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Welcome from the Editor

by Dr Juzer Daudjee

This is my last edition as Editor and I hope you have enjoyed some of the excellent articles we have been fortunate enough to have included over the last three years. The newsletter is a reflection of the region’s innovation to improve mental health for everyone living herein and the progressive outlook of our healthcare professionals. The themes that come from this edition are ones of inter-agency and inter-disciplinary working and it is lovely to see this here in action. Finally I am thankful to the support team at the South West Division and in the Executive Committee and suffice to say conversing with all the many authors over the years has been a real pleasure.

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

Email the Newsletter Editor or the Division office
Twitter @RCPsychSW

From everyone at the South West Division
Farewell to the South West Division Chair

We say a fond farewell to Dr Richard Laugharne at the end of his four-year term as South West Division Executive Committee Chair. We would like to thank him for his commitment on the committee over the past 15 years, particularly in relation to Spring Biannual Meetings and advocating research and innovation in the south west. Under Richard’s leadership, the Division has worked to address the disparity in the number of consultant and trainee posts in England, has continued to provide high quality training for members, has introduced a CT1 welcome event and additional support for trainees, is developing a mentoring network and a local Workforce Strategy to address recruitment and retention issues, and continues to run a successful local Choose Psychiatry campaign.

It has been a pleasure to have Richard as a colleague for the past 20 years and I look forward to that continuing as he starts a new chapter having formally retired. Richard has consistently demonstrated his commitment to providing a service of excellence. Putting the patients at the centre of everything caused him to never shy away from confrontation. His enquiring mind allows him to be open to new treatments and the opinion of others. These characteristics are the driver for his considerable research interest. He has left a legacy that research is more than a possibility. It is within the reach of everyone. Richard’s integrity and openness has been an inspiration to those in training. He would have been sorely missed but we are hopeful that he will continue to contribute to the theatre of Psychiatry in the south west.

Dr Angela Rouncefield, South West Division Retired Doctors Representative

I have worked with Richard on the Exec Committee in various guises over the last few years. He has been a great asset to the Division - In his work he has kept stressing the need for good care, training and research and to ensure good team work and the voice of patients and carers on the Exec board to develop this. In that sense he has kept us grounded. For some time, he has been key in the success of the SW Spring Biannual Meeting. On the SW Division Executive Committee, I have always found him keen to hear the ideas of others and to support the individual work of committee members. He has also been able to continue the tradition of SW innovation at central College. I hope he will not be able to resist continuing to help develop the work of the SW Division!

Dr Peter Carpenter, South West Division Finance Officer

Richard has been a well-liked and trusted colleague during almost all of my 20 years in Cornwall. His achievements are numerous and varied. He has brought some great personal qualities to his roles: extensive skill and experience; a relentless focus on the most disadvantaged patients; generosity in sharing his knowledge; a principled and altruistic approach and incredible support and loyalty to his team and those who work with him. He does all of this without seeking personal glory. He is also dogged, determined and tenacious in persuading others of his opinions, but reasonable in debate and discussion, usually an absolute pleasure to disagree with.

Dr Ellen Wilkinson, RCPsych Workforce Lead (formerly Medical Director, Cornwall Partnership Foundation Trust)
Police First Responder Scheme

by Dr Tiff Earle

Avon and Wiltshire Mental health Partnership Trust (AWP) has recently embarked on an innovative scheme, with Avon and Somerset Police (ASP) aimed at improving contact between those experiencing mental distress and front line officers.

Inspector Jon Owen has been leading on a scheme, to train officers to be Mental Health Tactical Advisors.

He has recognised that increasing numbers of police contacts have a mental health element, but that officers have little training, knowledge and experience in this field.

Almost 70 ASP staff have volunteered for the scheme and the force is only the third in the country to run this type of training. The course content has been designed by Inspector Owen and is unique to ASP. Tactical Advisors have been used in other areas of policing such as firearms, public order and pursuits for many years and this initiative is intended to replicate that role and apply it to mental health related incidents.

Participants receive four days intensive training which covers legislation and procedure relating to mental health, investigations, risk-assessment and decision making. As well as examining case studies where lessons can be learned, students take part in workshops with hostage negotiators and with AWP staff around suicide and self-harm. Each student also has a full day’s placement with mental health teams around AWP sites. To complete the week, they have a recap and chance to practice with scenarios, as well as exploring how they will put this training into practice.

Feedback so far has been very positive

Inspector Jon Owen says, “It is a significant task to deliver one day’s training to over 2500 officers so we have taken the initial approach of providing a smaller number with enhanced training. By January 2020, there will be almost 70 Tactical Advisors around the force, they will perform the role in addition to their usual duties but will be on hand to assist and advise colleagues 24 hours a day. The intention is not to make them pseudo-psychiatrists – they are not clinicians. They will, however, have a better understanding of the language, complexities and subtleties, which exist in this arena. They will be better able to help their colleagues in the appropriate use of POLICING when it comes to mental health related incidents.”

There are future plans to recruit mentors/buddies from AWP clinical staff, to provide ongoing clinical supervision and support to the Tac Advisors. The scheme will be evaluated internally by ASP and by AWP by looking at numbers of section 136 referrals.

So far, 100% of respondents have indicated they feel more confident themselves and for advising colleagues, on mental health issues.

Dr Tiff Earle says “we always value the support and input from our police colleagues, and want to support them in return,
with the increasing numbers of mental health related 'shouts' they get. We want to enable officers to have the most positive outcomes for them and members of the public, when dealing with mental distress. It is a fact that the vast majority of assessments after a section 136, do not result in admission or detention under the Mental Health Act, and I envisage that numbers will be reduced, with the advice available to officers from the Tac Advisors. This ties in to AWP’s commitment to reducing restrictive practice with our patients.” The project will be evaluated by the College of Policing and decisions will then be taken on whether to roll it out further and develop the content for other departments. It is also hoped that, during 2020, some of the Tactical Advisors can be trained to become trainers themselves and help in the delivery of a one-day course for all officers.

Poem: ‘Thin continuous dreaming?’

By Dr Jennifer Parker
Awarded First Prize for the Lisa Thomas Poetry Competition 2019

The television was on but muted,  
Men dashing frantically about in their colourful rigout.  
His eyes weren’t following quite quickly enough,  
“Dad used to love the football - Didn’t you Dad – Before the memory stuff”.  

The past gleamed with the achievements,  
Of what once this man had seen, had known, had been.  
When walking wasn’t wandering,  
Activity wasn’t agitation,  
Forgetting wasn’t floundering.  

This twilight existence seemed an empty expanse,  
All his days a doss, his many triumphs now a loss.  
Suspended in purgatory between present and past,  
Indifferent to the days of the week,  
A strong enough body, but his mind didn’t last.  

When suddenly from the baffled absence a lone cheer erupted,  
Celebrations in full flow, sinewy arms akimbo.  
His team - blue- had scored against red!  
Why, I had forgotten all about the football,  
Too blinded by my own misplaced dread.  

We could reduce him to a fond old fool,  
Just a degenerating brain, awaiting death’s refrain.  
But instead of seeing him as less than whole,  
I saw the joy,  
When the blues got that goal.
Grow and Make at The Community Farm

By Alice Bowley

The positive impact of nature on our mental health is something most people are familiar with yet modern life can make it hard to find the time or space to get outdoors. In the backdrop of a housing crisis and a rising cost of living many people are working long hours whilst living in built up areas and accessing nature can be difficult. At The Community Farm in Chew Magna we set up a social and therapeutic horticulture project called Grow and Make to help people improve their mental health by connecting with nature and learning about horticulture and land based skills.

The project aims to improve wellbeing by creating a safe and supportive environment where people can learn, socialise and spend time in nature, underpinned by the Five Ways to Wellbeing; Give, Take Notice, Connect, Be Active and Keep Learning. With a mixture of theory and practical sessions, both indoors and outdoors, participants learn how to plan, build and maintain an organic vegetable garden, learn about the benefits of medicinal herbs and what you can make from them and come together to cook and eat healthy meals from what they have harvested.

The sessions run every Wednesday in 8-week blocks but people can join at any time. It is free to attend thanks to funding from Quartet Community Foundation (we are looking for new funders from Spring 2020). Participants are able to self-refer through our website or may be signposted from GP’s, social prescribing and mental health organisation. Mental health challenges that people suffer from include depression, anxiety, stress and loneliness. For anyone experiencing higher level mental ill health we ask that they come with a carer or we refer them to other services.

An average day begins in our roundhouse by sharing a pot of herbal tea and discussing the herb and it’s uses. We will then have a round of ‘check-ins’ where people are encouraged to say how they are feeling, how their week has been and what they are looking forward to doing that day. On a clear day we may go for a short walk around the farm to get moving and be mindful of the nature around us, often discussing trees or wild animals we have seen. We would then do a bit of theory about our activity that day such as how to build a raised bed out of recycled pallets, before going out and building it together. A warm lunch in the roundhouse will be shared in the middle of the day and some more tea and browsing gardening books. At the end of the day participants will reflect on how they are feeling and what they enjoyed about the day in order to be aware of the positive impacts of nature.

We use a person-centred approach as advocated by Thrive, aiming to facilitate self-recovery in a supportive and relaxed environment. Feedback has been overwhelmingly positive with participants saying it has dramatically improved their mood, has reconnected them with doing things they enjoy, has made them feel less critical of themselves and others, and that it is a break from a judgmental world. One participant recently said this:

“It’s a dream come true. I sometimes think ‘what have I done to deserve this?’ It’s so great, it’s the only time I feel OK. I have hours without feeling sad...
which doesn’t normally happen.”

Our ancestors spent much more time in nature as part of their daily lives. The positive impact it can have on our mental health is nothing new, but from the feedback we have had it seems very clear that making time and spaces to reconnect with that part of ourselves can be hugely beneficial.

1. [https://www.bbc.co.uk/news/uk-49787913](https://www.bbc.co.uk/news/uk-49787913)

Retired and resting update

Despite the challenges faced due to the pandemic, the retired and resting group has been active this year. Their events on 30 March and 26 October were moved to a virtual format to give members the opportunity to network and gain CPD. In March, members discussed plans for the College’s 50th celebrations and creating a package for doctors who were about to retire. The October meeting focused on what was happening because of COVID, how people were affected and how they were supporting each other. We are currently working on:

1. creating a package for doctors who were about to retire
2. facilitating more peer groups
3. arranging a virtual event in 2021, led by Dr Brian Robinson and Dr Richard Laugharne
4. Dr Rouncefield and Dr Divall are planning their succession and hope that new members will take on leading this important group.

For more info see: [https://www.thecommunityfarm.co.uk/learning/social-and-therapeutic-horticulture/](https://www.thecommunityfarm.co.uk/learning/social-and-therapeutic-horticulture/)

Or email growandmake@thecommunityfarm.co.uk

Need help finding a Peer Group?

If you are not in a peer group and would like to be put in touch with one, please forward your details to Dr Rouncefield and Dr Divall via the South West Division office.

Do you have space in your Peer Group?

Please let us know if you have space in your peer group so that we can put retired working doctors in touch with you.
South West Psychiatry Autumn School for Foundation Doctors 2019

By Dr Kate Franklin

Dr Kate Franklin is an ST4 Doctor

The South West Autumn Psychiatry School is a two-day event for junior doctors considering a career in Psychiatry. Events such as these are thought to encourage junior doctors to consider Psychiatry training and are a key part of the College's recruitment strategy. The event has run successfully in Bristol since 2014 and this year took place on 10th and 11th October at Vassall Centre in Bristol. It was jointly funded by the Royal College of Psychiatrists South West Division, Severn Deanery, and Medical Education.

Due to small numbers attending the Autumn School in 2018 this year we advertised earlier and across more platforms. 44 people expressed an initial interest with 24 Foundation Doctors and, for the first time, medical students attending from across the UK.

The programme was varied with sessions including life as a psychiatrist, history of psychiatry, training and applications, and mental health law. There was a drama performance by Misfits Theatre Company, an advanced communications skills workshop, a networking session with representation from psychiatric sub-specialties, as well as case discussions highlighting ethical dilemmas.

96% rated the event ‘excellent’

All thirteen sessions received average feedback of ‘good’ or ‘excellent’ and the overall rating for the event was given as ‘excellent’ by 22 of the 23 attendees who completed the feedback.

There was a positive shift in attendees’ ratings of likelihood of applying to Core Psychiatry Training and to Severn Deanery before and after the Autumn School which is demonstrated in figures 1 and 2.

Figure 1:
When asked what had influenced this change, attendees reported the enthusiasm of speakers and trainees, realising how variable a career in psychiatry can be, how “supportive and flexible” Severn Deanery appeared, and the genuine satisfaction the trainees and consultants had in their jobs.

When asked for suggestions to improve the event most delegates wished to hear about the future of psychiatry. Crucially, in line with the Choose Psychiatry campaign, attendees also wanted these events to be more frequent and to run in more areas of the country. Interestingly, this year we had medical students attend for the first time so there is clearly appetite for a separate event for this audience which we may pursue in coming years.

Overall, the Autumn School was well received with feedback reflecting the success of the event in promoting a career in Psychiatry in the Severn Deanery.

South West Division Training update

Spring Biannual Meeting 2021
Date for your diary
‘Iatrogenic harm in Psychiatry’
Friday 14 May 2021
Virtual event via Zoom

SWDT programme 2021
- Neurodevelopmental Disorders: Complexities and Ethics of Diagnosis and Managing NDD in the UK
- Retired and Resting Psychiatrists event
- Trainee welcome event
- Interview Skills course
- Section 12(2) and Approved Clinician Induction and Refresher courses

Find more information and book online or email us for more details.

Prizes and Bursaries
There are several prizes and bursaries available to consultants, SAS doctors, specialist associates, trainees, foundation year doctors and med students.

Take a look at our Prizes and Bursaries web page if you want to know more.
This year’s National Student Psychiatry Conference was hosted by Bristol University Psychiatry Society on the 8th-9th February 2020. Our theme was “Crisis to Chronic: Beyond Medicine”, and we aimed to cover the presentation and management of patients both acutely, sub-acutely and chronically, from the perspectives of the whole multidisciplinary team, including medical and non-medical professionals. The event was run by a student committee, consisting predominantly of 4th and 5th year students, run by president Chrissie Thorburn, vice president Catherine Ollerhead and Treasurer Tom Parry. Our speakers came from all over the UK, with representation from both the University of Bristol and the University of the West of England.

Saturday afternoon brought the first of our workshops. We were able to offer a choice of 16 workshops split over the two days, covering LGBT+ mental health, neuropsychiatry, CAMHS, perinatal psychiatry, LD/ID psychiatry, old age psychiatry, addictions, sport psychiatry, forensic psychiatry and academic psychiatry. The workshops were particularly well received, allowing a more interactive approach and the ability to explore a topic in more detail. We were very privileged that several of these workshops included patients discussing their experiences, which really brought the importance of the topics home. “Nightline Training”, “LGBT+ Mental Health”, “Playfulness in Therapy” and “Perinatal Mental Health” all received particularly positive feedback.

The first day finished with a keynote speech by Professor David Nutt on new therapies for PTSD treatment. It was fascinating to hear about the research around potential use of MDMA in PTSD treatment, and the queue for questions at the end showed how engaging people had found it.
The second day focused more on the chronic management of mental health, with a particularly well received talk by Professor Thanos Tsapas on the societal effects on mental health. Unfortunately, Storm Ciara prevented our Theatre piece on post-natal depression from going ahead, and we took the decision to cut the day slightly short in order to enable delegates more time for travel. The conference closed with a great reminder from Dr Ginevra Read about the importance of looking after ourselves in order to look after our patients.

At the end of the conference, first and second place prizes were awarded for the poster competition and art competition.

We would like to thank everyone who supported this conference, particularly our main sponsors: HCSA and Bristol SU Alumni Grant. As well as those who had stalls at the conference: MDU, Wesleyan, Cardiff University MSc Psychiatry, Brunel Lions Club, Walk to Talk Project. We would also like to thank the RCPsych South West Division for their invaluable support – specifically Dr Helen Sharrard and Abigail Watts, without whose support this conference could not have been run. Finally, we would like to thank the RCPsych for giving us the opportunity to run this conference. It was a great experience and we, the committee, believe we have learned a lot during this process.

We wish the best of luck to the NSPC 2021 hosts!

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 Regional Representatives and Deputies 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.

Do get in touch if you're interested in a role would like to speak to someone further about it. If you know somebody who might be interested in one of our vacancies please do encourage them to get involved! There are many benefits to joining the committee, including being involved with meaningful change and development, networking, benchmarking opportunities, it looks great on your CV and gives you the chance to find out about things that may not be on your radar.

Read our Dynamic Divisions booklet (PDF) to find out more about the work of our Divisions.
Dorset Psychiatry Summer School 2019
By Dr Hannah Rowlatt

This was the second running by Dorset Healthcare Foundation Trust of their Psychiatry Summer School. Applications were welcomed from sixth form/college students across Dorset that could demonstrate an intention to apply to medical school and an interest in psychiatry. Fourteen students took part this year.

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. Day One introduced psychiatry, explored key concepts relating to mental health/illness and prepared delegates for their clinical placement. Day Two provided supervised clinical placements, either outpatient or inpatient across a range of subspecialties. Day Three activities included reflecting on placements and practicing history taking and mental state examinations through role play. Day Four was themed around applying to medical school.

There was much enthusiastic input from colleagues locally. Thank you to the doctors that hosted delegates on placement, core psychiatry trainees that facilitated role plays, and speakers from various disciplines that contributed to a rich programme of talks.

Feedback was received from twelve delegates. Of these, 83% rated the summer school as "highly useful", and the 17% rated it as "useful" [see figure below].

![How useful was this programme for you?](image-url)
Feedback included:

**What aspects did you find the most useful/interesting?**

“I enjoyed being able to shadow a doctor and gain a real life experience of what it’s like to be a psychiatrist. For a similar reason, I also enjoyed the clinical scenarios as I find examples easier to learn from.”

“Shadowing a doctor for a day really helped give me an insight into the day of a doctor and how they interact with patients but also in a team.”

**“Difference between psychiatry and psychology”**

“The talks from junior doctors/med student/consultant helped me gain knowledge not only about psychiatry but the process of medicine.”

“The interactive areas – MMIs, taking histories/mental state exams”

**Aspects of the school which could be improved**

“Longer course! More help on interview à Maybe recommend MMI books?”

“Have the shadowing take place after the day where we discussed types of mental health problems so we know what to look out for”

“More interaction and more university advice”

“Fewer lectures, more interactive content, more clinical experience.”

“Maybe a structured list for what they would do for shadowing. More group discussions.”

“More discussions about different illnesses as I found this very interesting.”

**Has the experience influenced your career plans and would you consider working for Dorset Healthcare in the future?**

“I have always dreamed of psychiatry. But now I know I want to do dual specialty, probably adult and forensic psychiatry.”

“My career plans have been reinforced and I have a greater desire to practise medicine in the future.”

“Yes, it has got me interested in psychiatry as a specialty and I would consider working for the DHC in the future.”

“I think I now know more about psychiatry and it’s definitely now an option that I would consider doing in the future.”

“Yes. This has made psychiatry a more likely career plan for me in the future”

**Other comments**

“Thank you so much! I’ve been trying to find work experience in psychiatry and haven’t been successful. So thank you for this opportunity. It’s been a great experience.”

“Thank you for an amazing experience!”

“Very lovely staff who answered all questions thoroughly and gave us lots of good advice.”

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

We hope we offered a valuable opportunity to budding psychiatrists and inspiration to future medical students. Using the constructive comments received we will build on the success of the Summer School and be able to offer an even better experience next year.
How patients’ perceptions of physicians can affect therapeutic outcomes: Student Psychotherapy Scheme 2018

By Alia Shaaban

Alia Shaaban is a 4th year medical student at the University of Bristol with a keen interest in a holistic approach to a future career in surgery.

I took part in a Psychotherapy Scheme for medical students run by the Bristol Complex Psychological Interventions Service in conjunction with Primary Care and the University of Bristol. In undertaking this process for nine months, many engaging topics arose but the most compelling theme was that of the patient’s perception of me as the therapist and how this affected the therapeutic outcome in my case. I worked with XZ for an hour each week. She was highly self-aware of her depression and could pinpoint issues contributing to her difficulties with mental health. Even though her parents had differing religious views and cultural backgrounds, XZ felt that her family had hypocritically acted in a xenophobic manner due to their lack of acceptance of her multi-faith marriage. Having personally experienced a similar culture clash, I felt a connectedness to this patient that could unlock a potential for great unity between us for the weeks to come. Unfortunately, XZ’s father passed away during our preliminary sessions, shifting the overall paradigm thereafter.

Within 6 sessions, XZ revealed a guilt-driven attendance to therapy. Internally she could not attribute any major changes to her mood as a result of the few psychotherapy sessions that we had. In addition, she explained her sense of mistrust in my ability to understand her issues as her perception of me was that of the ‘stereotypical medical student’ having “suffered no adversity” and almost infantile in age, “reminding her of [herself] aged twenty”, as direct quotes. Seeing as I have suffered the same loss of a father due to illness, I was deeply hurt by her judgments of me and questioned my own capability to carry out the therapy. Her impressions were based on no known information but on her own schematic of what a therapist’s life must consist of. Feeling as though I had to defend my stance as the therapist by divulging information regarding my personal adverse events, I would often find myself ending sessions feeling deflated, thinking, “if only she knew”. But why must I have experienced the same trauma in order to be deemed a competent therapist? As a doctor, I will be expected to empathically treat all patients with ailments that which I have never suffered. Here I had a patient who was not aware of who I am but was directing her feelings towards who I seem to be. While I had initially been focusing on
the relationship between the patient and who I am, I was not considering the relationship between XZ and who she imagined to be me. By having an awareness of this potential dichotomy, we as physicians should consider its effect. When working with patients with similar traumas as one’s own, disconnectedness within the patient-therapist dynamic can occur. This can be due to the fact that the patient’s perception of their therapist clouds their belief in what is very real empathy, and the therapist feels harmed by the patient’s assumptions of them.


Members’ update

College elections for Dean and Treasurer

Voting will open on 16 December and close at noon on 13 January 2021.

Find out more

Psychiatry Foundation Fellowship 2021

If you know of any final year medical students interested in mental health and a career in psychiatry, we want to hear from them!

Deadline: 31 January 2021, 11.45 pm.

Fellows will access...

- weekly psychiatric supervision
- Balint groups
- a mentor
- International Congress in 2022 and 2023
- RCPsych journals
- £1,500 for travel/CPD.

How to apply - video by Dr Arty Das, Specialist Adviser for the RCPsych Foundation Programme.

Mentoring a Psychiatry Foundation Fellow

Are you interested in being a mentor?

Deadline for expressions of interest is 11.45 pm on 31 January 2021.

Further information and job description

Find out more about the programme

New Members on the South West Division Executive Committee

We would like to welcome our new members who joined the committee in 2020:

- Dr Rohit Shankar - Chair
- Dr Jeremy Sandbrook – Committee Member
- Dr Avneet Sharma – Executive Committee Member
- Tracy Lang - Carer Representative
- Lianne Concannon - Patient Representative

Clinical Excellence Awards 2021

We’re pleased to announce that the 2021 Clinical Excellence Awards are now open and will close at 5.00 pm on 18 March 2021.

Deadline if you would like to apply for College support: 4 February 2021 at 5.00 pm.

Guidance and support

Check out the latest updates to our guidance:

- COVID-19 guidance for clinicians
- COVID-19: Support for patients and carers
- Legal matters - COVID-19 guidance for clinicians

Queries and suggestions

Do get in touch with us if you have a query or a suggestion – it would be great to hear from you!
Mindful Mums and Babies

By Dr Kirsty Alderton (Psychiatrist), Co-facilitator Natalie Wilkins (Avon and Wiltshire Partnership), Supervising Psychologist Dr Vaneeta Sadhnani

In May 2019 we launched a mindfulness group for new mums who were actively on the Specialist Community Perinatal Service caseload in Bristol.

The group was different to what has gone before as it actively encouraged mums to attend with their babies and it was the first group of its kind across the country to be run in secondary mental health services! We embarked on using the ever-popular mindfulness techniques currently already used in the NHS, but adapting the structure to specifically support women suffering with anxiety, depression and stress after having a baby.

It was important to us that we could create a space where the mums could practice mindfulness whilst having their babies with them, holding in mind that the mum and baby are part of a new dyad. We understood what a challenging time it can be for a new mum, both physically and mentally, even more so for those with the added stress of a mental health problem. We wanted the mums to feel able to practice the techniques in the presence of the baby, whatever the situation may be, and not to feel they had to be alone or move away from the baby in order to practice.

Our sessions were composed of a variation of psycho-education, mindful awareness and meditation and weaved throughout the sessions were mindful exercises directly involving the babies, such as mindful play and baby massage. We used a bright and spacious room at Mother for Mothers Charity in Bristol where we set up yoga mats, blankets and toys for the babies. We were also lucky enough to be supported by a play therapist who helped with the babies whilst mums meditated.

Prior to our mindful breathing exercises the room would be filled with conversation, babies cooing, chatting and sometimes crying. As the mums began to meditate, something magical happened, the energy levels would drop, everything becoming calm and still, with babies falling asleep on their mothers’ laps. An incredible sight to witness.

Our mums really appreciated the space to just ‘be’, connecting without judgement or expectation.

The group will run again in 2020.
I was fortunate to spend two days in September 2019 at a workshop on “Nature Based Practices for Mental Health Practitioners”, in the Hazel Hill woods near Salisbury. This was a truly immersive experience, where a bunch of twelve healthcare professionals explored the connection between nature, our place in it, and mental health.

What initially seemed like an adult version of Brownie’s camp, soon turned into a meaningful and educational experience. We learnt about some of the theories behind ecotherapy and green care, and how these approaches can be used to help those with mental illness, as well as those without. We shared stories around a campfire, helped each other with practical outdoor activities and played woodland games.

As professionals who often work with people experiencing high levels of mental distress, it was fascinating to experience first-hand the calming effects of being outdoors, surrounded by the trees, without the usual distractions present. We spent time in groups creating a circular wall out of fallen branches; it felt constructive and powerful to make something useful as a team out of materials provided by nature. We had some structured sessions to wander on our own in the woods, which was a valuable time for reflection and letting our minds and bodies slowly unwind. The small stresses and anxieties of daily city life started to slip away throughout the two days and were replaced by more peaceful emotions and a feeling of connection to the natural world.

One of the workshop leaders, Roger, a family therapist, explained that it is only in the past few generations that we have become disconnected from the environment surrounding us. Often, we find it difficult to see our place in the vast complex ecological systems we are a part of. This disconnection has likely contributed to the current ecological crisis and climate breakdown we are now experiencing, by allowing mistreatment of the natural world and its resources. Re-learning our ancient connections to nature, and gaining a respect for the environment that sustains us, is useful not only in improving mental health and building individual resilience, but also in starting to heal the damage done to the natural world we live in.

I initially struggled to think how this could be shared with patients – and have felt more inspired to look into local providers. I have since signposted some of my patients towards the city community farms and Avon Wildlife Trust volunteering opportunities. I was excited to read the previous South West Division newsletter which had an article about social prescribing wild swimming, as well as a beautiful piece about trees written by a patient. There is also a section on Green Care on the RCPsych website (led by one of the course providers, Alan).

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.