits on both sides. It is bright and extremely well kept. It has a wide patronage from primary school groups to bow-tie wearing professors conducting serious research. The progress of medicine over two and a half centuries is catalogued. What treatment was initiated for common conditions before that I wondered?

A set of rigid-metal urinary catheters catches my eyes - an array of sizes to surpass any prostatic enlargement. These silver constructed tubes would have proved a welcome relief for a man in the 18th century with recurrent kidney stones. Other metal objects such as an oxygen mask of wire wrapped in calico reveal the framework for all the modern equivalents.

I walk past a mock-up of a pre-Victorian apothecary and find myself sniffing at the phials even though they are behind a screen. Ether, camphor, chloroform, smelling salts... are a few of the labels I read along the extensive pharmacopoeia.

The sections are set out by specialty and I excitedly scan ahead for mental health. I come to an antiquated trepanation set. Calipers, curved bladed Hey's saw, curette and ebony-handled trephine - all sparkling but evidently well used. Set beside these is a deathmask of a man born without a portion of his brain. Microcephalic. The sunken area broadly corresponds to his right temporal lobe. The description states that he had learning disabilities. I imagine his life - institutionalised and needing twenty-four hour nursing care, before reading on to discover he was in paid employment throughout his life and realigning incorrect presumptions I had made.

The scene of an operating theatre circa 1850 is absorbing. A man has suffered a penetrating leg injury which looks like an industrial accident. Blood pulses arterially from his wound below where a narrow-toothed saw sits; two men in brown overcoats carry out an above-knee amputation. A far cry from Grey's Anatomy.

Where do I go from here? Into the 21st century I suppose, where hitherto unimagined treatments are waiting to be discovered.

Dr Juzer Daudjee is an ST5 in psychiatry of learning disabilities and also editor of the South West Newsletter



Book Review

Women and Power: a Manifesto by Mary Beard

I was given this book by a friend after a burning conversation about the foundational cultural stories we tell and teach our children. Both as a teacher and a mother this seemed to me, to be one of the most essential questions to be asking myself. We observed together the seeming lack of strong feminine characters in much of western religious and non-religious storytelling and wondered where and how we could create a depth of storytelling and tradition that might set about challenging this gender power bias.

This short and easy to read manifesto seemed a natural and essential continuation of this conversation. Through the transcript of two of her lectures Mary Beard looks at the way the female voice has been silenced throughout our western cultural history. As a classicist she gives illustrations from Roman and Greek history and literature: from Homer's depiction of Penelope being silenced in public by her son, to Philomela having her tongue cut out to silence her. Up to the present day meme of Hillary Clinton's and Trump's faces being pasted onto the image of Medusa and Perseus. She looks at the use of trolling on the internet, as well as how our everyday use of language affects the way we perceive the power and authority of an individual. One example she gives is the use of adjectives such as 'whined' which can remove the authority, humour and credibility of a voice (a reference to her own experience of a journalist critic).

Beard argues that throughout our history some women have managed to break this 'glass ceiling' of power but have often done so at the expense of their femininity. As before she calls on examples from both the classic and modern world from Maesia, who defended herself in court and had 'a man's nature' to Margaret Thatcher who purposefully learnt to lower her voice in order to command authority.

However instead of simply pointing out these injustices of society and culture and suggesting we throw up our hands in despair, Beard does start to provide some suggestion as to how we might go about changing these culturally imbedded ideas. She argues that what is needed is not for us as females to change but rather the definition of power and its mechanisms, in particular the decoupling of power from prestige. While Beard herself notes in her afterword that she has not been able to pursue this idea in much detail as she would have liked nor been able to provide any viable suggestions as to the mechanisms which might allow for cultural change, what she has done is to provide us with an invitation to question how we might go about untangling ourselves from our concept of power.

This book however is also realistic and never promises a simple or easy answer. It is after all a very brief look (115 pages) at just some of the issues facing women in relation to power and its cultural landscape and so the conversation inevitably continues.

Lucie Hudson is a school teacher and psychology tutor living in Bristol

South West Division Vacancies

SW Division College Vacancies - Your Division Needs You!



We have a number of vacancies for College posts available and are keen to see them filled as soon as possible - particularly the Deputy Regional Advisor (North) post and the Specialist and Associate Specialist Doctor Representative - as they play an important role in supporting our members and ensuring the success of the Division generally. Take a look at our [Vacancies](#) page to see how you can get involved and support your Division.

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.