

South West Division Newsletter



Autumn 2019



Newsletter

South West Division

Autumn 2019 Edition

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Welcome from the Editor

by Dr Juzer Daudjee



In this issue I wanted to raise the topic of resilience for students and doctors alike and how this can best be bolstered. The spread of content represents how the region stands out nationally or even further, in several areas and in order to continue this excellence we should continue to maintain our self-care.

I was in fact fortunate enough to be involved in a pilot project at Hazel Hill Wood near Salisbury recently where resilience, nature-connection and sustainability came together. This was a 2-day workshop tailored to frontline mental health practitioners which provided us with some new, practical resilience skills and is part of a series of workshops called Woodland Resilience Immersions. It was highly valuable for me and a holistic approach to self-care. I hope you find the articles educational - as I have - and also find herein inspiration to reduce stress and burnout for your team and the wider organisation.

As before, do get in touch with your suggestions via:

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

Chairman's Foreword

by Dr Richard Laugharne

Dr Laugharne is a Consultant Psychiatrist in Cornwall and Executive Chair of the South West Division of the Royal College of Psychiatrists

Welcome to another excellent newsletter and thank you to all contributors and Juzer for bringing it all together.

Please can I encourage all south west Members and Fellows to consider standing for the available [elected positions](#), including my successor as Chair. I have always really enjoyed

being part of the Division and being Chair has enabled me to sit on Council, network with other Division Chairs and understand how our College ticks. It has been a pleasure and a privilege, and I can thoroughly recommend it. You will need to hurry - closing date is October 18th!



What has neuroscience ever done for us?

by Dr George Morris, Dr Lindsey Sinclair and Dr Gabrielle Churchhouse

The authors are all psychiatry trainees involved with the Royal College of Psychiatrists Neuroscience Project. Here we reflect on the role of neuroscience in psychiatry and describe regional and national initiatives to strengthen this element of training. There are many opportunities to link in with the project and its work in our regional network, the Southwest Neuronet.



Neuroscience in psychiatry

What difference does neuroscience make to my day to day work?

In the last 10 years there have been big changes in our understanding of mental health. This has come from a wide range of studies. Genetic studies have shown that schizophrenia and bipolar disorder have different genetic signatures, but that schizoaffective disorder has genetic changes associated with both diseases ¹. Skin cells can now be turned

into “a cortex in a dish” which allow us to look at how nerve cells from patients with different diseases function and start to really get to grips with the underlying biology ².

Some of these advances are now coming to our clinics. The development of antidepressant treatment using ketamine is one example of how a broader understanding of the biological mechanisms involved in the condition can give rise to novel treatments ³. Inflammation is increasingly being recognised as a contributor

to depression and new treatments, targeting inflammation, are being trialled as possible antidepressants ⁴. We are developing increasingly sophisticated models of mental disorders and some of these can provide insights for our patients as well as for us as clinicians. A working knowledge of psychiatric genetics

can help us discuss questions around the complex origins of mental illness whilst studies of symptoms in psychosis can help to demystify often bizarre experiences.

The challenge of incorporating neuroscience into psychiatry training

Shortly before finishing his tenure as Director of the National Institute of Mental Health in the USA in 2015, Dr Thomas Insel reflected on contemporary issues in neuroscience research. These indicate that clinicians working in psychiatry within the next 20 years will need to know about “cortical dynamics, neural networks and genomic variation” and more generally be able to “critique brain science”⁵.

The nature of neuroscience as a vast and ever-changing field creates a challenge for medical educators and there remains a lack of consensus on what should be taught and indeed how it is taught⁶. There are several model curricula published in medical education literature and these have primarily been developed in the USA⁷. One of the most widely acknowledged underlies the National Neuroscience Curriculum Initiative (NNCI). This collaboration between

You can access their free resources for self-study as well as high quality prepared session plans for teaching trainees or other colleagues:

www.nncionline.org

medical educators from four major Psychiatry Residency Programmes led to the development of a curriculum supported by innovative and interactive learning sessions⁸.

Changes to psychiatry training in the UK

The RCPsych Core Psychiatry curriculum and syllabus are changing

The Core Psychiatry curriculum and syllabus form the blueprint for what psychiatry trainees in the UK learn. With funding from the Gatsby Foundation and The Wellcome Trust, the RCPsych set up the Neuroscience Project to revise the curriculum and exam syllabus. This aimed to ensure advances in modern neuroscience were

incorporated into training and to equip trainees for future work as psychiatrists.

The project is now in the implementation phase with an emphasis on embedding the changes in the curriculum into the training of Psychiatrists throughout the UK.

What is happening nationally?

A number of initiatives have been developed to support the development of neuroscience expertise for RCPsych members. These are summarised in Figure 1.

In addition, funding has been provided for trainees to attend conferences and a network of trainee “Neuroscience Champions” has been established.

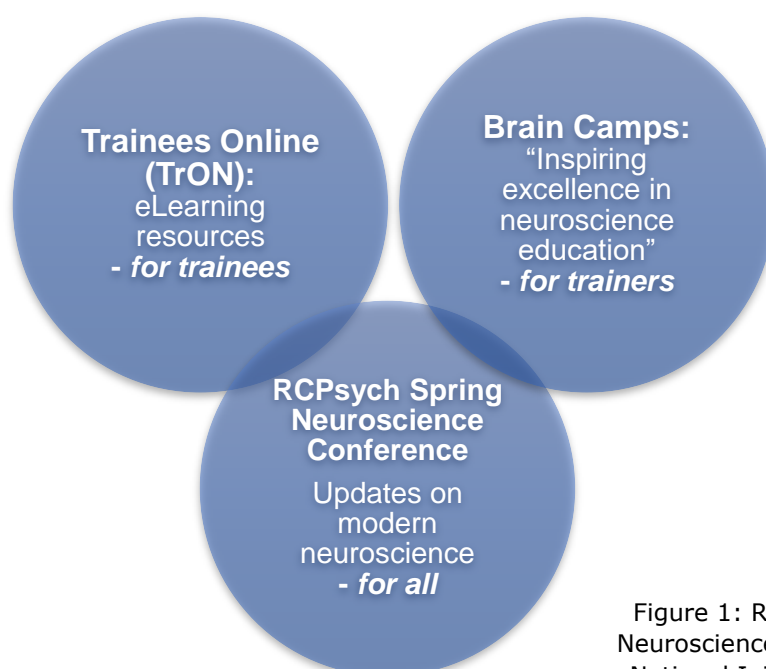


Figure 1: RCPsych Neuroscience Project National Initiatives

Dr Lindsey Sinclair was one of those selected to attend the BNA Festival of Neuroscience:

This 4-day meeting looked at neuroscience in its broadest sense. That said, there was something relevant to psychiatry in almost every session. For example, there were talks on neuroinflammation, talks on cognition and dementia. There was also an amazing talk on how a modified rabies virus has been used to map out the brain circuits involved in parenting and identify which neurons are the hub of this network.

The neuroscience community were very welcoming and friendly. We would thoroughly recommend that other psychiatrists consider attending in future years.

Dr Gabrielle Churchhouse and Dr George Morris were appointed to the Neuroscience Champions Scheme:

The College launched this scheme in March 2019. Trainees were chosen in each of the Local Education and Training Boards across the UK to help integrate curriculum updates and spread the enthusiasm for neuroscience amongst colleagues.

The Neuroscience Champions are currently working on the development of educational resources and a Neuroscience newsletter for RCPsych members. We also act as point of contact for all things Neuroscience for colleagues in the Deanery, so please get in touch.

What is happening in the South West?

Southwest Neuronet

With support from the College we established the Southwest Neuronet – a network linking neuroscientists and psychiatrists aimed to promote greater collaboration and build shared learning opportunities in our fields.

Since the launch meeting, we have:

- Contributed to changes in medical undergraduate teaching about mental health.
- Raised the profile of psychiatry amongst the local neuroscience research community.
- Created a website to share information about neuroscience with regional psychiatry trainees.
- Curated a list of opportunities for advanced trainees to get involved in research.
- Arranged for psychiatric trainees to be able to attend regional neurology teaching (and vice versa).



2gether Neuroscience in Psychiatry Course

In 2gether NHS Foundation Trust, Gloucestershire, we have piloted a peer led short course as part of our Academic Teaching Programme. Run over three afternoons, it provided an opportunity to explore perspectives on the role of neuroscience in our work and discover new perspectives on common mental disorder. In addition, we looked at further developing conversations we already have with people faced with a new diagnosis to incorporate a modern neuroscience perspective.

We drew upon a wealth of resources including short tutorials and expert videos from the NNCI as well as contemporary journal articles and mainstream media, including BBC All in the Mind.

We had at least 35 doctors of all grades attend each session. Feedback indicated that attendees found the highly interactive content engaging and that the topics with the most immediate clinical relevance were most valued. Confidence in using neuroscience in consultations increased following the course and attendees highlighted potential areas to engage in further self-directed learning.

If you are interested in running any similar sessions in your area and would like to use or adapt these sessions, please contact Dr George Morris.

What is happening next?

We have developed a regional "Neuroscience in Psychiatry Update Day" being held on September 18th 2019 in Bristol and are delighted to be hosting a number of renowned speakers.

We aim to create a set of resources including recorded talks and sessions plans that can be used within localities to provide training without the need for external speakers. This would be particularly relevant for the more geographically remote parts of the South West region.

How can I get involved?

We welcome colleagues to join the SW Neuronet and help further develop it.

If you want to learn more about the neuroscience project see the RCPsych website below. Why not attend a Brain Camp or book on to the next RCPsych Neuroscience Conference?

References

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[8] National Neuroscience Curriculum Initiative. About. [Online]. 2019 [Cited 12/05/19]. Available at: www.nncionline.org/about

Contacts and Resources

[RCPsych Neuroscience Project](#)

SW Neuronet

Join via Workplace or contact George Morris via the [Division office](#)

Neuroscience Champions

Severn
Gabrielle Churchhouse
George Morris

Peninsula
Alje van Hoorn
Abigail Davies

Choose Psychiatry: Dorset Healthcare Psychiatry Summer School

by Dr Hannah Rowlatt

Dr Rowlatt is a Trainee currently working in the Dorset area and a member of the 2019 Summer School Organising Committee.

The Dorset Healthcare Psychiatry Summer School took place in July 2019, following the success of a similar event last year. Fourteen delegates took part in the Summer School this year. The event was open to sixth form/college students across Dorset that could demonstrate via application an intention to apply to medical school and an interest in psychiatry.

The aim of the Summer School was to spark or deepen an interest in psychiatry amongst likely future medical students and provide an experience that may support the application to medical school of credible candidates with an interest in psychiatry.

Objectives

- Delegates to gain a preliminary understanding of the working life of a psychiatrist
- Delegates to gain a degree of insight into mental health problems and their impact on patients

- Delegates to have an opportunity to mix with current psychiatrists, psychiatry trainees and medical students to discuss career options and training
- To provide delegates with tips and an experience of a mock interview to develop their medical school application

Programme

Each day of the Summer School had activities relating to a theme.

Day One aimed to introduce psychiatry and to prepare delegates for their clinical placement. It included talks from medics at various stages of their career (from student to consultant), a group activity about the concept of mental health, and a talk from a peer specialist with lived experience of mental illness; as well as Q&As about clinical placement.

Day Two provided each delegate with a clinical placement under the supervision of a psychiatrist, either

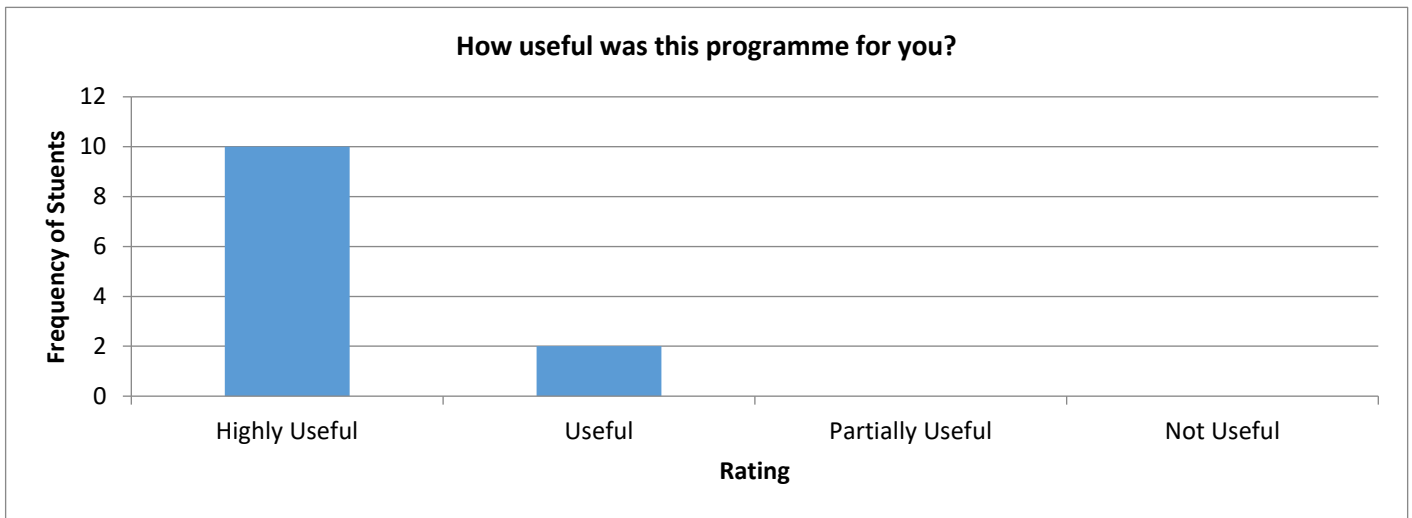
outpatient or inpatient across a range of subspecialties.

Day Three activities were based around reflecting on placements and giving the delegates an opportunity to have a taste of history taking and performing mental state examinations through role play.

Day Four was themed around applying to medical school; it included a talk about interview techniques and plenty of practice – delegates rotated around a circuit of scenario stations with mock interviewers and were provided with feedback. The day included talks from a senior consultant on choosing psychiatry and a local psychologist about looking after our own mental health.

Feedback

We were delighted by the amount of positive feedback received. Of twelve delegates that provided written feedback, ten rated the summer school as “highly useful”, and the remaining two as “useful”.



Multiple positive comments were received, including:

"The clinical day was fascinating and talking to specialists was really valuable"

"I have definitely become more interested in psychiatry and would consider it as a specialty"

"Thank you for an amazing experience!"

"Thank you so much! I've been trying to find work experience in psychiatry... so thank you for this opportunity. It's been a great experience"

"It has made me want to study medicine more and has reinforced my interest in psychiatry"

"Was really fun and nice to meet so many different people at different levels in their profession"

"It has got me interested in psychiatry as a specialty"

We hope we offered a valuable opportunity to budding psychiatrists and some inspiration to future medical students. Using the constructive comments received about the teaching methods and requesting tasks for placement day we hope to build on the success of the Summer School and be able to offer an even better experience next year.

Acknowledgements

We were fortunate to have much enthusiastic input from colleagues locally. The organising committee (Dr Stephen Turberville, Dr Brett Pennell, Ms Clover Lake, Dr Hannah Rowlett) would like to thank the doctors that hosted delegates on placement, the core psychiatry trainees that offered their time to

facilitate role plays and mock interview stations, and the speakers from various disciplines that contributed to a rich programme of talks.

Thank you to our sponsors, the RCPsych South West Division, for their funding and efforts to compile materials that contributed to making the event a great success.

Severn Autumn Schools of Psychiatry

By Dr Sally Stuart

Dr Stuart is a CT2 currently working with the BaNES Recovery Team and a member of the 2019 Autumn School Organising Committee. Here, she reports on the 2018 and 2019 events.



As preparations are underway for this year's Autumn School, I would like to reflect on the success of last year's event.

The South West Autumn Psychiatry School is an annual event for junior doctors considering a

career in Psychiatry. Last year the event took place on 30th and 31st October at Fromside, Blackberry Hill Hospital. The aim of the event is to encourage junior doctors to consider psychiatry training and has been a key part of the College's recruitment strategy for some time. With the exception of the year of the doctors' strike, the event has run successfully in Bristol since 2014.

The event was co-organised by Dr Jonathan Davies (ST4) and Dr Kim Humby (ST6), with assistance on the day from Dr Elle Farrell

(CT2), Dr Sally Stuart (CT1), Dr Stephanie Upton (CT1) and Dr Helen Sharrard (Consultant), as well as a wide variety of speakers.

The event is funded by the Royal College of Psychiatrists South West Division and Severn Deanery. The Autumn School was advertised nationally and we had 16 junior doctors attend the event.

Table 1: demographics of attendees

Current training grade/specialty	F1: 4 F2: 7 F3: 2
Where in the UK do you work?	Bath: 2 Bristol: 3 Canterbury: 1 Exeter: 1 Shrewsbury & Telford: 1 Oxford: 1 Scarborough: 1 London: 2 Sussex: 1
Year you graduated from medical school	2014: 1 2016: 4 2017: 3 2018: 5
How did you hear about the Autumn School?	Deanery/Foundation School email: 3 RCPsych website: 5 Facebook: 3 Regional teaching day: 1 From a consultant: 1

Event timetable

The timetable was packed with a variety of sessions aimed at showcasing the breadth of psychiatry. Talks entailed training and applications, life as a psychiatrist, history of psychiatry, a drama performance by The Misfits Theatre Company, an advanced communications skills workshop, as well as talks on research and mental health law. We had a range of enthusiastic speakers at various stages of their psychiatric careers.

Feedback

The enthusiasm of the speakers was reflected in the feedback we received. 100% of attendees rated the event as 'excellent'. All of the sessions garnered average feedback of 'good' or 'excellent'. The highest rated sessions included life as core trainee, the drama workshop and the advanced communication skills.

All attendees were asked to rate their likelihood of applying to Psychiatry and to Severn Deanery before and after the Autumn School and their answers are given in table 2 below. There was a positive shift with all attendees thinking it likely they would apply to Psychiatry after the event and the majority of attendees thinking they would apply to Severn Deanery. When asked what had changed their mind, attendees reported the positivity of speakers, realising how flexible and variable a career in Psychiatry can be, the breadth of specialities and the opportunities regarding research. Attendees also noted the focus on training and education in core training in Severn Deanery and the genuine satisfaction the trainees and consultants had in their jobs. The answers are very encouraging and reflect the success of the event in promoting a career in

Psychiatry in the South West.

- "Very good insight into psychiatry as a future career – really enjoyable"
- "Lots of opportunities for discussion and questions"
- "Severn is a top deanery!"
- "Made Severn deanery really appealing"
- "Seeing how positive and passionate trainees/consultants were throughout the 2 days"
- "Increased my interest in the career, better insight into the options available for specialization and opportunity to network"
- "Opportunity to talk with different specialists"

Table 2: likelihood of applying for psychiatry training and to Severn Deanery

	Unlikely	Likely	Definite
Likelihood of applying to psychiatry <u>before</u> Autumn School	3	8	2
Likelihood of applying to psychiatry <u>after</u> Autumn School		9	4
Likelihood of applying to Severn <u>before</u> Autumn School	7	3	3
Likelihood of applying to Severn <u>after</u> the Autumn School	1	7	5

This year we have worked hard with the College and Deanery to publicise the event and increase the number of attendees, and it seems to have worked with over thirty people expressing interest already.

We have made some improvements to this year's timetable in response to feedback from last year's event. Suggestions included more detailed information

on applying, particularly in terms of the 'person specification', which describes the number of points awarded for various CV achievements. We have also managed to secure a budget to allow us to return to the wonderful Vassall Centre.

This year's Autumn School will take place 10th-11th October in the Vassall Centre.

We closed for applications on 20 September, but if you would like to find out more about this event please email bristolautumnschool@gmail.com.

We hope to see as many of you as possible there!



Are you a junior doctor keen to learn more about a career in psychiatry?

This FREE event will give you a valuable insight into the specialty, with a packed programme of tutorials, workshops and networking opportunities.

Highlights

- Find out what life is like as a core trainee, higher trainee & consultant
- Top tips on the application process
- Research in psychiatry

- Meet current trainees and consultants from a range of sub-specialities
- A psychiatry drama performance
- History of psychiatry and museum tour
- Evening social event

The event will be held at The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

To book please email: bristolautumnschool@gmail.com (deadline for applications 20/09/19)

This event has been made possible by the kind support of the Royal College of Psychiatrists and the Severn Deanery.

National Student Psychiatry Conference 2020 – Save the Date!



Bristol University Psychiatry Society is delighted to announce that we will be hosting the National Student Psychiatry Conference next year on 8-9 February 2020!

Our theme this year is **'Crisis to Chronic: Beyond Medicine'**.

During the weekend, we will be discussing how to help and support someone in crisis, someone having an acute episode of illness and someone undergoing management of a long-term condition. Our theme also encompasses the alternative sources people seek out and receive help from, including nurses, psychologists, mental health charity workers, counsellors, etc.

Tickets are on sale now!

[Buy tickets](#)

Keep an eye out for more information via the

[Facebook page](#)

OR if you would like to be put on our mailing list, please email

ubupsychiatricsoc@gmail.com

If you have any enquiries, please email us at

ubupsychiatricsoc@gmail.com.

Hope to see you there!

Vacancies in the South West Division



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 posts - as they play an important role in supporting our members and ensuring the success of the Division generally. Check out our [Vacancies](#) page to see how you can get involved and support your Division.

South West Dementia Brain Bank

By Alice Bone Connaughton

Alice Bone Connaughton is a Research Technician at the South West Dementia Brain Bank.



Over 850,000 people live with dementia in the UK, and the number is expected to rise with an increasing older population. Research into the causes and options for treatment is more urgent than ever. Much of this depends on the analysis of post-mortem human brain tissue, a rare and precious resource, which has been crucial to most major advances in our understanding of diseases that cause dementia. The South West Dementia Brain Bank (SWDBB), part of the University of Bristol, is based in the Learning and Research building at Southmead Hospital. It provides human brain tissue for dementia research, to academic groups across the UK and overseas. Expert neuropathological assessment of the donated brains also provides the families of donors with a final post-mortem

diagnosis. Opened in the 1980s, the brain bank now houses tissue from over 1100 brain donors, and each of these brains can generally be used in hundreds of research projects, so that each donation makes a substantial contribution to the progress of dementia research.

Donations are accepted from people with dementia, as well as from healthy control participants over the age of 55. In addition, the SWDBB works in collaboration with five other centres in the UK as part of the national Brains for Dementia Research (BDR) project. BDR was established in 2007 to promote brain donation and establish a network of brain banks to facilitate research into dementia. The project involves assessment of the memory and other mental abilities of participants (usually in their home setting or by telephone), all of whom have given consent to brain tissue donation following their death. The information this provides on changes in cognition can be related to medical and lifestyle factors and to post-mortem neuropathological findings,

and these data can be compared between donors and against cellular and molecular markers of disease. After it has been received and before it is made available for research, each donated brain is dissected and examined by a neuropathologist, who makes a definitive neuropathological diagnosis by looking at sections of the brain tissue under a microscope. The determination of the definitive diagnosis after death allows doctors to check the accuracy of the diagnosis made in life, helping to improve future diagnostic accuracy. The provision of a summary of the neuropathological findings to donor's family or representative, together with the knowledge that the donation may be of help to others facing a diagnosis of dementia, can be a comfort to the loved ones of those affected by dementia, who have endured years of watching the impact the disease can have.

Once the diagnosis stage is complete, the rest of the brain tissue is made available for research. The mission statement of the Brain Bank is 'To support

dementia research that has the potential to contribute to our understanding of the underlying diseases or to be of value to sufferers and their families'. Our policy is to provide tissue to dementia researchers locally, nationally and internationally, provided that the project for which the tissue is requested falls under the generic terms of our NHS REC approval or, where this is not the case,

has project-specific research ethics approval. Details of tissue held by the bank are now routinely entered in the Medical Research Council (MRC) UK Brain Banks Network database. The MRC database is an international resource for researchers looking to obtain human brain tissue for use in their research. Since 2011 alone, over 145 research projects have used tissue provided

by the SWDBB, from hundreds of brains.

The decision to donate one's brain is a highly personal one, the motivations complex and varied. The benefits are, however, clear. This selfless act is helping us to understand and treat a group of destructive and dehumanising diseases that affect many people, with devastating consequences.

South West Division Training (SWDT) update



After the success of our Autism: Management after Diagnosis course in June, we busy finalising our programme for 2019.

We are thrilled to be hosting this year's [Annual Dinner](#) at the M Shed, overlooking Bristol's Harbourside. Access to the Places Gallery along with a glass of sparkling wine or soft drink will be available upon arrival and diners will be seated at 7.00 pm for a 3-course meal. Following this, we are delighted to confirm that Professor Peter Tyrer will be our After-Dinner Speaker.

The next day, we will be hosting our [Autumn Biannual Meeting](#) on 'Ages and Stages of Psychosis', which will explore how psychosis affects patients across their lifetime.

The [Section 12\(2\) and Approved Clinician courses](#) continue to be popular this year, with our final Section 12(2) Induction being held on 5 - 6 November and Approved Clinician Induction on 3 - 4 December.

Planning is well underway for our 2020 programme, including Retired Doctors events, a Physical Health workshop, Mentoring training, a Medico Legal course, a Transition to New Consultant course and a range of Section 12(2) and Approved Clinician courses.

Dates confirmed so far:

- Retired and Resting Psychiatrists Event, 30 March, in Redhill
- Joint South West Division and Neurodevelopmental Disorders Conference, 24 April, in Bristol
- Spring Biannual Meeting 15 May, in Exeter

You can find more information and book online via on our [Training and Events](#) web pages or call 01761 463979.

We are continually improving our programme to support members' needs, so please do let [Abby Watts](#) know if there are any subjects you would like to be included in the future.

Raising Awareness and Understanding through Radio

By Peter Leggatt

Peter Leggatt is Head of Communications at Devon Partnership Trust

BBC **RADIO DEVON**

About two years ago, Devon Partnership NHS Trust (DPT) piloted a monthly mental health phone-in with BBC Radio Devon. The idea was based on a successful programme with local broadcasters in Cornwall.

After initial discussions with the presenter and producer of the regular afternoon programme, a format was agreed. It centres on a specific mental health topic for each phone-in programme, with audience feedback and participation being stimulated by someone's personal experience as a service user, family member or carer – their story told in their words. This personal element of the programme is then supported by the expert view of clinicians or other experts in the studio. To ensure support for callers who may be distressed or concerned about their own health or welfare, or someone else's,

a clinician is also on-hand behind the scenes. Information about the topic under discussion, and signposting to relevant services, is also made available online during and after each programme. At DPT, the project with BBC Radio Devon has been driven by Dr Helen Smith, Dr Sam Kirkwood and Dr Dimitrios Tsiakiris – with support from the communications team and a host of clinical and other professionals from across the county providing their expertise as and when required.

Head of Communications, Peter Leggatt, says: "We are always striving to increase understanding and awareness about mental health and learning disability and to dispel some of the myths that, far too often, still surround them. Our regular monthly phone-in with BBC Radio Devon generally takes place on the first Tuesday

of every month and it has been very warmly received by both listeners and professionals. Topics covered so far include emotional resilience and wellbeing, dementia, psychosis, depression, eating disorders, obsessive behaviour, alcohol, sleep and perinatal mental health. Some of our clinicians, quite understandably, are a little daunted about the prospect of a live radio interview but, after the event, they invariably reflect on a very positive experience and are keen to do it again. The programme has taken a break now, while BBC Radio Devon freshens-up its schedules, but we hope to commence again early in the new year. It's an initiative that takes a little time and effort to deliver every month, but one that has been well worth it."



Twitter Book Review: The Humans, by Matt Haig

By Fiona Watson



“No one is ever completely right about anything. Anywhere.”

The College has recently been trialling a new Twitter-based book group called RCPsychReads, which aims to bring people together to discuss books and the insight they offer into mental health issues.

Most recently, we read Matt Haig’s *The Humans*, which follows the story of an alien sent to earth to impersonate a Cambridge mathematician and assassinate his nearest and dearest. The mathematician himself has recently been abducted and killed by the alien’s superiors. The reasons why are fairly unimportant, the novel uses it as an opportunity to examine humans and our society from the perspective of a complete outsider. The results are funny and at times very touching.

As someone who reads a lot of science fiction, the trope of how aliens would react to humanity is hardly new. Given that we can never know what aliens would find shocking about us it can only really reveal what we find shocking about ourselves. However, this in no way detracts from the book’s attempt to shine a light on how we treat those we are different. Particularly our expectation that everyone should meet certain societal and cultural norms. Haig gently uses the alien to show how uncomfortable we become when people deviate from these norms and question why they are so important after all.

The alien is detained quite quickly in the novel, due to understandable concerns about his mental health. Crucially this happens prior to learning what is considered normal behaviour (such as wearing clothes) and his perspective on the institution and his fellow patients make for an interesting read.

For me the most enjoyable parts of the book were the interactions with his dog,

wife and son. One particular highlight was a list of ‘advice for a human’ intended for his teenage son who has been struggling with his own mental health. It is weird, funny and thought provoking. From the point of view of a book group it was interesting to consider and discuss what advice you would give to someone doing their best to live a human life.

I first heard of Matt Haig while looking through the books chosen by the Reading Well for Mental Health scheme, which is in itself well-worth checking out. It is available in pretty much all public libraries and the books are chosen by clinicians in partnership with people with lived experience. Matt Haig’s book *Reasons to Stay Alive* is featured on the list, which explores his own struggle with depression.

Sadly, the book group has been put on hold due to low attendance. However, if you find a book you think would be particularly appropriate please let us know on

infoservices@rcpsych.ac.uk

The Essence of Mindfulness

By Martin Wells

Martin Wells is a semi-retired consultant psychotherapist working for Avon and Wiltshire Partnership in the South Gloucestershire Psychological Therapies Service. His book 'Sitting in the Stillness' is published by Mantra books in February 2020.



Several years ago, a young Buddhist nun, called Jin Ho, led a mindfulness group on one of the acute wards in AWP. The group was well received and many patients seemed more settled after the groups. I asked her how she would describe her approach to teaching mindfulness. She said: 'I sit in my stillness and invite people into theirs'.

There is no mention of teaching, skills, treatment or self-improvement in this description. Also, no notion of something being done to or given to another person but more an orientation in the teacher/therapist which acts as an invitation to the 'patient'.... we can only invite.

We sometimes speak as though mindfulness was invented recently as a psychological treatment particularly for depression, forgetting a history of

thousands of years. What is also often forgotten is that the original source and essence of mindfulness was not to do with treatment or feeling better but a deep inquiry into the nature of reality and, in human terms, who or what we are.

I asked a patient last week, what was the most helpful thing she had learnt in a mindfulness group? To which she replied; 'that I'm not my thoughts'. Her identification with her thoughts had been uncoupled. If we imagine the self-critical content of these thoughts, then this is a very significant letting go. Like many people she thought of herself as 'not good enough, not lovable, a failure, a bad person etc.' When the dis-identification with thoughts begins what has previously been seen as reality is seen as story.....a narrative that has driven just about every relationship and life decision. This patient was relating to the heart and essence of mindfulness liberation. When we realise we are not our thoughts we are free from the tyranny of self-criticism and judgement and from the

personal stories that define and confine us.

This raises the question: 'if I'm not my thoughts or my story...then who or what am I'. This is where we come back to the notion of stillness. If we are not our story, there is nothing to repair or improve, fundamentally nothing wrong. The search for resolution and healing can end and with the end of the search, there is a falling back to a natural, peaceful state of being. In Zen Buddhism there is a very simple poem:

Nothing to do
Nowhere to go
No-one to be

We're not talking literally here. Stillness does not mean not moving but more a fundamental stillness that we can observe in nature, for example, in a bird in flight. Trees, birds, mountains and oceans are simply being as they are. Birds not needing to be better birds or, as far as we know, concerned about what their mothers may think of their singing. A fundamental feature of mindfulness is acceptance. Yes, these are the thoughts

that occur in this body/mind...I do have a story but I am **not** my story.

As a patient of mine replied to the nurse who asked him if he was an addict: 'Yes I'm an addict and a psychopath.... but really I am Love!'

In these examples there is no attempt to bypass our problems, thoughts or stories in fact paradoxically these can be keys to the freedom we seek. If we can observe, understand and accept our personal stories there is a spontaneous stepping back – a space between the witness and what is witnessed. The story is realised as not ultimately who we are and by accepting its confinement and restrictions we are aware, by contrast, of the freedom that lies beyond. This process is called 'negation' in Christianity and Neti Neti in Hinduism – not this, not that. Jean Klein used to say that if our mouths were made of salt we could not taste salt.

So, we might say, that the essence of mindfulness is a stripping away and a letting go rather than more acquiring or attainment. As the sculptor said when asked how he sculpted the horse: 'I just took away the bits that weren't horse!' What falls away is what is not horse, not real. Our stories are only fictions. The psychologist, Adler,

called them 'guiding fictions'. Strip them away and what is revealed is our true nature - loving, free and fundamentally peaceful.

Professor Mark Williams (co-author of 'Mindfulness: A practical guide to finding peace in a frantic world') was asked by a Radio 4 interviewer if he was worried that mindfulness could be misused. For example, it is now being taught in the corporate world, in the army and the House of Commons. He said; No he wasn't because mindfulness was 'inherently subversive'. By which I take him to mean that whenever we are centred in an observing awareness some space is created between the objects of awareness and awareness itself.

Our gift as clinicians in our meetings with patients is to sit in our own stillness. By this I mean that our mindfulness practice is to be present without expectation, agenda and as free as we can be of our own story (e.g. a need to be needed or seen as wise).

In this way we are less tuned in to our own inner world, and more able to listen with a true openness and an attunement to whoever we are with. Being present in this way is also a powerful invitation to the patient to open to the fundamental stillness and freedom in their own being.

References

Adler, A (1921) The Neurotic Constitution (B GlueckTrans.) London, England: Kegan Paul. Trench. Trubner & Co. (original work published 1912)

Dr Jean-Marc Mantel The Scent of Oneness

Thich Nhat Hanh The Heart of the Buddha's Teaching: Transforming suffering into Peace, Joy and Liberation

Eckhart Tolle Stillness speaks

Jeff Foster The Deepest Acceptance

Henleaze Lake, 2019

By Dr Marion Steiner

Dr Marion Steiner, GP and Bristol, North Somerset and South Gloucestershire CCG self-care lead, discusses her experiences of open water swimming at Henleaze Lake and incorporating this into a social prescribing initiative.

I'd been wondering why I was still working as a GP in the same practice in a deprived area of Bristol after 22 years. The stress of serial NHS reorganizations, the double whammy of services by austerity-undermined social services and older, iller and more anxious patients, might have sent me out of the door. It seems almost unprofessional to admit it, but the truth is that it is the wonderful Henleaze Lake, at the edge of my practice area, which has saved my sanity, refreshed my spirit and kept me close by since 1996.

100 years ago, when the quarry was worked out, its owner, Colonel Baddock, gave it to the community as a swimming venue. Fed by underground springs, and surrounded by trees and lawns, it is a place of beauty, calm and community.

Keen open water swimmers come from all over Bristol to share its delights. For the last few years, some of us have also become Winter Dippers, and

benefited from boosted endorphins during the dull, cold months.

It struck me that it might also be a resource for Green Care for patients. The West of England Nature Partnership (WENP) Ref1 defines this as 'nature-based therapies or treatment interventions for people with a defined need'. The benefits of nature to health have been well researched, and the Government's 25 Year Environment Plan specifies actions to integrate environmental therapies into mental health services.

In 2015, Southmead Development Trust established our local social prescribing project to support patients to connect to community resources, reduce social isolation, increase activity levels and reduce over-medicalisation of life problems. My own practice refers people with problems such as obesity, chronic pain and bereavement, who meet a skilled Link Worker to explore their problems, with a solution-based focus.



In 2018, we embarked on a project to bring a social prescribing Wellbeing group to Henleaze Lake.

I expected a slow start, with the newcomers needing encouragement, and familiarity before they felt able to swim. I was wrong. Right from the first session, they plunged into deep, cold, murky water and enjoyed it.

Colette Brown, Southmead Development Trust Social Prescribing Coordinator, agrees.

I was a little nervous initially when launching the Henleaze Lake Wellbeing Sessions for participants of our holistic social prescribing model (which supports people across Bristol's areas of highest multiple deprivation).

I knew that people would relish being in the calm, natural environment, but jumping into a freezing cold lake? I thought this might be a step too far.

Individuals that we work with (referred to our link workers for up to 6 1:1 sessions to support them to take control of their own health and wellbeing) may live within metres of Henleaze Lake, but are miles away from the middle class environment of the lake, frequented by individuals who have relatively few barriers to being able to self-care. People who are referred by their GP to our link workers have multiple 'fires' burning in their lives (money worries, housing problems, deep-rooted trauma – all fuelling anxiety, depression and other mental health struggles). Fires which a dip in Henleaze Lake felt unlikely to put out. However, having this 'offer' alongside being able to take control of these burning fires has been instrumental to individuals being able to take steps towards self-care and sustain improvements they have made working with our link workers.

Our evaluation report showed that 100% of participants had a highly positive impact on their physical, mental and social health. When conducting a thematic analysis of participants' questionnaires

and interviews, the main themes that emerged were around:

- Meeting and making friends with people – for many it was the only time they socialised.
- The opportunity to sit and relax – escaping from negative internal thoughts in a peaceful environment.
- Stepping outside of normal (and often entrenched and negative) activities.
- Having a sense of purpose and something to look forward to.
- The 'cleansing' effect of the cold water, and its physical impact.
- The positive impact attending the group had on instigating change in participants' lives.

After attendance at the sessions, 100% of participants felt that they had done things differently to take control of their own health and wellbeing since referral to the group, and 100% of these participants felt that they would continue to do these things.

Overall, the data collected from baseline to exit suggested a positive set of client outcomes – particularly relating to wellbeing and self-care. Using well-established measures for life satisfaction, happiness, life worth and anxiety (using

the ONS Wellbeing Scale), there was a significant positive change in all, with an average positive change of 1.6 (out of 10) for each category.

Clients' wellbeing (using the Short Warwick-Edinburgh Mental Wellbeing Scale) also increased from baseline, from an average of 17.8 to 21 (out of 35).

Using the EQ-5D scale to measure self-reported health status, there were again positive changes in all categories, in addition to a 10-point increase in participants' VAS scores (out of 100).

There were no statistically significant differences in changes across wellbeing measures for participants linked to whether they actually swam in the lake during the sessions or not, however those who swam had a significantly greater increase in their VAS health scores (15 compared to 7.3, out of 100).

One of the biggest challenges I often find with evaluations is following up with participants to include them in interviews, case studies and questionnaires. However, I was really struck by how keen the participants of this group were to share their experiences – participants who struggled with severe social anxiety but who came alive when talking about their time at the lake.

It was wonderful to look at the quantitative data and see the improvements in participants' scores, but this is only part of the story. To hear first-hand the ways in which individuals have benefitted from the group has been truly humbling. Something that comes across more strongly than anything else is the power of community and friendships. Finding people with whom one can talk to, build relationships with and share experiences with is essential for our wellbeing. Life is about relationships and shared experiences, and when this is not an option for people their wellbeing will inevitably be negatively affected.

It soon became evident when conducting interviews for the evaluation that the value and benefits of the Lake Wellbeing Group couldn't be attributed to one thing. Yes, there is medical research backing up the benefits of cold water, but simply being in nature, connecting with others, having permission to relax and escape negative thought patterns all came together to give participants something to look forward to each week. Something that made getting out of bed seem possible. A community which enabled them to feel part of something bigger.

"It gave me time to slow down and helped with my mental health immensely. It's been a light [in the darkness of depression] more than words can say."

"It gave me something to look forward to which is hard when you're really depressed. You knew you were going to have that little bit of happiness in the week, so it was nice."

"Best thing to ever happen."

Dr Marion Steiner concludes:

The staff and members of the club share my delight at the success of the project, and as we head towards our Centenary celebrations it feels absolutely right to continue and extend this project, with their support. And there must be other hidden community resources we could connect with- sharing what keeps us well and happy with our patients feels affirming and right.

References

1. West of England Nature Partnership Green Care Plan April 2019

<http://www.wenp.org.uk/wp-content/uploads/2019/04/Mainstreaming-Green-Care-Plan.pdf>

2. A Green Future: Our 25 Year Plan to Improve the Environment HM Government January 2018

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Poem: 'Ellen's Tribute to Trees'

By Ellen Devine

Ten years ago, Ellen was a patient in a mental health hospital feeling trapped inside its walls and craving the outdoors. She now works as Centenary Wellbeing Projects Manager for the Forestry Commission and champions forests and woodlands as a resource for health and wellbeing.

Dear Snuff Mills woodland,

Do you remember me? You were my escape at the time I needed you most.

Back in 2010 I was admitted to hospital where I remained a patient for a year. I will always be grateful to the NHS for the care they gave me, but when I think back to that year, it was you, not the hospital, that saved me. Life as an inpatient was pretty boring. There was a lot of staring at the same white walls, mindlessly watching daytime TV shows and counting the minutes between mealtimes. I felt trapped inside a building that had everything to do with illness and nothing to do with life. But after about three months, I was well enough to have a couple of hours a week out of the hospital and so, each Sunday afternoon, my mum would take me to visit you.

I lived for these visits. You reminded me of what it was to be alive.

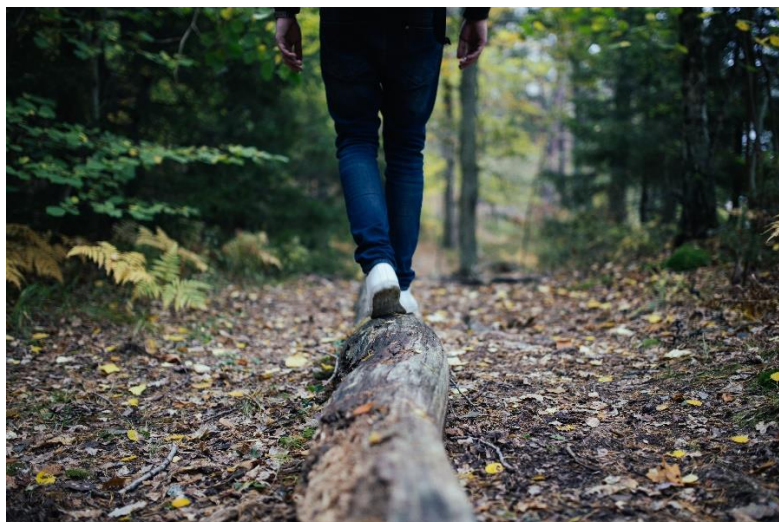
Your soft shade, subtle smells and soothing sounds, created a safe space that contrasted so completely with the bright lights, sterile odours and loud noises of the hospital, and as I walked under your canopy, spotting squirrels and daffodils and fluffy white feathers, something stirred inside me that I thought had been lost.

You expected nothing of me and yet it was with you that I dared to explore and to achieve. As your bare branches produced new leaves, you showed me that even when everything seems to have been lost, there is always a chance to re-grow, to try again.

You were, still are, and always will be, my source of hope.

Thank you Snuff Mills.

Yours, Ellen



The Retreat - an innovative, drop in service in Dorset

By Dr Nicus Kotzé

Dr Kotzé is a Consultant Psychiatrist in the Purbeck Community Mental Health Team.



The Retreat opened its doors over a year ago and has been changing the way services are provided in Dorset. It functions as an arm of the Crisis team and the first 2 years are funded by the CCG. I spoke with the team leader, Jacob Beale, to understand how it all started and how it differs from the traditional model of providing mental health services.

It is a complimentary service for people living with a mental disorder where individuals with a self-defined crisis can turn up, without a referral and receive face-to-face support. It focuses on lived experience, using the skills of peer specialists. It aims to take psychiatry away from the 'experts' to make it more humane / relatable.

It started following the Dorset-wide, acute care pathway review where feedback highlighted difficulties with traditional services. There were high demands for inpatient beds, crisis teams did not have the resources to respond instantly and people had to overcome hurdles to access services. There was a need for lived experiences of mental health difficulties, in order to better model recovery. The Retreat offered a solution to the problems and borrowed ideas from the Safe Haven in Aldershot and user-led services such as the Leeds' Survivor- Led Crisis Service. NHS England refers to this model in reducing demand on Crisis teams, A&E and police (NHS England 2013).

Each shift is staffed by two band 6 mental health professionals and it is open every night from 16.30 to midnight. The professionals will complete an assessment if an individual is subsequently in need of a referral to the acute services and there are additionally two peer specialists. The focus is on what is happening for the

individual and exploring their strengths.

On average they have about 35 visits per night (Mondays and Tuesdays tend to be busier). The police will bring people in as an alternative to detaining them on a section 136 and staff will prioritise these new arrivals as well as the other most distressed individuals. It is easily accessible and not a 'clinical' environment and the response has been overwhelmingly positive.

It has resolved an unmet need in the community as usually someone may not 'fulfil criteria' for accessing services until they reach crisis point. There has been a reduction in psychiatric liaison referrals and calls to CMHT's but not section 136 detentions or admissions so far. It has been able to reduce certain prejudices - in particular for people with a diagnosis of a personality disorder - and especially made a difference to individuals who are stuck in a cycle of repeated admissions facilitating a change in behaviour.

The links with other services are ongoing and

the strongest relationship is with the local police force. As the approach is so different from traditional mental health services, clinicians thought it would lead to chaos and in particular struggled with the concept of an open-door policy. The initial scepticism since its inception has reduced however. It offers immediate support when someone is in distress and it is open in the evening, when other services are usually closed and it works well where it is located in Bournemouth as there are good transport links.

They do see people who have self-harmed as a way of coping and they are

asked not to do it on site as it can impact on others. There have been incidences where people have been elated or angry and the environment has been able to contain it; there have as yet been no serious incidents on site and staff sit down with people and try to understand where the behaviour comes from.

The service is advertised through posters, word of mouth and [YouTube](#). There is a website in progress and they have featured on BBC radio. It is also mentioned on the answering services of the Crisis team. Facilities include self-service drinks; there is a room for crafts, a relaxation and sensory space as well as quiet

rooms and a clinic room. People have been blown away by the accessibility of the service. It feels like home and the access to peer specialists has been well received. It provides a much-needed service without the traditional hurdles people had previously to overcome to gain access to services.

Reference

1. NHS England (2014). Safe Haven cafe in Aldershot [Online]. NHS England [Viewed 7 August 2019]. Available from: <https://www.england.nhs.uk/mental-health/case-studies/aldershot/>

Prizes and Bursaries

There are several prizes and bursaries available to consultants, SAS doctors, specialist associates, trainees, foundation year doctors and med students for the upcoming 2019 Autumn Biannual Meeting in Bristol and 2020 Spring Biannual Meeting in Exeter. Take a look at our [Prizes and Bursaries](#) web page and [Biannual Meeting](#) web page for more details.



Review: RCPsych International Congress 2019

By Dr Georgina Griffiths and Dr Emma Davies

Dr Griffiths is a CT1 at Avon and Wiltshire Mental Health Partnership NHS Trust and Dr Davies is an Academic FY2 at Brighton and Sussex University Hospital NHS Trust (due to start CT1 CAMHS run-through in Sussex August 2019).



It was a huge privilege to attend this year's RCPsychIC, 1-4th July 2019. A jam-packed 4-day programme included inspiring keynote speakers, seminars covering a vast array of topics from expert psychiatrists and researchers, rapid fire presentations and posters, dedicated trainee events and wellbeing activities!

Cutting-edge research presented in a fantastic keynote emphasised the importance and application of neuroscience in psychiatry: looking forward to specific investigations and tailored treatments, based on the underpinnings of mental disorders. I enjoyed learning about

research into the dynamic differences in psychopharmacology of the autistic brain and exploring the future treatment prospects for patients with autism spectrum conditions.

I was given plenty of food for thought in an important seminar covering Cyber World, Social Media, Gaming and Mental Health, exploring the impact of screen time on the developing brain, social communication, cyber-bullying in adolescence and behavioural addiction. 'Do we need to disconnect to reconnect?'

A developmental seminar delved into research exploring the challenges of assessing suicidality in people with autistic spectrum conditions, considering theory of mind and reduced cognitive flexibility; there were recommendations to improve training for psychiatrists and emphasis on the importance for people to 'know their normal.' I hope in the years to come our knowledge of



autism spectrum disorders will further expand so we can provide more tailored care.

Maddy Austin, expert by experience, bravely spoke about her eating disorder treatment journey, highlighting the desperate need for early, intensive community treatment for eating disorders, in order to keep young people in adolescent life during their recovery. In addition, there are many interesting research projects taking place currently looking at the role that genes play in the development of children's food habits and their relationship with food - apparently genes have a significant impact on

whether a child is a fussy eater or not!

A fascinating talk was delivered by child psychiatrist Dr Teerakiat Jareonsettasin on the children that were trapped in the Tham Luang caves in Thailand. Dr Jareonsettasin has been providing psychological support to the children and spoke about how remarkably the children had not developed any mental health disorders since they were rescued. He thought that a main protective factor was that they had grown up in rural

Thailand and so had developed skills of resilience and that importantly all the children remained optimistic in that they would be rescued throughout the time that they were trapped in the cave.

It was a 'Telling tales - insights and reflections of a leader' that captured the importance of learning from our patients: going beyond putting ourselves in other people's shoes - to observe and to be with - to understand their

perspective. Advice for emerging leaders of the future included: to follow your own path, take every opportunity, be yourself, know your strengths and weaknesses, and always have fun!

Thank you, South West Division, for providing us with a bursary to attend the conference, the RCPsychIC was important, intellectually stimulating and future-thinking. We are both looking forward to starting our training in psychiatry this year.