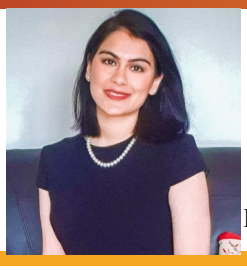
Summer Edition, 2021

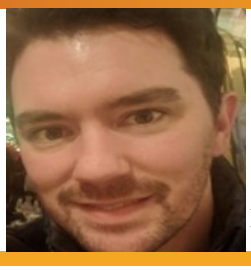
Psychiatry-Trent

The Trent Division eNewsletter

Editorial



Dr Sidra Chaudhry



Dr Kris Roberts

In this issue:

Did we imagine that the pandemic would stretch out to be this long? Did we ever fathom the detrimental impact it would have on all of us in various capacities? But still, here we are a year into the pandemic, constantly adapting to the different challenges hurled at us from all directions. The world is a very painful place right now – with warfare, loss of innocent lives, with not just the immediate and long-lasting effects of COVID-19, but also other deeply rooted issues that unfortunately plague humanity globally. We would also like to extend our thoughts to the devastating impacts of COVID-19 in India and Nepal and are hopeful for an end to this long and distressing pandemic.

I have a problem with the word "resilience". The English dictionary defines it as "the capacity to recover quickly from difficulties". Although "resilience" is a great quality to have, honing it should not be used as an excuse to push yourself beyond safe limits. Resilience does not mean having limitless capacity or not having an emotional reaction to things in your surroundings. It's about also having the ability to draw healthy boundaries and be okay with saying no.

"A recent survey conducted by BMA revealed that 41% of doctors were suffering with depression, anxiety, stress, burnout, emotional distress or another mental health condition relating to or made worse by their work, with 29% saying this had got worse during the pandemic. Contributory factors to this were working long shifts in unfamiliar settings (e.g. redeployment), concerns about PPE, fear of contracting COVID-19 and transmitting it to loved one, poor patient outcomes and witnessing death and serious medical complications in their patients." [1]

This is easily akin to the stress levels of front-line soldiers in combat.

As doctors, it can become particularly difficult to take a step back and reflect on the impact the COVID-19 pandemic has had on our own mental health. The weekly clapping, the promised salary increments and social media cheering us on paints us as invincible superheroes, making it all the more challenging to raise our hands when asked if we are struggling. We can often quickly identify and diagnose others but can fail to recognize warning signs of burn out within ourselves. Therefore, it's essential that we all look after ourselves and our colleagues to ensure we don't slip under the radar whilst looking after our patients. Remember, you cannot pour from an empty cup. We are hoping that the ease in lockdown restrictions will certainly help lift morale!

In spirit of appreciating and acknowledging the efforts of all mental health staff, we have initiated the Trent Division Hall of Fame. More details can be found within this edition. We take great pride in all the nominees and are very grateful for their contributions within the region.

Last, but not the least, a huge thank you to each and everyone of you for your valuable contributions. We as a team have a lot of interesting plans to bring innovative content to our Newsletter, so watch this space and keep your contributions coming!

Hoping this edition of the E-Newsletter finds you in good health and spirits!

Enjoy!

Best wishes
Sidra and Kris.

1. Personal impact of the Covid-19 pandemic on doctors' wellbeing revealed in major BMA survey

Dr Sidra Chaudhry and Dr Kris Robers Co-editors, Psychiatry Trent

Get Involved!

If you would like to submit an article for inclusion in the next edition, please send it to (Trent@rcpsych.ac.uk).

The division welcomes articles of local interest relating to psychiatry. We encourage trainees to get involved as well as patients and carers.

Submissions could be along the following lines:

Interest articles
Are you personally involved in any local work that you would like to increase awareness of? Is there a topic in mental health which you find interesting and would like to share with your colleagues? Do you have a personal experience within psychiatry you'd like to share?

Event articles
Would you like to share a review/feedback from a conference or other mental health related event that you've attended?

Opinion pieces/blog articles
Are there any issues in mental health that you are passionate about and wish to discuss with a wider audience?

Cultural contributions
This could be in the form of artwork, photography, poetry or an article relating to your insights, interpretations and observations of
relevant popular culture, the arts and theatre.

Research/audits
Have you been involved in any innovative and noteworthy projects that you'd like to share with a wider audience?

Patient and carer reflections
This should be a few paragraphs detailing a patient or carer's journey - you may have a patient whose story you would encourage to share; or it could be a case study including a patient's perspective. Confidentiality and Data Protection would need to be upheld.

Instruction to Authors
Please consider your articles to be as precise as possible. As a guideline, articles on interesting topics, research/audits, good practice and opinion pieces may be up to 1000-word limit which may include up to around 5 essential references. Articles on events or conferences should be within 500 words. Please follow Instructions for Authors of BJPsych for reference style. Authors must obtain written permission from the original publisher if they intend to use tables or figures from other sources, and due acknowledgement should be made in the legend.

Authors are expected to be aware of and comply with best practice in publication ethics. Please declare any conflict of interest related to the article.

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

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Chair's Column

By Dr Anand Ramakrishnan

Dr Anand Ramakrishnan
Chair Trent Division, Royal College of Psychiatrists

Dear Members

It has been 4 wonderful years since I became the Chair of the Trent Division. This time was filled with lots of initiatives and activities, conferences and webinars and fun filled interactions with the executive committee and members. Although I have been associated with the Trent Division in various capacities for 8 years before I became the Chair, the last 4 years were distinctly different. I was able to lead a group of enthusiastic and active executive committee members, supported by an able and ever so obliging division manager, Marie J Phelps.

My main aim was to improve the participation of members in the division's activities, which was a huge success. We crossed the magic 100 numbers repeatedly in our annual conferences in 2018 and 2019, attracted by an excellent opportunity for CPD and quality topics presented by well-known, reputed speakers. Our Section 12 and AC courses also were very popular. Our division's meetings/webinars for medical students were immensely popular and hence we had to repeat that again. The Division also got a fair share of RCPsych awards in recent years Dr Charlotte Blewett was awarded the trainee of the year award and Sheffield PsychSoc were awarded the best PsychSoc of last year.

Like other parts of UK, our division also suffered from the Covid 19 pandemic. We lost a few of our esteemed colleagues and friends to Covid. The way we practised psychiatry changed forever and new innovations were introduced in how we work and engage with our patients and carers. Our progress was halted, and our College became a "virtual College"; officers and staff worked from home, examinations were conducted online and all the conferences were delivered on virtual/digital platforms. We also held our first spring webinar on 26th of May 2021 filled with 5 hours of CPD programme by speakers in UK and Europe.

Gradually we are in ebbing back to normality and hopefully we will have a face-to-face meeting in 2022.

We also will be moving towards blended learning programmes for the future, as decided by the College. Soon we will be able to restart our Section 12 and AC courses.

Many thanks to the editors, Drs Kristian Roberts and Sidra Chaudhry who introduced many new initiatives like nominations for "Hall of Fame" and worked hard to bring the newsletters on time. I understand that it has become very popular in the last few years.

We have only three vacant posts in our executive committee, unlike many other divisions. We are also fortunate to have well-known patients' representative, Emily Elson and carers representative, Rachel Bannister who has been actively involved in our Division's business. If I was able to achieve anything as your Division's Chair, it was only possible due to the unstinting support by Marie and the ever so helpful team, Vice Chair, Dr Madhvi Belgamwar, Finance Officer, Dr Vishnu Gopal and rest of the executive committee. I would take this opportunity to express my sincere gratitude and thanks to them. I wish my successor, Dr Shahid Latif, who would take on the baton from me in a month's time, all the very best.

Goodbye!!

Dr. Anand Ramakrishnan
BSc, MBBS, DPM, MMedSc, MSc, FRCPsych
Chair Trent Division, Royal College of Psychiatrists,
UK Member, Trustee Board, RCPsych.

Future Leaders in Mental Healthcare National Virtual Conference 2021

by Dr Toby Greenall Medical Education Fellow and General Adult Higher Trainee, Lincolnshire Partnership NHS

When I met with Dr Beena Rajkumar, DME at Lincolnshire Partnership NHS Foundation Trust (LPFT), to plan my year as medical education fellow in the Trust, we spoke about leadership and how we wanted to not only support, but also inspire trainees in the Trust in their journeys as young leaders. We felt that many trainees can find it difficult to consider their role as clinical leaders and the impact that they might want to make in their careers as trainees and beyond. Many trainees are focused on the next rung on their ladder of training and success but it is equally crucial for them to understand what wall that ladder is against; is it aligned with their values and with what they care and are passionate about? The leadership journey is therefore also about developing self-awareness. With this in mind, we set out to bring together a roster of leaders and thinkers to help shape this vision for trainees across the country.

So, on Thursday 4th February, doctors from across the country, working in psychiatry, as well as medical students, attended a virtual Lincolnshire to consider how they might develop as future leaders. The day was organised by the Medical Education team at Lincolnshire Partnership NHS Foundation Trust and attended by over 200 delegates from across the UK. It was run by trainees for trainees with the support of the trainers in the Trust.

The day began with a welcome from LPFT Medical Director, Dr Ananta Dave as well as LPFT Chief Executive, Sarah Connery. Dr Ananta Dave reminded us all of the importance of being honest with ourselves and of being authentic. She placed love at the centre of our work; enabling and sustaining us to connect with others and motivating us to go on. Dr Dave shared her passion regarding equality, inclusivity and wellbeing in the workforce and reminded us all of how far we have come but also how much work there is still to do.

It was a pleasure to then welcome Dr Adrian James, President of the Royal College of Psychiatrists. Dr James shared his leadership journey and showed us that there are many routes through and to leadership. He emphasised developing networks and bringing people along with you, but also being bold. He was open and honest about the challenges that he has faced; coming up against a culture of bullying and intimidation in the workplace and having to pivot his journey. He also shared his own personal difficulties, including experiencing depression and reiterated the importance of looking after ourselves first and foremost. Through this experience he learnt to acknowledge and enjoy the journey rather than the end goal in the things that he does; a lesson for us all.

Finally, Dr James shared his priorities as president, including equality and diversity and workforce wellbeing.

Professor Tim Kendall, National Clinical Director for Mental Health at NHS England, then joined us to share with us how mental health Trusts and the NHS have adapted to the COVID pandemic but also to share his experience of navigating complex change within the NHS. In telling a story about a service transformation in acute care and reducing out of area bed placements in Sheffield, Professor Kendall was able to highlight the huge benefit to patients that can come from clinicians leading change. He encouraged every grade and role in the workforce, to feel empowered to shape services for the better.

To end our morning session, we looked at the concept of leadership from a different angle as Jina Barrett, an organisational consultant and psychoanalytic psychotherapist, took us on a journey to consider the dynamic and unconscious aspects of working in teams. She shared a very familiar story of a service struggling to cope and of staff feeling undermined and reflected on how the emotional and psychological dynamics of a client group can impact a team and its defences. She considered how we can all take up a leadership role to help our teams complete and succeed in the primary goals of patient care.

The middle of the day was filled with workshops (see box 1) where delegates were given an opportunity to discuss and consider their own leadership skills and challenges, as well as networking rooms where delegates could share stories and experiences in an informal space over lunch.

The day ended on a high with a stirring and inspiring talk from Dr Geraldine Strathdee OBE. She reminded us of the world of opportunity that awaits us as clinicians working in mental health and to think about the sprints in the marathon over our careers. She encouraged the audience to think about themselves, their values and to build a resilience and support ‘toolkit’. She described how she has tried to live her values and how that has motivated her over her incredibly diverse career.

Box 1: **Future Leaders in Mental Healthcare National Conference Programme**

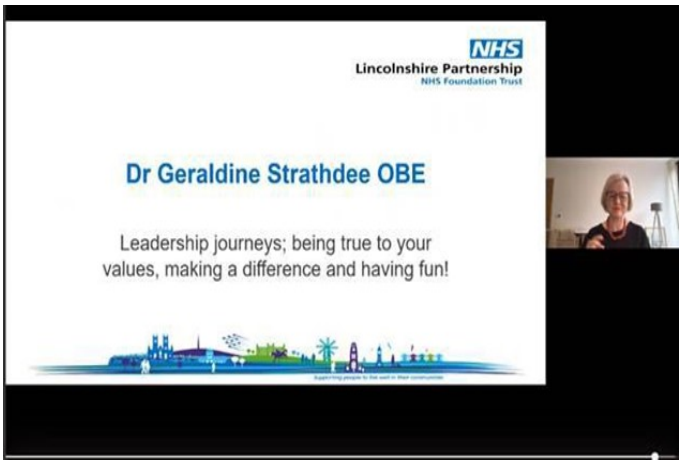
Dr Ananta Dave	Welcome to virtual leadership
Dr Adrian James	My leadership journey – a personal reflection
Prof Tim Kendall	Navigating complex change in the NHS - Impact of COVID on the mental health system and eliminating out of area placements
Jina Barrett	Living leadership: resources from organisation consultancy
Workshops:	
Dr Toby Delahooke	Making a success of projects as a trainee
Dr Megan Fisher and Dr Martynas Malkov	How to survive as a new consultant...in a pandemic
Dr Graham Worwood	Assertiveness and negotiation – Snakes and ladders towards transformational change
Dr Geraldine Strathdee OBE	Leadership journeys; being true to your values, making a difference and having fun!
Dr Beena Rajkumar	Closing Remarks

Dr Strathdee left us with some questions that are pertinent to us all; why do you do this work? What inspired you to be a psychiatrist and is it still the same? What is your vision and ambitions for yourself, you family, your patients and their families and your organisation and community? She argued that once we have answers to these questions, we could truly aim to work according to our values but also enjoy our work and have fun whilst doing it!

Overall the day was a huge success! We received excellent feedback and hope to have highlighted Lincolnshire as a great place to train, live and work!

We have recordings available from the day; please contact Dawn Garrod-Smith (d.garrod-smith@nhs.net) for access.

The conference team: (left to right) Dr Afeez Enifeni, Dr Peter Speight, Dr Rachel Wright, Dr Tuhin Bathia, Dr Beena Rajkumar, Craig Evans, Dr Toby Greenall



Dr Geraldine Strathdee OBE, former national clinical director for mental health in England

Dr Adrian James, RCPsych President, shares his leadership journey

Learning in Crisis - Adapt to Survive or Perish: Implementing a new Innovative idea for UK Mental Health Services to continue to sail through patient consultations in times of COVID-19 Pandemic by

Dr Deepak N Swamy, Associate Specialist in Autism and Neurodevelopment

Introduction

COVID-19 Pandemic is known to have started in China in December 2019 and then spread slowly to other countries until end of February 2020. However WHO declared COVID-19 as a Global Pandemic on 11th March 2020. By that time, already the COVID-19 had spread to several countries. Subsequently it spread like wildfire to almost all major countries possibly by the Air Route with passengers flying to different countries on Flights. We also started having huge Sea Cruise Ships being quarantined at distant ports with thousands of passengers aboard. So there was an unprecedented situation where Air Passengers and Sea Passengers were stranded in unknown destinations with no recourse to return to their home destinations. Undoubtedly this had a significant huge psychological impact on global population on a mass scale.

Background

For NHS Patients, the important aspect was to have continuity of care and able to have consultations with Clinicians for their mental health needs, be it Acute or Chronic Mental Health Problems. With the advent of COVID-19, it was imperative to have a secure video platform in our Sheffield Health and Social Care NHS Foundation Trust. This would help to facilitate clinical assessments via video consultations with patients. 'Zoom' platform was considered a security risk and concerns were raised about privacy and confidentiality. Microsoft Teams was approved to use within teams internally in our Trust.

Attend Anywhere

Attend Anywhere is an Innovative Video Platform for Patient Consultations - 'Attend Anywhere' is a secure web-based video platform that has been introduced in our Trust. It is a Cloud Software approved by NHS England. It can be used for patient video consultations and also internally for meetings within the teams. Privacy and Confidentiality concerns are taken care of in patient consultations. Patients are asked not to record video consultations as a pre-requisite for signing up. I had first volunteered to use this software for patient consultations when it was first introduced in April 2020.

Clinician Instructions

As per NHS England, decisions on the suitability of patients to be seen via VC should be clinically led at Trust level in line with Trust approved standard operating procedures and relevant clinical guidance. This was agreed upon and implemented in our Trust. The website that is used to access Attend Anywhere is https://england.nhs.attendanywhere.com/. It works in Google Chrome or Apple Safari. It does not work in Internet Explorer and Mozilla Firefox. Clinician will receive e-mail with Account Creation and Sign-in instructions. For information about setting up your device to make video calls, we can visit https:/england.nhs.attendanywhere.com/makingcalls. There is a link to troubleshooting if there are any problems with signing in or technical issues. Visit: https://england.nhs.attendanywhere.com/ troubleshooting.

Patient Instructions

Patient Information Leaflets about Instructions are available at - https://nhs.vc/sheffield-adult-autism-neurodevelopmental-service. Patient first needs to enter basic demographic details. Then self-test equipment and patient's name will display in the Waiting area. Clinician logs in and joins call in the Waiting area. More participants such as Carers or Family members who are in multiple locations can be added to the consultation provided the patient has given consent to this.

Positives of Attend Anywhere

Attend Anywhere has many positives such as

- It is a secure video platform
- Limited set up requirements
- There is no need to install software
- Any device (Ipad, Tablet, Mobile, Laptop) can be used
- Suitable for Acute, Routine, Community or Inpatient consultations
- Possible for MDT working with different clinicians and patient in different locations
- It meets the NHS Clinical and Information Governance requirements.
- Rapid implementation can be done.
- It provides an identical method of patient consultations almost similar to face-to-face consultations.
- It aids home working for NHS professionals.
- It allows to follow guidance for COVID-19
- It prevents spread of COVID-19 infection
- It allows consultation irrespective of COVID-19 status of patients
- There is provision for multiple participants to be present in the same consultation

Negatives of Attend Anywhere

Attend Anywhere has some negatives such as

- There is a need for awareness of basic IT knowledge
- Logistical issues can crop up
- It is not appropriate for physical examination
- Not possible for monitoring physical parameters, imaging and blood tests.
- Patient's preference for face-to-face consultations
- Technical glitches during consultation
- Internet network is needed
- Mobile Charging if not enough can be a problem
- Patients not logging in at the time of appointment leading to DNAs
- Distractions during consultation such as chaotic home environment, noise in outdoor locations etc.

Further Ideas and Improvements -

Further ideas for Video consultations need to be developed for better User Interface with patients. Some ideas are as follows

- Better Video platforms can be explored and developed
- Technical issues can be improved to avoid glitches
- Network connectivity issues need to be minimised
- Better ways of engaging patients
- Some patients might not be comfortable with Video interface and may prefer just Audio interface.
- Skype Business call can be combined with Attend Anywhere to ensure connectivity.

I have done a presentation on Attend Anywhere in the Quality Improvement Week held in October 2020 at our Trust. This gave me an opportunity for Colleagues and Carers to become aware about this new technology that enables patient consultations but still prevents spread of COVID-19 infection.

Conclusion

Attend Anywhere seems to have become a new Innovative idea that has captured the imagination of NHS professionals and patients alike. It seems to have transformed the patient care and how Clinicians interact and communicate with our patients in the NHS during this COVID-19 Pandemic. It also maintains confidentiality and meets the NHS Clinical Governance Requirements. As the saying goes, "Necessity is the mother of Invention", Attend Anywhere has set a new benchmark for creating innovative solutions in times of crisis!

Acknowledgment

I thank the support of my Colleagues and Managers in my Department at Sheffield Health and Social Care NHS Foundation Trust for providing logistics and making it possible to roll out this new video consultation software in a relatively short time for patient consultations. I also thank them for providing me an opportunity to utilise this new video consultation software.

Conflict of Interests: None

References

1. https://www.digitalmarketplace.service.gov.uk/g-cloud/services/672141309373271
2. https://www.attendanywhere.com
3. https://england.nhs.attendanywhere.com
4. https://digital.nhs.uk/
5. https://www.england.nhs.uk/
6. https://improvement.nhs.uk/

Submitted By Dr Deepak N Swamy, Associate Specialist in Autism & Neurodevelopment, Sheffield Adult Autism and Neurodevelopmental Service (SAANS), Sheffield Health & Social Care NHS Foundation Trust

Does the 21st century require a new kind of leadership in mental health care in NHS? By Dr Sophia Pillai SAS – Lincolnshire Partnership NHS FT

Dr.Sophia Pillai, MBBS, MRCPsych, SAS

Introduction

The challenges that continue to face NHS are to ensure and sustain quality and delivery of safe and compassionate health care through cost effective use of resources (Edmonson, 2004). The evidence from failing NHS trusts informs us that strong leadership is required at every level of the NHS and that calls for openness, transparency and learning from mistakes. The five year forward view in mental health by the Government in 2016, has indicated significant disparities in standards of care received by patients suffering with their mental health compared to physical health, and there is an identified premature mortality in those with mental health needs. Although there are multifactorial and complex reasons, there is a clear unmet need faced by people who have mental health problems or illness in terms of lesser equality due to reduced funding in mental health, more waiting lists, lack of attention to prevention or integration, inadequate quality of services received, and a less - staffed workforce and insufficient training (BMA 2017).

The NHS long term plan provides opportunities for better integration of mental health services, and it is envisaged that this will improve greater co-ordination between primary and secondary care and co-operation across multiple organisations and agencies locally. Getting there requires leadership, the enabling of collective leaders in the system, and the subsequent benefit for the whole of the population (NHS long term plan 2019).

The recent outburst of COVID-19 has raised greater challenges to leadership in health and social care to support staff and their wellbeing as they face intense work pressures, added to the shortage of workforce and redeployments of the staff to help out in crisis. To state looking after staff means looking after self – we are increasingly aware of one's own mental health needs, and finding ways to manage the stress while leading to help others. The evidence base of the learning from the previous mass trauma experiences is clear that promoting sense of safety, supporting a sense of self and community, and encouraging inclusive connectedness and hope helps people to maintain good emotional and physical health (King's fund - leading through COVID 19).

Research into leadership have been long interested in qualities of individual leaders, and although these are important, the fundamental question arises about what are the qualities of an environment that can facilitate or enable great leadership considering the current challenging context as discussed.

What is required for leadership in mental health in the current context?

Of recommendations made by the Francis Report 2013, a significant focus was to promote a culture of learning in organisations, and emphasize frameworks that ensures standards and accountability are met. This requires multiple sources of leadership to ensure optimum inclusive engagement, enable empowerment among staff, to manage change as appropriate, and restructure activities to improve compassionate caring and commitment in care delivery (Keogh 2013).

The emergence of the NHS long term plan requires that leaders in mental health increasingly need the relational skills to lead across systems rather than just individual institutions. At local level the long term plan aims to deliver integrated whole system care across different tiers of services for complex conditions, prevention of illnesses, early intervention and reducing inequalities to access and delivery of therapies.

The evolving need for system-wide leadership requires that leaders have the skills of being able to walk in other's shoes, being committed to the place and not just the organization, and building the evidence base to persuade others of the need for change (King's fund – the practice of system leadership).

Individual leadership styles, including at a very fundamental level the tone in which we speak, how we engage and how we choose to seek accountability, have a direct impact on other's behaviours and performance in a team or organisation.

The Royal College of Psychiatrists, UK, recommend that the qualities required to be leader as a psychiatrist are authenticity, being humane, acknowledging one's vulnerability, courage to act when you know what is right and acknowledge when you made a mistake, mindfulness, an ability to listen to yourself, and assemble different narratives and perspectives based on those around you (RCPsych, OP 74). The undergraduate and postgraduate training for psychiatrists enables us to think systematically, to learn to enquire about patient experience, to consider holistic views, to establish a therapeutic relationship, to co-ordinate care across all domains of bio-psychosocial aspects, to contain and manage challenging presentations in patients, and contain the anxieties of the multidisciplinary team they work within (Gibson, 2019).

Daniel Goleman et al has identified six leadership styles based on aspects of emotional intelligence. Most effective leaders act according to one or more approach and skilfully switch between the styles depending on the situational factors, such as organisational or team culture, context, individual characteristics or their preference and style; these factors can help to evolve ones' own leadership style. Four of six styles: visionary "let's remind ourselves of bigger picture"; affiliative "people first, task second"; coaching "let me help you develop"; and democratic "let's work it out together" creates the kind of resonance that boosts performance. Two others: pace setting "doing my way"; and commanding "do it because I say so" must be applied with caution but can work in crisis.

Leadership challenges;

While effective leadership is needed to achieve the inter-related tasks of inspiring others with their vision and values, achieving the task of developing or enabling the members of the team or system and working on or sustaining the culture or learning environment, there are challenges that can emerge or evolve. These can be mitigated by a group of skills in practice, which are communication skills, listening to others and understanding what they are saying or want to say, and the skill of presenting one's plans or goals in a way that inspires others. The identification of people who are likely to share the vision, inspire others to follow ideas, and the timings of a leader's actions, such as the ability to simultaneously assess trends of behaviour in a particular group of people and to interpret these assessments in the context of leader's plan and broader environment can also help to steer it in the right direction (Sartorius, 2019).

Ongoing challenges in leadership in day to day practice include lack of money, resources, staffing, low morale and burn out. We have the chance to inspire and empower colleagues in a team or systems and work across disciplines, to reach out and collaborate with others across hierarchies – and this is the real key to leading across health and social care systems. That ripple effect can transform a whole team, hospital or system network, although effecting change can take long time. Understanding that, and also the systems and people you work with, can help to work out ways how to make changes. Realising that quality improvement projects and leadership go hand in hand, that the small changes lead to making a difference, and, more importantly, not losing the necessary balance in looking after yourself could make the journey or process more rejuvenating.

The current context of COVID-19 has emphasised the importance of solidarity and leadership in addressing the pandemic, and this means solidarity with our patients, solidarity with our multidisciplinary colleagues and solidarity with each other. Translating the core values of leadership emphasized by the Royal College of Psychiatrists - courage, innovation, respect, collaboration, learning and excellence - into action in everyday practice is more important now than ever (Kelly, 2020).

In the context of the NHS long term plan, the essence and challenges of leadership are to move beyond contemplation of isolated heroes, although this does not mean losing sight of the individual; but understanding their place is grounded in the social identity that a leader builds and, their relationship with the group or team. The capacity of leader's ability to exert influence are determined by the context in which their collective leadership is defined, and thus there appears to be a set of human experiences, such as emotional and intellectual drive, that inspire people to feel that they are not only witnessing history - but making it. Thus it seems it does not become easier because you have mastered it, and it is important not to fall into the leadership trap of hubris. Leadership is to be practised to be sustained over time (Alexander et al 2010).

Conclusion;

Leadership in the NHS is challenging; it is essential for leadership or leaders to have a long term view or plan which encompasses the wider aspects of the system or organization; to have a clear strategy that is understood by others; to develop or enable more leaders in the system or organization; and to pay attention to emotional intelligence in context by listening, thinking and communicating. Thereby, they can influence the vision, develop trust and effectively manage issues arising within the culture, such as bullying or if there is a mismatch between the espoused values and behaviour.

This requires development, nurturing and the sustenance of the emotional valence of the individual, the team and the environment which they operate within, in addition to the need for clear long-term strategy.

References

1.Alexandar Haslam et al (2010); The new psychology of leadership; identity, influence and power

2.British Medical Association (2017); Breaking down barriers – mental health briefing; The challenge of improving mental health outcomes. April 2017

3.Brendan D Kelly (2020): Coronavirus disease:challenges for psychiatry- The British journal of psychiatry 217, 352-353.

4.Daniel Goleman (2003); The new leaders: transforming the art of leadership.

5.Edmondson (2004); Learning from failure in health care: frequent opportunities & pervasive barriers. Quality Safety Health care, BMJ 2004; 13 (suppl II: ii3-ii9)

6.Keogh report (2013); Review into the quality of care and treatment provided by 14 hospitals in England. Available from www.nhs.uk

7.Kings fund (2019); The practice of system leadership – comfortable with chaos.

8.Kings fund (2020): Leading through COVID 19: supporting health and care leaders in unprecedented times.

9.NHS long term plan 2019. Available from www.England.nhs.uk

10.RCPsych occasional paper 0P74; Role of consultant psychiatrist

11.RCPsych positional statement – Leadership and management in psychiatry

12.Russell Gibson (2019); Psychotherapeutic leadership and containment in psychiatry- BJPsych advances (2019), vol 25, 133-144

13.Sartorius (2009); leadership. International psychiatry. Volume 6 number 1 January

14.The five year forward view (2016); The Independent mental health task force to the NHS in England. Available from: www.England.nhs.uk

(The essay was submitted for PG certification in leadership and management, Keele University in September 2020 and had been modified for purpose of the newsletter)

"Horses for courses in CBT"- Empowering patients to take the lead in therapy

by Takayuki Mashimo, James Barley and Graeme Whitfield

James is a young man in his 30s, who attended CBT (Cognitive Behavioural Therapy) sessions with me (Takayuki or Tak for short), to assist with issues relating to social phobia. All core trainees in psychiatry are required to provide some Psychotherapy sessions as part of the curriculum[1], and this was the first time that I had delivered any form of talking therapy. Despite this, and the challenges that we both faced with the COVID-19 pandemic, James engaged well – both with me and with the therapy process. Apart from the behavioural experiments, most of the therapy was carried out virtually rather than face-to-face. Delivering CBT (on my part), and receiving it (on James' part), has been a profound learning experience for us both.

James had struggled with feelings of 'not belonging' and of 'worthlessness', since his latter teenage years. At the time, his family had moved to a different part of the country, and James felt different to his new peers and that he literally didn't belong there. Also, from an early age, James had been a keen gymnast, performing at high levels, but this was accompanied by worries that he would fail in front of others. Both he and his father seemed to have high expectations. Early in therapy we explored the beliefs he held about himself, to create a cognitive-behavioural formulation. Despite being many years on from being a teenager he still believed: "I'm not good enough", and that: "I don't fit in".

James and I used dysfunctional thought records (DTR's) to challenge some of his more distressing thoughts, and we also designed behavioural experiments to test out whether some of his assumptions were correct or not. These behavioural experiments gave him an objective viewpoint on how others truly saw him. This allowed him to understand that others did not experience his behaviour as 'weird'. He found that he did not come across as particularly anxious, or strange in any way. This was not what he had predicted. He was further surprised that his family were shocked that he had been holding these views about himself! By the end of the course of CBT James was generally enjoying social situations with friends and family and was even comfortable giving public presentations. He seemed to be capable of 'standing back' from situations, rather than being stuck in a cycle of sabotaging negative thoughts.

Here is James' perspective of the experience: -

"As a patient dealing with social anxiety there are some thoughts that I'd like to share with people that might have benefit for others. As with many stories, let's start at the beginning. The start of the process was hard for me, it's a time we are at our lowest, realising that we need help, seeking and asking for that help are big steps, I was lucky enough to have a great doctor.

It was nice so good to hear Tak being honest about the process on which I was about to embark; that it'll take as long as it takes, and that my self-confidence is just something that I will have to keep coming back to so that I can further develop skills to manage my anxieties. Having that honesty and openness made it much easier to engage with the process and knowing it isn't a cure but a constant means of learning helps me manage my thoughts. Because I had hope and a safe space, I was much more willing to engage with the process.

That safe space was fantastic, but it took time to build. Being anxious and worried also means I'm worried about being a burden, even to my doctor. It means I was worried about doing things wrong in my sessions. The first couple of sessions I didn't always talk though issues as I didn't want to hold you up or sound even more silly. It took a lot to open up more about things, and that only came about because of the rapport that Tak and I developed, seeing what worked for me, made me more comfortable to add more and more.

Building that rapport was very important, finding out what worked well for me (and the fact he was interested and listened), helped me believe in the process. In the first few weeks some things were tasks, others were more sort of talking about ideas. I have to be honest, the ideas didn't always work well with me, but the processes set as tasks I did with due diligence - I'm a hard worker, having tasks made me want to complete them. Each week I had little tasks to help push each idea and they were subtle. When I'm feeling anxious about a future event, I now set little tasks to do during the event, such as sitting in the front, speaking out loud or volunteering. I get more and more of them 'ticked off' each time which makes me feel hopeful and grateful.

With each task I began to fill in the tables we'd written together and then also write about what I'd achieved and it made me happy to achieve them, looking back through this lifted my spirits so much, reading every little thing I achieved, from phoning my friend to hosting a zoom quiz, or even delivering a talk about biomechanics of twisting in gymnastics to my peers. I really encourage recording your achievements, especially on days that you feel more anxious, as proof of how far you've come.

I'm not going to lie, I didn't always believe that the therapy was helping, but I still had hope. I was doing the tasks, talking things out, goal setting and had outcomes I wanted to achieve, but in some weeks, it felt I was the same person with the same worries and anxieties. Even now, I sometimes still question if it's working when I get worried and anxious. I'm in my own head a lot, but Tak kept making me revisit my concerns and my achievements, and going over things again and again not for me to believe Tak, but to believe myself when I said it was working. My partner even said how proud she was as she had noticed such a difference in my happiness and my confidence. And when I reflect, I still feel anxious at times and sometimes a lot but I'm much better at accepting it as just a feeling that I can step away from much more. The more I practice it, the better it becomes. I even caught myself standing back and questioning my assumptions doing it during a stressful dream once, which was amazing! There is still work to be done but I can know see that there is a future where I am not ruled by my anxieties".

As James' therapist, when I now reflect on the CBT and interaction with James, I have learned so much. If I had to choose my 'top three' learning points they would be as follows. Firstly, the therapist is as important as the model of therapy. James was acutely aware of how much I believed in the process and how much I valued his improvements. I was struck by how much he was watching whether I was taking an active interest myself. So, it's important to take an active interest, however you encourage yourself to do that. Secondly, patients need hope, they rely on their doctor or therapist to provide that hope. I witnessed this repeatedly with James, and this will impact on my interactions in the rest of my work in psychiatry. Finally, it can be 'horses for courses' in therapy. James loved complying with set tasks – it was what he was familiar with in gymnastics, and it was his preferred way of learning rather than more abstract discussions. Playing to James' strengths made a real difference. The importance of tailoring my interventions, depending on my patient's circumstances, was reaffirmed.

Dr Takayuki Mashimo BMBS BMedSci (Hons) is a CT2 Psychiatry Trainee- he was working for the Northamptonshire Healthcare NHS Foundation Trust, United Kingdom, at the time of the therapy.

James Barley recently attended for treatment of social phobia using CBT. We are sincerely grateful for his input into this article, and for waiving anonymity - to help reduce the stigma of mental illness.

Dr Graeme Whitfield MBChB BSc (Hons) MMedSci MRCPsych is a Consultant Medical Psychotherapist- he was working for the Northamptonshire Healthcare NHS Foundation Trust, United Kingdom, at the time of the therapy.

References:

1. Royal College of Psychiatrists. *A Competency Based Curriculum for Specialist Core Training in Psychiatry.* Royal College of Psychiatrists, 2013. *https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/curricula-core-psychiatry-curriculum-april-2018.pdf?sfvrsn=881b63ca_2#:~:text=The%20core%20training%20programme%20in%20psychiatry%20is%20comprised%20of%3A&text=Completion%20of%20a%20minimum%20of,level%20above%20CT1%20to%20CT3). (accessed 18/5/2021).*

Meet and Greet: Dr Arthita Das Consultant Psychiatrist RDASH, Foundation Training Programme Director and Specialist Advisor to RCPsych on Foundation Training

Dr Arthita Das
Consultant Psychiatrist RDASH

What challenges have you faced in your role during the COVID-19 pandemic?

In my clinical role, having to deal with the hugely increased demand on services but also reduced ability to see and, importantly, treat people face to face. Also trying to manage the impact on my team and trainees – who are also human beings and affected by illness and stress. Educationally, I think we are only starting to appreciate the impact on medical students and Foundation trainees – their training, patient contact, confidence, their own well-being. And it's disproportionally had an impact on those who are at important transitions (school to medical school, medical school to Foundation, new Consultants). Just trying to gather an accurate picture of what's happening for everyone, let alone trying to address it, is challenging.

How are these challenges being addressed?

I think HEE have been trying to support trainees at all levels, nationally and locally. The weekly Webinar from HEYH is a good source of information and signposting to resources. There have also been some great initiatives – Zoom support groups, Facebook/ Instagram accounts and harnessing digital solutions – from individual trainees and trainers.

I would like to see more research (not just surveys) on how the last 18 months have impacted Foundation doctors, in particular. Most of the research currently available either focusses on particular specialities, medical students or on doctors/ health care workers in general. FY doctors are at a unique stage in their medical careers (a transition point); they are young people who, on the whole, have been disproportionately impacted; and they have also been on the frontline of delivering services. I think if we can understand the impact of these different factors in greater depth, then we can start to tailor interventions better for all doctors' well-being in the future.

How do you think the pandemic has impacted you?

Unfortunately, I had COVID, now have long-COVID and so have had to adapt how I work. I've had to re-evaluate my working pattern and how I keep myself well outside of work. As a family we've had to deal with bereavement and other losses. The recent events in India have been especially upsetting, as I have felt helpless when listening to my relatives' experiences in India. All of this has made me appreciate much more what we do have, and even small things bring me real pleasure. I may not practice meditation regularly, but I am much more mindful and present.

On a positive note, I have discovered lots of new walks, podcasts, boardgames and recipes – all of which I will continue to use even out of lockdown.

Tell us something about yourself that most people don't know.

Most people think Arty is short for Aarthi or Arati, but it's actually short for Arthita, which has a different meaning altogether. I used to hate my name, growing up in this country, no-one could pronounce it, and it was another reason that I was different to other children. But now I quite like the fact that it's very unusual – I think there's only about 5 other people in the world called Arthita (on Google, anyway)!

What trait do you deplore in others?

Wading into an argument with only opinions rather than facts (it's why I tend to avoid social media).

Tell us about either a film or a book that left an impression on you?

The Patient Assassin by Anita Anand, which reads like a thriller but is actually a detailed investigation into the life of Udham Singh, an Indian revolutionary, terrorist or freedom fighter, depending on your perspective. I read it in the middle of the Black Lives Matter protests, and it really made me think about the far-reaching impact of colonialism, structural racism and how, even now, imperialism and Empire permeates our society.

When not being a psychiatrist, what do you enjoy?

Reading, cooking and eating. Chopping and preparing food is my mindful activity, but eating is also a key part of the enjoyment!

Which people have influenced you the most?

I'm really lucky to have had several important professional influences. As a trainee, I had amazing trainers (Paul McCrea and Gayle Jackson) who role-modelled compassionate care and gave me the room to develop. I've also worked with some great colleagues who supported me as a junior consultant and showed me different ways of leading as a female (Mary Wheatcroft and Lucia Whitney). There are also those who shaped me by demonstrating what I didn't want to be (unnamed but still influential)!

If you were not a psychiatrist what other profession would you choose?

I'd love to be a journalist or writer – still hearing about people's stories.
I also think physics is fascinating, especially quantum physics, but I might struggle with the maths.

How would you like to be remembered?

Though she be but little, she is fierce.

What message would you like to give to foundation doctors and psychiatric trainees working during the pandemic?

Many of you have faced challenges you'd never have dreamt of, sometimes with very little support or guidance. I know some are traumatised by what they have seen or experienced, but I really hope that this doesn't make you leave medicine altogether. It can be an incredibly rewarding career, with long-lasting friendships and unique opportunities. From me personally, if you think that there is more that could have been done to support you, or can be done now, get in touch with me directly.

Artwork by Dr Chloe Howard Core Trainee, RDASH, South Yorkshire

I have always loved art but it was something I rarely found time for pre-COVID-19. During the lockdowns I spent my time painting, it is something I will definitely keep up in the future and I feel grateful to take something positive away from this difficult year.

Covid Reflection – Burnout by Dr Esther Netto, Foundation Year 2 Doctor, University Hospitals of Leicester NHS Trust

Burnout - an occupational phenomena caused by the repetitive exposure to work place stresses resulting in exhaustion, reduced productivity and cynicism towards one's job[1]. According to a BMA and Medscape survey taken during the pandemic almost half of all doctors are suffering from burnout[2]. This staggering statistic indicates that a large proportion of doctors are feeling physically and mentally depleted, which is likely to impact on their ability to perform in the workplace.

Regrettably, it is not difficult to understand why the prevalence of burnout has increased by a staggering 68% from a similar 2018 survey[3]. Increased volumes of patients, longer hours, heartbreaking discussions with patients and their families have all contributed to this phenomena[4]. However non-clinical stresses have also had a significant impact, with the majority of survey participants identifying the lack of respect from employers, administrators and colleagues as the biggest contributing factor to their burnout[3].

Consequently, this has led to the prevalence of mental health issues amongst doctors, with two thirds admitting to feeling 'sad or blue'[4]. Unsurprisingly, there has also been a rise in cases of post-traumatic stress disorder, particularly amongst those working in intensive care or acute settings. When asked what actions would help reduce burnout, the most common response was taking early retirement, followed by leaving medicine for a different career or working part time[4].

As a profession there is more that we need to do in order to protect ourselves and each other from this horrifying burnout statistic.

References:

1. Who.int. 2019. Burn-out an "occupational phenomenon": International Classification of Diseases. [online] Available at: <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases> [Accessed 28 May 2021].

2. Rimmer A. Covid-19: Doctors may quit without proper post-pandemic support, defence body warns BMJ 2020; 369 :m2476 doi:10.1136/bmj.m2476

3. Locke, T., 2021. Medscape UK Doctors' Burnout & Lifestyle Survey 2020. [online] Medscape. Available at: <https://www.medscape.com/slideshow/uk-doctors-burnout-2020-6013312?src=mkm_ret_11012020_mscpmrk_uk_burnout_int&faf=1#1> [Accessed 20 May 2021].

4. Campell, D., 2021. NHS faces exodus of doctors after Covid pandemic, survey finds. [online] the Guardian. Available at: <https://www.theguardian.com/society/2021/may/03/nhs-faces-exodus-doctors-covid-pandemic-survey> [Accessed 20 May 2021].

COVID Reflections

Author: Jason Armstrong, 4th Year Medical Student, University of Leicester

Jason Armstrong, 4th Year Medical Student, University of Leicester

As a medical student starting my Psychiatry placement during the Covid pandemic, I was concerned about a reduction in my patient contact time. Every specialty has to deal with psychiatry, both it's patients and it's healthcare professionals. This is why I was concerned that we would only have a 5 week psychiatry attachment, especially when the first week was a virtual induction.

Whilst the pandemic has reduced my contact time, I was really glad with how the team have handled the situation. They have included patient simulation sessions and seminar groups with consultant leads. This, in part, has compensated for the effects Covid may have on my education.

However, it still remains that I will have significantly less patient contact than the students before me. This is because not only has my block been shortened, but we have less time on the wards to ensure there is not too many students present. On reflection, I believe some of the responsibility must fall back onto the medical students. Although we have less time, we should ensure we utilise that time to maximum effect.

Fortunately, with Psychiatry there is less physical patient contact when compared with other specialties. This means we can examine (Mental State Examination) without having to break any rules on social distancing. To conclude, although Covid has impacted the length of my placement and my contact time with patients, I don't believe my well-being has suffered. Rather, it has pushed me to maximise my limited time spent in psychiatry.

Author: Dr Janaki Prathapan, FY2 Doctor, Kettering General Hospital NHS Foundation Trust

One-minute patients would be smiling and talking, then suddenly they'd be reaching out, gasping for air and begging for help. The stress and long hours were exhausting, but the emotional toll of seeing so many patients die rapidly and alone was unforgettable. A year on, I still struggle when telling someone over the phone that their relative is dying and they're only allowed 30 minutes to say goodbye, or worse aren't allowed to come in. How can you limit a final conversation with someone you love? If they were "lucky" enough to have a loved one in a ground-floor room with a window, they could peer through the glass to say goodbye. I'd brace myself before these calls, hoping they wouldn't get angry or shout – knowing I'd be pushed closer to the edge. Yet, they always responded with understanding and gratitude – internally I'd be begging for them to scream instead. I felt like the angel and the devil for patients, caring for them in their time of need but separating them from loved ones. So, when I finally caught COVID myself, I felt relief.

Finally, I didn't have to see people die, I didn't have to rush between patients thinking who would deteriorate, I didn't have to find hiding spots to cry in before breaking bad news over the phone. I could finally rest and battle my own health. It took me months to physically recover, but I wonder if any of us will truly recover emotionally from it all.

Covid Reflections

Author: Dr Keval Mehta, Foundation Year 2 Doctor, Kettering General Hospital NHS Foundation Trust

Over the past year, the COVID-19 pandemic triggered a downward spiral in mental wellbeing for many of my NHS colleagues. Isolation, stress, fear of infecting family members and the physical suffering when contracting COVID concocted a deadly potion for anxiety, depression and other mood disorders. Despite this, what worries me most is the promised land of hope associated with "post COVID-19." The fantasy of "normalcy" returning, and that we all start feeling much better. With new variants on the rise, and cases increasing, I don't believe this future exists. But with no hope, how do we fight through? We've already scaled back to pre-covid staffing levels, waiting lists are unparalleled, hospitals are full and an already struggling healthcare system is collapsing. So, it provides a different form of suffering to us on the shop floor as we try to keep it together. We are not going back to "normal" and nor is our mental wellbeing. So more than ever, we health-workers need to continue to support and look after each other. Our funding for mental health services and wellbeing initiatives must be boosted and attempts to maintain morale continued, because despite what we hope, a mammoth challenge looms ahead of us. I want us to foster the comradery and spirit that brought us together during the pandemic into a more sustainable form because the finish line is still not in sight and as the pandemic has taught me, looking after our wellbeing has never been more important.

Author: Dr Richard Nzewi, Foundation Year 2 Doctor, University Hospitals of Leicester NHS Trust

Dr Richard Nzewi, Foundation Year 2 Doctor, University Hospitals of Leicester NHS Trust

Covid has had a major impact on the renal team's mental health. Seeing patients we treat struggling in hospital alone with very limited allowable family support, and the impact it has on their families not being able to see their sick loved ones is heart-breaking. Its particularly difficult knowing some staff return home not being able to support their own family who are in-patients.

Also, other colleagues have changed to special COVID rota's, making an already difficult job even more challenging, rendering us junior doctors more isolated and burnt-out than ever before. Compounding this with staff illness and self-isolation, a service already at breaking-point is further stretched, so the will/drive to continue wanes.

As humans we are social beings designed for interaction, so with the national lockdowns and isolations and an ever-looming threat of further COVID waves, mental health issues have become more apparent than ever. Increased anxiety and depression and even suicide (something doctors already have notoriously high numbers for) is testament to such.

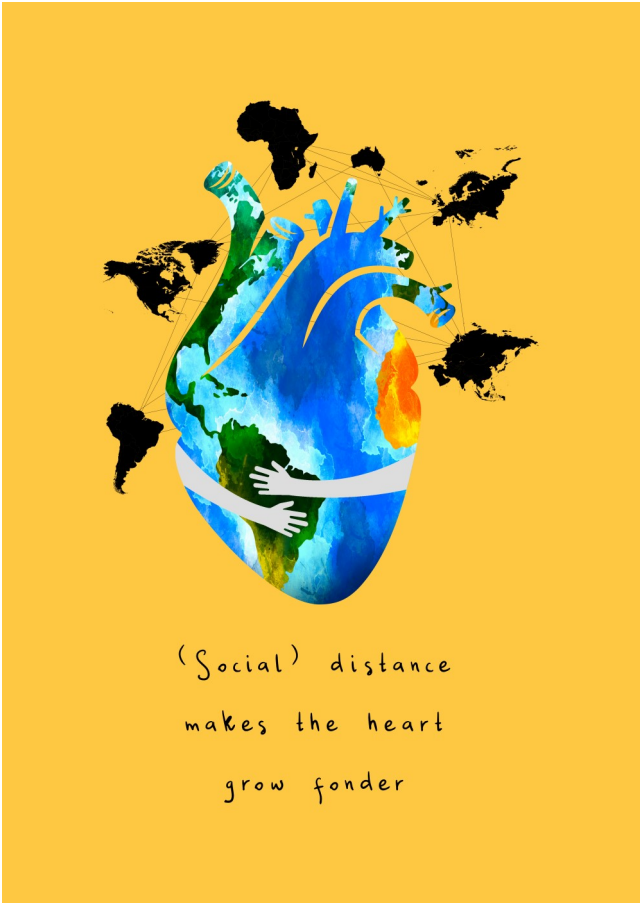
Each day we navigate our own mental battlefield of trying to survive, with the hope of "things will go back to normal" giving us strength to persevere. A day where we can hold our loved ones in our arms without fear, a day where society can once again be social. With each passing day, we hold deeper onto this dream but as the goalposts continuously move, just like in any battle the strength to continue wanes. Nonetheless, we strive forward to a new hope.

Covid Reflection by Mashuda Khandokar, 4th Year Medical Student, University of Leicester

Mashuda Khandokar, 4th Year Medical Student, University of Leicester

In medical school, we learn about weird and wonderful diseases that we will probably never see in our lives. The forewarning of a future pandemic certainly fell into that category. Then all of the sudden, as if the grinding wheels of time had come to a lurching halt, the country and the world were finally quiet. The buzz of life quietened, and moved into houses and hospitals. Time was our friend again. But time is not that friendly when there is an air of uncertainty around you. As decisions were rapidly made about our studies, it was not long before medical school continued, with lots of extra precaution and plastic.

People lived miraculously, people died tragically. My own dear Grandma left us, not a casualty of COVID-19 but of time's endless march. It was one of the hardest periods of my life, yet here I was in the medical field, one that had been overridden by the fear of death. But time never stops. I continued to study, I grieved and I married all in the backdrop of chaos and social distance. There were nights where I thought the sun might never rise again. But life taught me, the light will always shine through. Stress and difficulty evolved into growth and strength. Although the course of time could not be changed, acceptance and faith of what was, what is and what will be is what kept me moving. As they say, this too shall pass.



Artwork by Mashuda Khandokar

Reflection of working as an F1 on a Psychiatric ICU by Dr Ali Mirza Haider

I had the opportunity to work on a Psychiatric ICU ward as my second rotation as an FY1. Coming from a Cardiology rotation, I was given the impression that psychiatry would be a lot less stressful and I would have more time for myself. Whilst the hours I worked were more regular and as a result easier to plan around, I can say that it does come with its own stress and challenges.

On my first day on Psychiatric ICU, I found myself quite taken back by how unwell the patients on the ward were. I began to understand what the requirements of my job were on this new rotation. It primarily consisted of ensuring that new patients had their core mental health assessments were completed and that there were no physical health concerns and addressing any new physical health concerns that arose. However, I found that simple things on a medical ward were more difficult on Psychiatric ICU. For example, taking blood samples and performing physical examinations were difficult as the patients were unwell due to the mental health conditions they were suffering from, thus patients were less agreeable to examinations and procedures. However, as I gained more experience on the ward and began to get more comfortable in my role, the tasks became slightly easier to perform.

Speaking to patients on the ward and taking psychiatric histories also became easier as my experience on the ward grew. I was also able to take more comprehensive histories and attend to patients' concerns more effectively. However, I still found it difficult to manage with the more unwell patients as some patients could be more threatening to staff verbally and at times physically as well. As a result of these threats, I had to remain more cautious on the ward as compared to my previous experience on medical wards. I did find it difficult to continue to provide the best possible care to the patients whilst also ensuring the safety of myself and the staff around me and patient autonomy. This is one of the main stresses that came with working on the psychiatric ICU. However, once again as the experience on the ward grew and with the help of my seniors and nursing staff on the ward, I was able to overcome this, and I was able to do my best for the patient.

I also had the opportunity to see patient isolation rooms on the ward. Whilst I initially found it difficult to see why patients needed to be isolated, I later began to understand the need for this in order the ensure the patient's own, staff's and other patients' safety in acute situations. I also saw that decisions to isolate patients was never taken lightly and that the constant reviews ensure that a patient was not isolated inappropriately.

There are many more experiences I could speak about regarding my F1 post on a Psychiatric ICU, but these are the points that truly stood out to me whilst working there. It was a great learning experience for myself and a real eye-opener on how mental health conditions can truly affect people in all kinds of ways. I learnt how best to provide care in acutely unwell psychiatric patients and how best to manage verbal and physical threats. It was always important to not take threats personally, as the patients were unwell at the time and this is a learning experience I have carried forward in my practice. Overall, I believe working on a Psychiatric ICU is a great experience as it will help prepare you for any future encounters with patients suffering with mental health disorders.

Patient Experience: Pre-Menstrual Dysphoric Disorder by Emily Elson

Please note, additional information on PMDD (sometimes referred to as severe PMS) can be found at:
National Association for Premenstrual Syndromes (NAPS) - www.pms.org.uk
International Association for Premenstrual Disorders (IAPMD) - www.iapmd.org

Battling mental health difficulties alone for a number of years before entering services aged 18, I didn't imagine 11 years later, longing for a family, I would be undergoing a hysterectomy with ovary removal to alleviate my distress.

Anorexia nervosa, deliberate self harm, depression, anxiety, emotionally unstable personality disorder (EUPD); and a medication history resembling a list from the BNF. Despite wanting change, I struggled with therapists and "hoodwinked" CPN's into believing I was okay, only to have another crisis days later. I was told I was motivated, hardworking and insightful into my difficulties, yet it didn't seem to make any difference, regardless of the support I was given I never seemed to make any real progress, until Sept 2016 when I was diagnosed with Premenstrual Dysphoric Disorder (PMDD).

By definition PMDD is an abnormal reaction to a normal change in hormone levels, as my oestrogen fell and my progesterone rose each month as part of my menstrual cycle, I became enveloped in depression, hopelessness and worthlessness, whilst simultaneously my anxiety levels sky-rocketed. I did anything, regardless of consequences, to make it stop.

Slowly my life began to make sense: my mental health problems began when I hit puberty. By the time I started my periods, my difficulties had become full blown disorders. As the responsibilities of life increased, I struggled to keep up, I was constantly trying to repair the damage and feeling guilty for my actions and behaviours which had occurred during my PMDD episodes.

It was a never ending cycle, starvation numbed my emotions and helped me find control in a world where I felt completely out of control, but more than that, I believe it reduced the hormonal fluctuations . The deliberate self harm lead to the diagnosis of EUPD, yet I maintained I wasn't suicidal or impulsive, my actions were all pre-meditated to fit around responsibilities and commitments, I just needed a break from the unbearable distress of my own mind.

Working through the treatment guidelines for PMDD it became clear that I was treatment resistant. Ultimately, I required surgery to put a halt to regular hospital admissions and chaos that robbed me of at least 10-14 days each month. I would draw on every DBT coping skill I had but I still struggled to endure this hell month in month out.

After almost 18 years of fighting to survive, following my surgery, I am beginning to thrive. My anxiety has vanished along with my eating disorder and self harm.

However, surgery is not a magic cure; I am still sensitive to hormonal fluctuations and navigating surgical menopause, trying to find the correct balance of HRT. Of course the whole ordeal has left me with issues to work through, grieving for my fertility and all that I lost and experienced due to years of, what I can only describe as, a living hell.

PMDD affects 1 in 20 women and assigned females at birth and can be triggered or worsened by any reproductive event. Please when you are seeing this client group, amongst your screening questions ask about their menstrual history or ask them to track their moods alongside their menstrual cycle. It may be key to highlighting regular patterns in worsening symptoms and unexplained crisis.

OCD: Overcoming Covid 19 Distress

by Dr. Nicholas Dodough Specialty Doctor in Forensic Psychiatry, Lincolnshire Partnership Foundation Trust

The fear of acquiring the Covid 19 virus has everyone repetitively checking the news, methodically and frequently washing their hands, habitually sanitizing hard surfaces and assiduously avoiding social contact. This heightened stress levels have affected people all over the world triggering them to panic buy toilet paper, bottled water and hand sanitizer leading to global shortages. The fear that a highly infectious virus that is spreading throughout the world is now a reality. However, people with Obsessive Compulsive Disorder or more commonly referred to as OCD may have already been dealing with these fears long before the Covid 19 outbreak. For many people with OCD, excessive cleaning and sanitizing is a significant part of their daily routine and a substantial source of distress. Consequently, this pandemic presents a distinct difficulty for people with OCD because it blurs the line between reasonable and compulsive behaviour.

The Royal College of Psychiatrists published an article on their website stating than 1 in 50 people will suffer from OCD at any point in their lives which adds up to over 1 million people in the United Kingdom alone[1]. Unlike many media portrayals of OCD, this disorder is more than just a desire for neatness, cleanliness and order. OCD is characterized by having persistent and unpleasant thoughts called obsessions. These obsessions result in a person carrying out repetitive behaviours or mental acts called compulsions in order to defuse the perceived threat. Unfortunately, these behaviours do not actually prevent the perceived dangers but instead cause more anxiety. OCD may manifest in many different forms such as having obsessive fears surrounding germs to having obsessive fears about making things completely symmetrical. In 2006, The National Institute for Health and Clinical Excellence (NICE) published in their guidelines that 26.5% of people with OCD exhibit cleaning and washing compulsions[2]. These people use every opportunity to sanitize themselves and their surroundings in fear of contracting an infection. What makes the Covid 19 pandemic detrimental to people with contamination OCD is that it may seem to validate these fears and even inflame them.

People with OCD also catastrophize about every possible outcome over and over. These lingering fears may be about contracting and spreading the virus to loved ones, an enduring lockdown or even dying. As they continue to ruminate, new overwhelming thoughts may emerge and the person may feel as if they are trapped in tornado of anxiety. They may have extreme fears about being vulnerable to the virus, worries about sanitization and apprehension about adapting to social distancing recommendations. Although people without OCD may also have these fears of uncertainty, their thoughts are usually transient and likely to disappear once the crisis subsides. Another major difference is that the hand washing practices in people without OCD is not motivated by anxiety but rather driven with the purpose to comply with safety precautions.

Keep in mind that regular handwashing is recommended to control the spread of this virus but when handwashing practices becomes extreme then it may be unhealthy. For example, people with OCD will spend an inordinate amount of time perfecting their handwashing technique but as soon as they turn off the tap, fears about having contaminated hands will begin to creep in their minds until they wash their hands again and again. Kyle MacNeil, a freelance writer, wrote an article in the Metro newspaper how the Swine flu outbreak in 2009 triggered his OCD. He recalled washing his hands more than fifty times a day until they cracked and bled[3]. As you can see OCD is much more than simply having an affinity for cleanliness. In fact, if you are washing your hands so much that your hands become chapped then it may actually increase your risk of infection. Although the anxiety experienced by people with OCD may be indescribable, imagine being stuck on an invisible carousel that causes your mind to flutter with panic, your heart to race and the fear of losing control for hours and hours on end. This is the reality of many people with OCD and although, they want to come off the carousel, they have intense fears that if they leave something terrifying will happen.

If you are suffering with OCD, here are a few tips that might help you to cope better.

1. Making use of your existing skills

The skills you previously learnt in therapy are crucial in accepting and coping with uncertainty. Although the severity of the Covid 19 pandemic may appear to validate your intrusive thoughts, it's important to recognize that this is an unusual circumstance. It's also integral to appreciate that the facts of our reality have changed and therefore our behaviour needs will reflect those changes appropriately.

2. Stay adequately informed

Although keeping up with the latest updates regarding the Covid 19 pandemic is vital, it is important to avoid news overconsumption because repetitive media updates may mimic repetitive thoughts. It is possible to get all the necessary information without watching every single news update.

3.Follow valid recommendations

It's important to follow valid handwashing guidelines from sources such as the World Health Organization (WHO.int) or the Centers for Disease Control (CDC.gov). Remind yourself that unlike your OCD, these organizations have the knowledge to make these recommendations to keep yourself safe. In fact, following these guidelines can be a homework exercise. The WHO states that washing your hands properly should last as long as singing "Happy Birthday" twice[4]. The CDC recommends that handwashing should be done before eating and after coughing, visiting a public space, using the toilet and caring for someone sick[5].

4.Practicing self-compassion

It's understandable to feel anxious about the Covid 19 pandemic and it's not your fault. Continue to be compassionate with yourself and do what you can to manage your anxiety without trying to be perfect. Continue to socialize virtually, get enough sleep, exercise and eat healthy foods. You should also try to activities you enjoy like cooking, reading or even meditation. The more we adhere to our self-care techniques, the more resilient we become.

For people with or without OCD, it's important to have balance. It is important to follow guidelines but not allow anxiety to take control. If you begin to have anxious thoughts then mentally take a step back look at the thought. Ask yourself if this thought is reasonable. If the thought is not rational and you start to feel anxious then practice some deep breathing exercises or meditation. Then try imagining yourself pushing this thought out of mind like you are pushing a grocery cart. This is handy skill that may help you but if it gets too overwhelming and you need extra support there are many helpful online resources available such as the Royal College of Psychiatrists website (www.rcpsych.ac.uk) or you can contact your health care provider. Whether you've been diagnosed with OCD or not, if we do our part to flatten the curve and support each other, together we can Overcome Covid 19 Distress.

References

[1]"Obsessive-Compulsive Disorder (OCD): Royal College of Psychiatrists." RC Psych Royal College of Psychiatrists, www.rcpsych.ac.uk/mental-health/problems-disorders/obsessive-compulsive-disorder.

[2] National Institute for Health and Clinical Excellence. "Obsessive- Compulsive Disorder: Core Interventions in the Treatment of Obsessive- Compulsive Disorder and Body Dysmorphic Disorder," www.nice.org.uk, The British **Psychological Society and The Royal College of** Psychiatrists, 2006, www.nice.org.uk/guidance/cg31/evidence/cg31-obsessivecompulsive-disorder-full-guideline2.

[3] MacNeill, Kyle. "Swine Flu Triggered My OCD - I Fear Coronavirus' Impact on Mental Health." Metro, Metro.co.uk, 24 Feb. 2020, metro.co.uk/2020/02/24/swine-flu-triggered-ocd-fear-mental-health-cost-coronavirus-12287788/.

[4]"Clean Hands Protect against Infection." World Health Organization, World Health Organization, 8 June 2011, www.who.int/gpsc/clean_hands_protection/en/.

[5]"Keeping Hands Clean." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 4 Dec. 2019, www.cdc.gov/healthywater/hygiene/hand/handwashing.html.

Hall of Fame Nominations

We are excited to introduce the new Trent Division Hall of Fame Nominations.

Purpose

The aim of the nominations are to recognise and appreciate medical students, doctors of all training grades (foundation, core trainees, higher trainees, SAS doctors, consultants and physician associates), managers, nurses, social workers and support workers (or even teams, if not individuals) for their contribution towards psychiatry in the region. This would in turn help us tell people that they are valued and appreciated for the work they do.

Nominations

Dr Mohammad Abbassi, Consultant General Adult Psychiatrist at the Radbourne Unit in Derby

Oftentimes we celebrate clinicians who have undertaken special projects or achieved recognition for national or prestigious offices, but perhaps neglect the remarkable work of psychiatrists who are outstanding within their day-to-day roles and their impact on patients and colleagues.

Dr Mohammad Abbassi was my boss and mentor for five years when I was a specialty doctor. Early in that time I had a difficult year which knocked my confidence. At times, the idea that I would ever return to training as a registrar did not seem at all realistic. Dr Abbassi was the best consultant I could have hoped to work for through those years. He is a man of endless patience and who exudes a sense of great calm despite the trials of a chaotic acute inpatient environment. His reflective nature and honest, constructive and kind feedback on my practice enabled me to recover my confidence, but moreover to grow as a psychiatrist and learn to cope with and tackle clinical and professional challenges in new and better ways. He cared about and felt a sense of responsibility for my development as his junior and as his colleague in the medical leadership of a busy ward.

Thanks in large part to working with him, I was able to see and believe that I was capable and ready to re-join the road to becoming a consultant.

I am by no means the only one who rates Dr Abbassi highly as a colleague and mentor. As a new registrar I meet countless colleagues of all grades who have warm words to say about him. I know of at least two core trainees who were inspired by their time with him to enter psychiatric training. His non-hierarchical approach and openness to other points of view meant that we as a multidisciplinary team were able to weather many storms in the acute ward, and I know that he has the respect of our nursing colleagues in particular. I hope it is not trite to say that he is an inspiration, because for me it is certainly true.

Aside from a full-time inpatient consultant role, supervising three more junior doctors, Dr Abbassi facilitates a carer support group, sits on the regional Section 12 Approvals Panel, and supports non-medical colleagues who are developing roles as prescribers and Approved Clinicians.

Dr Abbassi plays an active part in the management and monitoring of services in the acute unit despite the demands of his full-time inpatient role. He ensures that his junior colleagues receive regular supervision and he clearly cares about and feels a sense of ownership of their progress and development. He finds time, somehow, to facilitate a carers' group supporting the families and carers of our patients with severe and enduring mental health problems. Moreover he has provided supervision and guidance for nursing colleagues undertaking training for expanded roles such as prescribing and Approved Clinician training.

Nominated by: Dr Jason Holdcroft-Long

Dr Mary Barrett - Training Programme Director

Dr Barrett is an exceptional TPD. She has worked tirelessly to improve the experience and quality of training for ID trainees in the region. Dr Barrett is incredibly approachable and supportive to all trainees, encouraging and supporting us to take advantages of opportunities that will enhance or training and longer term careers alike. Despite shouldering various responsibilities, I have observed Dr Barrett to approach all endeavours with enthusiasm, passion and determination.

In respect to this nomination, the work that Dr Barrett has put into improving the training provision has a direct impact on the quality of Consultants that emerge from the higher training programme in this region. Furthermore, through her efforts to tackle the challenges in recruitment, Dr Barret has contributed to minimising the risk of mental health services for people with Intellectual disabilities being under-resourced in years to come. Outside of this nomination, Dr Barret contributed to mental health services for people with intellectual and developmental disabilities through her direct clinical work, including a specialism in Autism.

Quality: - Dr Barrett is a keen advocate for the quality of training within the region. She regularly seeks feedback from trainees and has been closely involved with the revision of the trainee curriculum for higher trainees in Intellectual Disability. In addition, Dr Barrett continually evaluates the quality of training days for higher trainees in the region, seeking feedback form trainees and recognising the importance of these days to the wider training experience.

Initiative: - Responding to GMC feedback
Dr Barrett is responsive to feedback from trainees, introducing a "neutral representative role" following a previous GMC trainee's survey which highlighted concerns from trainees which trainees had not felt comfortable voicing in other arena's. The Neutral rep offers trainees in the region an opportunity to confidentially voice any concerns that they may have relating to the delivery of training. The Neutral Rep is then in a position to liaise with trainer's to support the resolution of any concerns.

Professional growth:- Dr Barrett has been particularly passionate about encouraging the development of leadership skills amongst trainees. Dr Barrett has suggested and supported trainees in their endeavours to develop conferences, lead improvement projects and make business cases. Her hands-on approach ensures that Trainees develop valuable skills whilst feeling they have the support of a senior clinician which has contributed to a number of successful accomplishments by trainees in the region.

Nominated by: anonymous colleague

Dr Sidra Chaudhry - higher speciality trainee

Sidra has worked tirelessly throughout her career, but particularly over the last year whilst working in a busy pressured inpatient ward environment. Despite this, she maintained a high standard of care, whilst contributing to local and regional developments.
Sidra has contributed extensively to the trent division. She has developed trainee resources, led the north trent junior medics committee, completed excellent QI projects and contribute regularly to national and regional publications such as the the trent newsletter, and the registrar. Throughout, she has maintained a grounded sense of compassion and care.

Nominated by: anonymous colleague

Hannah Farrell, Healthcare Support Worker Bassetlaw Mental Health Services, Nottinghamshire

Hannah is new to the service where she works alongside a CPN looking after patients with serious mental illness who often are difficult to engage. It is impressive how in a short span of time she has been able to develop a rapport with the patients and develop innovative ways to engage them. She presents knowledgeable about signs and symptoms of serious mental illness and medical and psychological treatments. She is always proactive with her work and will seek help appropriately as needed.

Specially during the pandemic Hannah has been proactive in recognising patients needs like needing support getting to appointments , medication deliveries or just lending a supportive ear when wanting to discuss about their fears and anxieties.

Hannah always presents as keen and inquisitive in leaning more and asks about topics that she is not so familiar with which may include side effects of medications or legal/ safeguarding issues.

Nominated by: anonymous colleague

Dr Kaanthan Jawahar ST6 Old Age Psychiatry

Dr Jawahar is an excellent psychiatrist who takes a particular interest of his fellow junior doctor colleagues; he offers support as a JD Rep, LNC Rep and Freedom to Speak Up Champion. He provides more junior staff with mentorship and readily available to support his team however best he can. He is a motivator and he brings out the best in whichever team he is involved with. I'm proud to train with such brilliant and inspiring colleague.

Dr Jawahar's role in the LNC is critical to ensuring the safe working conditions of doctors which impacts safe mental health service provision

Dr Jawahar has an interest in leadership including having completed the National Medical Director's clinical fellow scheme and an active member of the Trainee Steering Group as Communications Lead. He has pursued further postgraduate study into Neuropsychiatry and is continuing to develop interests in liaison Psychiatry. He also has an interest in medical education and frequently teaches GP, Foundation and Core trainee colleagues at departmental events

Nominated by: anonymous colleague

Dr Imad Kaddoura, Specialty doctor in Psychiatry, Bassetlaw Mental Health Services, Nottinghamshire

Dr Kaddoura is a very dedicated, caring and supportive doctor towards his patients and to other colleagues. You can always depend on him for a job to be completely to utmost professional standards.

Dr Kaddoura works extremely hard and always tries his best to help out with the vacancies in mental health liaison team and for section 12 work. This ensures smooth running of the services in an area where it has been extremely difficult to recruit doctors and other mental health professionals.

Dr Kaddoura always strives hard to maintain his quality of work. Despite this being a difficult year, which has resulted in the or of changes to the work environment, he has continued to engage in quality improvement activities. He takes his own initiative to find extra time to teach medical students which has always received excellent feedback.

Nominated by: anonymous colleague

Mr Darren Keating, Community Psychiatric Nurse, Adult Mental Health, Bassetlaw Mental Health Services, Nottinghamshire

Darren's experience in his work shows through the quality of his work and his dedication towards his patients. He is very aware of his limitations and within those he will still go that extra mile to help patients and colleagues. I have been particularly impressed by his way of involving families in his work with patients who do not engage well with services.

Darren is a part of the project working in conjunction with social services, drug and alcohol team to recognise early mental health problems in the street homeless. This ensures them early help through secondary mental health services.

Darren has always strived to maintain the quality of his work and seeks appropriate help as required for example from safeguarding or mental health act office. He always helps out with medical students and other mental staff with allowing opportunities for shadowing.

Nominated by: anonymous colleague

Dr Kris Roberts, CT3, Leicestershire Partnership NHS Trust

Kris is an extraordinary team player, who works well with his colleagues. He is proactive in the College Psychiatric trainees' committee. He tries to make things better in training not only for himself but for everyone else.
Kris has contributed towards mental health services in the region through audit, teaching and recruitment into psychiatry.

Kris is a committed participant in 'Medicine Calling' a Leicestershire initiative to improve recruitment from medical school into psychiatry and has worked very hard in this regard.
He is an active member of the College Psychiatric trainees' committee and has done extremely well in upholding the views of his colleagues, supporting and taking up important trainee issues.

Nominated by: anonymous colleague

Dr Simon Taylor, Inpatient Consultant Psychiatrist at the Harrington Unit in Chesterfield

During the Covid-19 pandemic, Dr Taylor went above and beyond to ensure that patients in the area received excellent inpatient care. He worked solidly throughout the Covid pandemic, putting important personal events and professional aspirations aside, to support his team and his patients through the pandemic. During this time he continued to provide support and teaching to his junior doctors, and would often be found staying late or arriving early to help his junior doctors with their tasks, even though I'm sure he had a thousand other things to do with his time. When one of his junior doctors was concerned about the risk Covid posed to them due to their own risk factors, he worked hard to ensure that person felt safe and came up with ways to limit their potential exposure, whilst still feeling like an active and valued member of the team. He also supported his junior doctors that were redeployed to other specialties.

When the ward was transformed into an admissions ward, and patient turnover was at its highest and staffing sometimes at its lowest, he made the new set up work perfectly, ensuring efficient patient care, reducing admission lengths whilst also making patients feel validated and helped. It was a privilege to work with him during this time.

Throughout the pandemic he continued to try and optimise the care of patient's on the ward, and was particularly good at building closer working with the inpatient psychology team and looking at more multidisciplinary ways to treat patients with personality disorders.

Nominated by: anonymous colleague

Executive Committee Updates

The Trent Division Executive Committee meets four times a year at different Trusts within the Trent Region.

Approved minutes from previous meetings can be accessed online (member login required).

The next meeting takes place via Microsoft Teams at, 9.30am-12.30pm on Wednesday 7 July 2021

Vacancies

- CPD Lead (PDF) - Please note: the job description has been updated to include College Values
- Neuropsychiatry Regional Representative
- Medical Psychotherapy Regional Representative
- Rehabilitation and Social Psychiatry Regional Representative

To apply for the post please forward the following to the division office:

an up to date CV

the name and contact details of two referees (who must be Fellows or Members of the College but not a member of the Education and Training Committee).

Closing date: **31 July 2021**

Find out more about our Regional Advisors and Speciality Representatives roles, including full job descriptions.

MHA Section 12 and Approved Clinician Training

Online courses for Section 12 Induction, S12 Refresher, Approved Clinician Induction and AC Refresher are now up and running. Please use the following link to access up to date information regarding course dates and requirements.

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Psychiatry-Trent

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

The Trent Division is made up of members from Leicestershire, Lincolnshire, Derbyshire, Nottinghamshire, South Yorkshire and the Humber.

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

Trent Division

Deadline for next edition
Submit your articles for Winter 2020 edition by 31 December at trent@rcpsych.ac.uk

Royal College of Psychiatrists - Trent Division E-Newsletter

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