

iMind

Magazine of the General Adult Faculty



July 2024

THE GREEN PSYCHIATRIST

**UK Health Alliance
on Climate Change
Richard Smith**

**Sustainable
Prescribing**

In conversation with....
**Dr Jacob Krzanowski
Dr Hayley Pinto**

**Psych Declares:
Green Activism**

**The Trainee
Perspective**

**Exemplar:
Green Plan**



**Medical Students :
Sustainability in
Medical Education**

**Clinical Practice:
Results from ADHD
survey**

Welcome to this themed issue of iMind, which is all about
Sustainability in Mental Health



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TABLE OF CONTENTS

- | | | |
|--|---|---|
| 4 Update from the Editorial Team
Himanshu Garg
Sophia Senthil | 11 Sustainable Prescribing through Sustainable relationships
PoPs UK | 18 Sustainability in Medical Education
Srikanth Jeyaparam |
| 5 The Chair's Update
Jon van Niekerk | 13 UK Health Alliance : Climate Change Strategy
Richard Smith | 20 Adult ADHD Survey of General Adult Faculty Psychiatrists UK 2023 – 2024
Sherlie Arulanandam and Sophia Senthil |
| 6 The Case for Sustainability
Jon van Niekerk | 15 The Trainee perspective.
Mohammad Kashif and Dr Alexandra Eriksson | 21 Sustainable Healthcare: A Personal View.
Guy Harvey |
| 9 In Conversation with Jacob Krzanowski
Himanshu Garg and Sophia Senthil | 17 The E-Ink Renaissance: Notes from a Modern Trainee Psychiatrist
Flavian Naclad | 23 Psych Declares: Bridging Climate Action and Mental Health
Himanshu Garg |
| 10 In Conversation with Hayley Pinto
Sophia Senthil | | 25 Our Green Plan: Greener Together
BDCFT |
| | | 27 Poetry Corner
Dr Deborah Okonji
Dr Ananta Dave |

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Dr Himanshu Garg

UPDATE FROM THE EDITORIAL TEAM



Dr Sophia Senthil

We welcome you to the Summer Edition of our Faculty magazine *iMIND*, it is centred around the theme of sustainability in mental health. We intend to focus on this important and inevitable theme to help our general adult psychiatrists to reflect why and how we should integrate & adapt sustainability in our day-to-day practise. We are humbled to bring together interviews and original articles from pioneering experts within this field. Our trainees and medical students have made contributions reflecting on the importance of integrating sustainable practice in their journey of training and education. It is quite evident that there are challenges however certain solutions have been highlighted through innovative practice. Organisational initiatives on sustainability have come forward as a strategic priority in the form of Green Plan.

The faculty chair, Jon discusses the need for collective engagement by adopting key principles of sustainability that include promotion, prevention, empowerment of our patients, advocacy and education which are pivotally linked with outcome and recovery. In his article, he invites us to think why integrating sustainable practise is important, considering that environmental degradation with climate change constitutes the stark global health threat to 21st century.

In the interview with Dr Jacob Krzanowski, college sustainability lead we renew focus to how we as psychiatrists can champion sustainability. He confers the importance of personal belief with commitment to advocate for change essentially stressing that effective and preventable mental health care is in itself inherently sustainable. Dr Richard Smith, Chair UK Health Alliance on Climate Change in his article highlights the organization's pioneering alliances, global efforts and emphasizing the importance of individual action at all levels. He recognises such level of commitment can have profound impact to address the threat posed by climate change. Dr Hayley Pinto, educational and training lead for Centre for sustainable healthcare in her interview proudly discussed their organisations efforts towards developing training, leadership and quality improvement initiatives, along with their various partnerships. Revolutionary organisations like Psych declares are also working for the cause of sustainability; Dr Amelia Cussons in her interview informs us about their purpose, challenges and achievements.

The section on sustainable prescribing, argues the issue of overprescribing in psychiatric practice considering the carbon footprint, a need for a more relational approach to prescribing is emphasised. The psychodynamic psychopharmacology would not only optimize prescribing practices but advocates essential paradigm of biopsychosocial model. Dr Guy Harvey, a consultant psychiatrist leading sustainable healthcare in his organisation illustrates essential principles of it with impact of climate change on mental health. He explores barriers to sustainability providing recommendations for individual clinicians and teams.

Our trainees teased out the addition of new key capability sustainable practise within the curriculum and how it could be demonstrated with emphasis on its wider sense.

We conclude with an exemplar Green plan from Bradford District Care NHS Foundation Trust. Emma Clarke from the organisation outline their three-year strategy towards net zero carbon emissions including specific targets encompassing workforce, system leadership, clinical & digital transformation, biodiversity and other logistics. This may aid our readers in developing the same for their organisations.

We believe that sustainable mental health care is not a utopian vision, it would require a paradigm shift in our practice as Psychiatrist. As system leaders, we would need to embed both essential principles of prevention and promotion. We would need to rethink its value to the system to provide excellent quality mental health care now as well in generations to come.

We hope you will enjoy reading it and as usual we welcome your feedback through letters or email.

The Chair's Update

I hope this message finds you well and thriving as we embrace the warmth and vitality of summer. As we navigate the changing landscape of our profession, we find ourselves in a pivotal moment with the recent election of a new government. Mental health was a major part of Labour's manifesto, including the appointment of 8,500 new mental health staff and a commitment to re-writing primary legislation in mental health. This transition offers a unique opportunity to place mental health at the forefront of the national agenda, and I am optimistic about the potential advancements we can achieve together.

This edition's theme, "Sustainability," reflects our collective responsibility as psychiatrists to contribute to a healthier, more sustainable future. Our role extends beyond patient care to encompass the environmental, social, and economic dimensions of sustainability. It is imperative that we integrate sustainable practices into our daily work, promoting a holistic approach to mental health that considers the well-being of our planet and communities. The scale of the climate and ecological crisis can feel overwhelming, but it also presents an opportunity for us to lead by example. By integrating sustainability into our practices and advocating for systemic change, we can help build a future where mental health services are not only sustainable but also more effective and equitable.

I want to update you on some important progress the Faculty has made. The last 6 months have been particularly busy for the executives. You will find a summary of the ADHD survey results in this edition. We have worked with the wider College on a pilot training day on an ADHD Update for General Psychiatrists on the 20th of November.

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We have successfully put forward a position statement on "Co-Production in Mental Health" and will work with carers and patient representatives to ensure we also provide guidance for organisations. The Faculty is also working with other Faculties to work on providing guidance on Risk Formulation to move away from Risk Stratification, and this work will build on the Occasional Paper that the Adult Faculty produced. We are also leading on work on how to enable more psychotherapeutic training in Adult Psychiatry curriculum and we will be delivering Trauma-informed Care (TiC) programmes in the next year. We are also engaging the Mental Health Medical Directors' forum to consider how to enable job planning that supports holistic practice of Adult Psychiatrists.



**Dr Jon van Niekerk,
Chair of the General Adult Faculty**

GENERAL ADULT FACULTY CONFERENCE

I am thrilled to invite you to our upcoming October Conference in Belfast, "Future Directions for Adult Psychiatry." This event promises to be an enriching experience, offering insights and discussions on the latest advancements and future trends in our field. It will be an excellent opportunity to connect with peers, share knowledge, and explore innovative approaches to our practice.

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Thank you for your continued dedication and commitment to advancing Adult Psychiatry. I look forward to seeing many of you in Belfast and continuing our important work together.

Warmest wishes,
Jon

PS - Please complete the RCPSych Membership Survey. Completing this survey should take no more than 5-8 minutes and will help the College to shape services to suit you, our members. Closing date is the 26th of July.

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Also, please see this very useful guidance for pastoral care of staff affected by Patient Perpetrated Homicide:

[CLICK HERE](#)

THE CASE FOR SUSTAINABILITY

Jon van Niekerk

Environmental degradation represents the single biggest global health threat of the 21st Century (Chan, 2008; Costello et al., 2009). New evidence suggests that tipping points (Lenton et al., 2019) will be reached if urgent action is not taken to address the climate crisis. The impact on human health is already manifesting through worsening air pollution, floods, severe storms, wildfires, and droughts (WHO, 2015) and an increase in global death rates by 73 per 100,000 in 2100 are predicted (Carleton et al., 2022) under a scenario of continued high emissions.

THE IMPACT OF CLIMATE CHANGE ON MENTAL HEALTH

The climate crisis is having a negative impact on existing mental health problems and increasing the onset of new episodes of mental illness (Beaglehole et al., 2018), affecting the public and vulnerable populations (Lund et al., 2018). The links between climate change and mental health can be broken into three distinct areas:

- 1. Direct impact:** There is an increasing body of evidence of direct impact on mental health from the climate emergency (see Table 1).
- 2. Indirect impact:** A growing number of people in the UK identify as 'very concerned' about climate change. Those directly impacted by planetary degradation are most at risk of experiencing distress (Coyle, 2012). Moreover, those most at risk live in low- and middle-income countries that bear the least responsibility (Cianconi, 2020).
- 3. Psychosocial impacts:** Climate change disproportionately affects various vulnerable populations, including refugees, migrants, ethnic minorities, the homeless, and the poor (Nath and Behera, 2011). The changing climate will create further changes in society and societal structures, which brings with it increased risk of social upheaval, conflict, and violence (Ivers, 2022).




	Climate Driver	Exposure	Mental Health Outcomes	Impact
 <p>Flooding</p>	By 2035 2.6 million people in UK will be at risk of flooding (Black, 2022)	Contaminated water, debris, and disruptions to infrastructure	Depression in 20%, 28.3 % anxiety and 36% probable PTSD (Waite et al., 2017)	Predicted increase in flood events will have a prolonged negative impact on the mental health of the UK.
 <p>Storms</p>	Coastal storms are predicted to become more severe (Wolf et al., 2020)	Damage to property, livelihoods, and displacement	Serious mental health illness, accompanied by PTSD and rise in domestic violence	Substantial adverse impacts on mental health of victims and responders (Lane et al., 2013).
 <p>Heat</p>	Average temp in UK is 0.9 C in last decade, 10 warmest years since 2002. (Met Office, 2019)	Elevated temperatures will affect health of up to 12 million in UK.	Systematic review shows association between heat and suicide and increasing mental health use	Unusually high temperatures linked to worsening mental health (Obradovich et al., 2018)

Table 1: Examples of Direct Impact of climate change on UK mental health.

THE IMPACT OF BIODIVERSITY LOSS ON MENTAL HEALTH

As depicted in the WWF Living Report (2022), there has been a substantial (69%) decline in animal species between 1970 and 2018, a phenomenon described as the "sixth mass extinction."

It is increasingly acknowledged that engaging with nature yields beneficial impacts on psychological well-being and can mitigate susceptibility to mental illness (Bratman, 2019). Furthermore, a feeling of 'nature connectedness,' denoting a personal affinity with nature, correlates with heightened positive emotions, vitality, and life contentment (Capaldi et al., 2014).

Thus, the predicted effects of climate change and biodiversity loss will have direct and immediate consequences on overall human health and mortality (Watts, 2015) and the climate crisis is expected to worsen the situation of inadequate mental health services (Blaskhi et al., 2011).

ECOLOGICAL DEGRADATION: ONE OF MANY GLOBAL "MEGATHREATS"

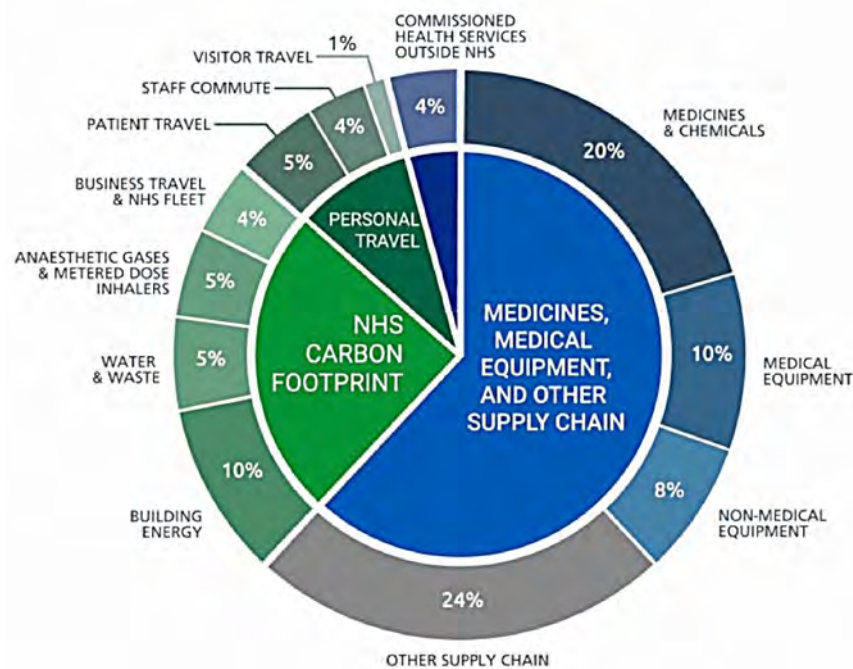
The environmental threat is co-occurring with other global "megathreats" of war, pandemics, potentially disruptive technology and deglobalisation (Roubini, 2022). As an example, the implications of climate change could have significant effects on the economies of affected nations, threaten the global food security, result in mass migration and novel economic dependencies due to value chain disruption. Xu et al. (2020) predicted that between one and three billion people will be living outside the climate niche that humans have existed in for the last 6000 years by 2050.

The resultant human displacement will occur on an unprecedented scale, which would dwarf the current flow of refugees. Roubini (ibid.) argues that these interlinked challenges could result in a significant risk of social unrest, geopolitical instability and conflict, and mass poverty. These interconnected cascading crises require a systemic solution that takes into consideration complexity (PWC, 2022).

THE KEY ROLE OF HEALTHCARE

The healthcare industry has a key role to play in sustainability efforts, including mitigation of climate change and other environmental threats. The NHS (National Health Service) is a major contributor to the UK carbon footprint with 25% of the total public sector and 4.6% of total carbon emissions (20 million tons) in England (NHS England, 2020). NHS England established a target of becoming net zero by 2040, with the goal of achieving an 80% reduction by 2028-2032. The "Delivering a Net Zero National Health Service" strategy is now issued as statutory guidance.

The challenge for the NHS to meet the gap to net zero is significant. The NHS will need to remove an estimated 6.1 MtCO₂e from its Carbon Footprint and 24.9 MtCO₂e from the NHS Carbon Footprint Plus, equivalent to the emissions from a small country. The greatest areas of opportunity for change are in the supply chain, estates and facilities, pharmaceuticals and medical devices, and travel sectors.



RECOMMENDATIONS: CREATING SUSTAINABLE MENTAL HEALTH SERVICES

The following recommendations incorporate key insights from system thinking and amalgamate them with Royal College of Psychiatrists Position Paper's, "Our Planet's Climate and Ecological Emergency" (2021) and the NHS's "Delivering a Net Zero National Health Service" strategy (2020):

1. Equitable Mental Health Focus (Social Foundation):

Prioritise mental health as a fundamental right, ensuring accessible, quality care for all. Early detection and prevention should address both psychological well-being and social determinants such as poverty and childhood trauma (Byrne and James, 2020).

2. Environmentally conscious practices (Ecological Ceiling):

Minimise ecological impact by efficient procurement (60% of the NHS carbon footprint), responsible prescribing, and shared decision-making. Equal access to nature, especially for disadvantaged groups and those with mental illness, must be a priority for the UK government, NHS, and mental health services.

3. Holistic Preventative Strategies (Regenerative Approach):

Embrace preventive, holistic approaches promoting well-being, resilience, and community support. Social prescribing links individuals to health-boosting activities, bridging mental and physical health.

4. Co-Production and Community Engagement (Collaborative Networks):

Addressing the climate and ecological emergency requires more than top-down approaches. Research indicates that collaborative decision-making can curb overtreatment and offer advantages to marginalized groups (Stacey, 2011; Durand et al., 2014).

5. NHS Green Plan (Organisational Sustainability):

A Green Plan, endorsed by NHS Boards, outlines an organisation's goals and strategies to enhance its local and global environmental and socio-economic impacts (NHS England, 2018). These objectives span capital projects, asset management, utilities, human resources, travel, and logistics and provides a governance structure to monitor impact and prevent "greenwashing".

"We must actively advocate for a mental healthcare paradigm that prioritises protection and prevention over mere reactivity"

CONCLUSION:

Our wellbeing is interconnected with that of the natural world, and it is our collective duty to safeguard the diverse creatures and habitats within its ecosystems. The escalating frequency of climate-related adversities is compounding existing mental health challenges, inducing psychological distress, and even triggering new instances of mental disorders (Beaglehole et al., 2018).

As clinicians and leaders, we carry a responsibility to advocate for our patients, especially those vulnerable due to mental illnesses. In this context, we must actively advocate for a mental healthcare paradigm that prioritises protection and prevention over mere reactivity. Our engagement doesn't end at the clinical realm; it extends to a broader activism alongside fellow healthcare professionals, insisting on decisive measures to address the climate and ecological crisis. This stance stems from a profound understanding of the intricate relationships that underpin the wellbeing of individuals, societies, and the environment.

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Championing Sustainability in Psychiatry: An Exclusive Interview with Jacob Krzanowski

In conversation with....

Dr Jacob Krzanowski (Sustainability Lead at the RCPsych)

In an enlightening conversation with Dr. Himanshu Garg and Dr Sophie Senthil, Editors of iMind Magazine, and Dr Jacob Krzanowski, Sustainability Lead at the Royal College of Psychiatrists, discusses the challenging yet imperative role of integrating sustainability into the psychiatric profession. He details the strategies, initiatives, and personal commitments necessary to advance this cause, reflecting on the role of his college as a leader in sustainability among UK royal colleges.



Dr Jacob Krzanowski

Role and Initiatives

Jacob Krzanowski occupies a significant five-year role, initially spearheaded by sustainability pioneers Daniel Maughan and Phil Davison. His responsibilities include promoting sustainable practices within the college and representing these efforts externally. Central to his role is chairing a committee dedicated to planetary health and sustainability, comprising members who are deeply committed to these issues alongside their primary jobs.

College's Commitment to Sustainability

The college's leadership in sustainability is evident in its commitment to achieving net zero carbon emissions. This includes employing a sustainability officer and undertaking substantial revisions in operations, such as enhancing building efficiency and aligning investments with sustainable development goals. Jacob highlights the net zero mental health strategy as a pioneering effort to merge sustainability with mental health practices.

The Net Zero Action Group

Jacob describes the workings of the Net Zero Action Group, which plays a critical role in overseeing the college's sustainability efforts. This group meets quarterly to evaluate the college's progress and adherence to its commitments. Discussions in these meetings often cover a wide range of topics from ethical banking to green procurement, emphasizing the comprehensive approach taken by the college.

Personal and Professional Influence

Jacob advises that personal belief in sustainability is essential for fostering change. He suggests practical steps individuals can take, such as choosing green energy providers and ethical banking. For psychiatrists, he recommends engaging with the college's net zero report to understand how sustainability can be integrated into clinical practice. Jacob stresses that effective and preventative mental health care is inherently sustainable.

Engagement and Advocacy

The interview concludes with Jacob emphasizing the importance of community involvement, especially engaging service users in sustainability discussions. He also notes opportunities for trainees to become sustainability champions, a role that includes a bursary and the chance to inform the college's policies and practices.

“Believe in it first. The challenges are immense, and the feedback might not always reflect the effort, but the impact is significant.”

In Conversation with.... Hayley Pinto

Educational and Training lead, Centre for Sustainable Healthcare

Sophia Senthil

Dr. Pinto's interview offers comprehensive insights into the Centre for Sustainable Healthcare's initiatives and activities, and valuable perspectives on integrating sustainability into clinical practice, the importance of preventive measures, and the role of education and training in driving this transformation.

Dr. Pinto's role focusses on the development, updating, and delivery of various educational programmes. These programmes cater for a wide range of healthcare professionals, including frontline clinicians, senior leaders, and healthcare managers and attract a diverse audience, from chief executives to patient experts. The courses are structured to accommodate this diversity, with comprehensive pre-reading materials allowing participants to focus on the most relevant aspects of sustainability to their roles. She highlighted that this tailored approach ensures that the training is practical and applicable across different levels and ranges of audience in healthcare. The pre-reading is followed by a workshop focused on project development. Participants also have ongoing access to mentoring via regular online sustainable healthcare 'cafes'. She also leads a shorter Net zero leadership training package focused at senior leaders within healthcare organisations.

Centre for sustainable healthcare's initiatives

CSH have been pivotal in promoting clinical transformation as a crucial component towards achieving net zero emissions in healthcare since 2008. Dr. Pinto emphasised that clinical activities accounted for a significant portion of NHS emissions, thus necessitating a shift in clinical practices alongside infrastructure changes like retrofitting buildings and using electric ambulances.

She discussed the SusQI framework, developed by CSH integrate sustainability into existing quality improvement methodologies. This approach broadens the evaluation criteria to include environmental and social impacts alongside financial costs; as well as taking into account the impacts on population health. The principles of sustainable healthcare: prevention, empowerment, lean pathways, low carbon, and sustainable resource use form the foundation of SusQI, aiming to reduce demand, low-value clinical activity and promote efficient resource use.

CSH's educational initiatives also include 'technical' courses which focus on implementing and teaching SusQI and carbon foot printing and a range of free resources including e-learning modules and a dedicated SusQI website which includes a step by step guide to implementing a SusQI project. CSH also supports organisations through 'Green Team' competitions and a SusQI Academy, which includes mentoring to assist in embedding SusQI within organisations.

Fellowship and Volunteer Programmes

CSH hosts sustainability fellows who work across specialties to drive transformation within the speciality at local, national or international level and offer a volunteer programme that allows individuals to contribute to research, course development, and workshop delivery. These programmes helped embed sustainable practices within various healthcare fields and created a network of professionals committed to environmental stewardship.



Dr. Hayley Pinto

International partnerships and networks

The CSH Networks platform host a library of resources and case studies and allows healthcare professionals to exchange ideas, share resources, case studies and best practice, to support those involved in sustainable transformation. The range of networks include ones based on speciality, professional group or areas of interest. Networking is important to avoid duplication of efforts and accelerate progress towards sustainability. CSH also collaborates directly with international partners, primarily (but not exclusively) in English-speaking countries and Europe, to scale and spread sustainable healthcare practices, e.g. the EU KitNewCare project which is working with renal teams across Europe to embed sustainable practice.

Importance of Mental Health in sustainability

Dr. Pinto highlighted the significant mental health impacts of climate change, including eco-distress and its associated emotions. She stressed the importance of psychiatrists acknowledging and addressing these impacts, both in their clinical practice and through systemic changes that promoted sustainability. She is involved in advocating for the inclusion of sustainability in medical curricula to better prepare healthcare professionals for the challenges posed by climate change.

Call to Action

By integrating education, practical initiatives, and international collaboration, CSH aim to drive forward the systemic changes necessary to achieve net zero emissions, reduce the wider environmental impacts of healthcare and improve public health outcomes. Dr. Pinto concluded by urging healthcare professionals to integrate sustainability into their daily practices and to use their influence to promote broader societal changes which have potential to reduce environmental impact and promote population health. She emphasised the need for collective action and the importance of taking personal and professional steps towards a sustainable future.

Sustainable Prescribing through Sustainable Relationships

PoPs UK (Psychodynamics of Prescribing)
Dr Haroula Konstantinidou, Dr Dimitrios Chartonas,
Mr David Rogalski, Dr Tennyson Lee

Medicine use accounts for 25% of the NHS's carbon footprint. It is estimated that implementing the NICE guidelines on medicines optimisation (NG5) could save 202 tonnes of greenhouse gas emissions. High-dose prescribing and polypharmacy are usual in psychiatric practice with patients neither being properly informed nor appropriately monitored (Taylor 2002, POHM-UK 2012/2017).

Overprescribing is a complex issue with little change despite POHM-UK and plans of action to address. It is not only patient groups but also pharmacists and psychiatrists who are becoming increasingly concerned with the iatrogenic harm caused by unsolicited medication use. The news is not surprising. The exponential developments in the field of neuroscience and pharmaceuticals have launched current psychiatric practice towards a dominant biomedical paradigm. It is a paradigm that seeks to improve patient care and provide evidence-based interventions. It is also a paradigm that, in sync with the current times, seeks to relieve human suffering through a consumeristic model based on expectations of happiness. However, the dominance of the biomedical model has brought more problems than solutions. All psychiatrists are familiar with the immense pressures to alleviate suffering within pressurised systems of care. Without clear biomarkers to predict individualised response to psychotropic medication and without many other resources to fall back on, it is understandable how polypharmacy can be used as a shortcut against the clinician's best clinical judgement.

Within this context, it is imperative for the profession to examine its identity and its place within the wider mental health workforce. One of the principles of the Hippocratic oath is " first do no harm" : this can mean do no harm to patients and the environment by overprescribing or inappropriate prescribing. There is no better time than now to turn to our values as individuals and communities: the value of sustainable relationships with ourselves, our communities and the environment.

Michael Balint considered the role of the doctor as a healing agent: " by far the most frequently used drug in general practice was the doctor himself. It was not only the medicine in the bottle, or the pills in the box, that mattered, but the way the doctor gave them to his patient-in fact the whole atmosphere in which the drug was given and taken" (Balint 1955).

Systematic reviews support evidence that relationships and continuity of care reduce mortality and improve patient outcomes in general(Pereira Gray et al 2018). Recently the Health Services Safety Investigations Body has stipulated that making continuity of care in primary care an essential requirement could reduce risks in delayed diagnosis . In psychiatry there is evidence that supporting the development of a therapeutic alliance leads to improved patient outcomes (McCabe&Priebe 2008, Krupnick et al 1996, Mintz 2022). The Royal College of psychiatrists has appointed a presidential lead for Compassionate and Relational Psychiatry. The Faculty of Medical Psychotherapy continues to promote the values of psychotherapeutically informed psychiatry in all aspects of patient care. The therapeutic relationship is the " bedrock of psychiatric practice"(Deahl 2024) .

There is a wealth of often neglected evidence - not emphasised in the pharmacotherapy curriculum – on the importance of factors influencing pharmacotherapy outcomes that lie outside of direct substance effect . Such factors include the patient's attachment style, treatment preference, theory of illness, history of trauma, expectations of treatment amongst others. The discipline of Psychodynamic Psychopharmacology as developed by Mintz and colleagues at the Austen Riggs Centre in the USA seeks to optimise prescribing practices by considering patient and clinician factors that affect outcomes (Mintz 2022).

The six principles of Psychodynamic Psychopharmacology are :

1. Avoid a mind body split
2. Know who the patient is
3. Attend to the patient's ambivalence
4. Attend to the therapeutic alliance
5. Attend to the countertherapeutic uses of medication
6. Identify , contain and use Countertransference

In the UK there has been a welcome emphasis on deprescribing and social prescribing as a means of tackling polypharmacy and improving environmental outcomes. But how about relational prescribing? As psychiatrists practicing at the top of our license, we should be in a position to integrate pharmacological expertise with a more nuanced appreciation of the dynamics of the doctor- patient relationship that will impact on prescribing. We, PoPs UK (Psychodynamics of Prescribing) , are a small group of four professionals (three psychiatrists and a pharmacist) who seek to incorporate a relational understanding and have developed a framework to facilitate reflection on prescribing practices(Konstantinidou et al 2022). The framework and recommendations will also be included in the next Maudsley guidelines and can be summarised in the following components

1. Consider who the patient is

What is their attachment style, their expectations and treatment preference. What is their relationship to authority and to their prescribers. How do they feel about taking medication?

2. Consider the clinician factor

This is particularly relevant when we are faced with prescribing dilemmas or feel we are prescribing against our best clinical judgement. Things to consider is the context within which we prescribe and whether we prescribe as a result of countertransference pressure (as a result of our own emotional responses that arise in the consultation)

3. Consider the doctor- patient relationship

It is important to understand what prescribing might come to represent for the clinician and the patient and how to maintain a therapeutic alliance which empowers the patient and is truly compassionate with clear safe boundaries and expectations.

In summary , we are advocating for a return to one of the most environmentally friendly psychiatric practices, which is relational practice. Relational practice should be at the heart and at the start of medical/ psychiatric training. Environmental concern cannot be a direct focus when we face immense pressures to alleviate distress in the consulting room but it can naturally happen when sustainable relationships become the core around which all other biopsychosocial treatments evolve.

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What is the UK Health Alliance on Climate Change and what does it do?



**UK Health Alliance
on Climate Change**



Dr Richard Smith, Chair, UKHACC

I sit down to write this just after I have read that Marina Romanello, Executive Director of the Lancet Countdown on Health and Climate Change, (1) has told a WHO meeting that we are heading for an increase in global temperature of 3C above preindustrial levels. Such an increase is likely to kill billions and cause great suffering, including in the UK. Yet climate change and the damage to nature is not prominent in the UK election that is currently underway. The UK Health Alliance on Climate Change (UKHACC), which was founded in 2016, exists to put the harm to health from climate change and the damage to nature high on the public agenda and to create a just, sustainable, and healthy world. (2)

Climate change and the damage to nature is already damaging health across the world through extreme storms, heatwaves, wildfires, flooding, droughts, extension of infectious diseases like malaria and dengue, harm to mental health, and shortages of food, water, and land. Air pollution, which has the same causes as climate change, kills around nine million people a year, WHO estimates. (3) The harm from climate change is currently greatest in the low and middle income countries that did little to create the problem, making climate change an issue of justice. Yet it was only last year that health featured in the main agenda of what was the 28th COP [Conference of the Parties], the annual United Nation climate change conference.

But the good news is that many of the changes we need to make to create a sustainable planet are also good for health, changes like driving less and walking or cycling more and moving from a diet based heavily on animal products to one based mainly on plants. (4) The World Health Organisation has now made acting on climate change one of its priorities.

UKHACC is an alliance of 48 organisations of health professionals, including most of the royal colleges (psychiatrists, nursing, physicians, pharmacists, general practitioners, surgeons, etc), the BMA, the Lancet, and the BMJ. The British Dental Association and the Royal College of Veterinary Surgeons are also members. Our members' members number over a million, most of the NHS workforce. (2)

We work together to mitigate climate change and the damage to nature, promote adaptation because the harm is already here, and point out the benefits that flow to health from making the changes we need to make to sustain the planet. I must confess that like many others we have been slow to work on adaptation, but we plan a report for this year. Our theory of change is to encourage a response at every level: global, national, regional, within the health and care system, within our members' organisations, professionally, and personally. Simon Stephens, former chief executive of NHS England, spoke to UKHACC recently and pointed out the relative failure of existing theories of change: changing globally through the annual UN meetings; or taking direct action as Extinction Rebellion and Just Stop Oil continue to do. There is a role for both COPs and direct action, but more is needed.

UKHACC works at a global level in that we are founder members of the Global Climate and Health Alliance, (5) and we have over the past three years coordinated the editorials on climate being published in over 200 health journals all around the world. (6) The first argued that high-income countries must support low-and-middle income countries if we are to have any hope of countering climate change and the damage to nature. (7) Health professionals have global networks, and we take inspiration from the work of International Physicians for the Prevention of Nuclear War, who won the Nobel Peace Prize for their work on reducing the chances of nuclear war.

Much of our work is national. We have produced a five-point manifesto for the general election that will be sent to all candidates with a letter signed by the presidents of most of our members. (8) The five points are: end fossil fuel dependency; ensure a healthy environment; transform the food system; meet international commitments; and transform health and care services. There is more detail under each heading. We campaigned successfully to have the NHS commitments on reaching net zero included within the Health and Care Bill, and we have worked on the Levelling Up Bill and the Climate and Nature Bill. We are currently responding to revisions to the NHS constitution to ensure it includes a serious commitment to the sustainability. We have also worked in Scotland, Wals, and Northern Ireland.

One reason that health professionals may have had only limited impact on climate change and the damage to nature is that we have worked too much alone. We are now joined with others in alliances like the Climate Coalition, which has over 100 members but we are the only member from health, the Healthy Air Coalition, the Wildlife and Countryside LINK, and other alliances.

Regionally we have worked to support the extension of the Ultra Low Emission Zone (ULEZ) in London, and we would like to see similar programmes in other cities. Supporting ULEZ was an example of where the Alliance could take actions that individual members support but are less keen to campaign on – in this case because of the politicisation of ULEZ. (UKHACC is a charity and cannot be seen to support any political party but we can engage in political activity that fits with our mission.) We would like to do more work regionally but are constrained by our limited resources. It makes sense for us to work closely with the four NHSs to support them getting to net-zero. We were involved in the setting up of the Greener NHS Programme in England, and Nick Watts, the first director of UKHACC, became the first NHS Chief Sustainability Officer. At a professional level we have produced the Green Surgery Report, which brought together not only all the surgical colleges in the UK but also those from Ireland, the US, Canada, and Australia. (9)

An important part of our strategy is to encourage our members to do as much as possible, emphasising that they have more resources and stronger brands than does the Alliance. We have also asked our members to make 11 commitments like declaring a climate emergency, producing a net-zero plan, disinvesting from fossil fuels, and changing banks to climate-friendlier ones. Our members are all at different stages.

We also encourage people to change personally, stopping flying, driving less, walking and cycling more, reducing meat and dairy in their diets, changing banks, and joining campaigns. I wonder if we could do something like the UK Doctors Study that followed doctors after most of them stopped smoking when the serious harm from tobacco became clear in the 60s. Doctors led the rest of the population and produced crucial evidence on the benefits of stopping smoking.

Is UKHACC having much impact? The world is not responding as it needs to, and Britain, once a global leader, has lost its leadership position in recent years. But UKHACC has grown from 14 members in 2019 to 48 now, and many members now have sustainability committees and are taking many more actions than they were a few years ago. Health professionals are among the most trusted in every community, and together we can do much more to counter the major threat to global health from climate change and the damage to nature

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Dr Mohammad Kashif, ST6
Faculty (Higher Trainee Representative)



Dr Alexandra Eriksson, ST5

The Trainee Perspective

Trainees will be aware that the new curriculum for General Adult Psychiatry, published in 2022, includes a new key capability regarding sustainable practice. Under HLO 1.2. Professional standards, the capability reads "Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice." Although sustainable medical practice is an important issue and one that deserves greater focus, we recognise that the curriculum change caused concern among trainees regarding how to evidence this new competency. Most doctors in any specialty will previously have had limited, or no, exposure to the concept of sustainable healthcare. Unfortunately, the example PDP for General adult psychiatry on the RCPsych website gives no examples of how to evidence this key capability. We wanted to take this opportunity to explore approaches trainees could take in meeting this new curriculum requirement and suggest resources that might be helpful in their doing so.

Having raised awareness of less obvious interpretations, many trainees will still wish to engage with environmentally sustainable practice and expanding their knowledge within this field. RCPsych sustainability leads, Lisa Page and Jacob Krzanowski state that an environmentally sustainable approach seeks to "reduce the environmental impacts of health care and reduce the social impacts of mental illness" (1). They elaborate that "we need to focus on reducing waste in health care and promote models of care that are community-based and less resource-intensive."

Although environmental sustainability will be what first springs to mind for many, it is worth noting that the new key capability does not specify that "sustainability" and "sustainable practice" are exclusively meant in regards to this. The RCPsych Sustainability and Planetary Health Committee on their website describe taking a "broad view on what sustainability means". They specifically mention also "social justice" and "workforce sustainability" as within their remit (1). Perhaps being aware of this, expanded, definition of sustainability will help trainees to identify a greater range of possible meaningful projects or learning opportunities

Trainees will have different views on this approach but could gain knowledge and skills to link to their portfolio through joining Psych SusNet, run by the Centre for Sustainable Healthcare. This is a network for mental health professionals with an interest in sustainability. They have a free newsletter, which might provide helpful insights (2). Another opportunity to broaden the trainee perspective on environmentally sustainable practice is provided by the WHO Technical Webinar Series on Climate Change and Health, which is running on various dates throughout the summer and autumn of 2024 (3). Many more opportunities can be found on the RCPsych Website for sustainable practice (4).

Looking more deeply at the alternative interpretations of social justice and workforce welfare, it is possible that some trainees are already engaged in activities related to these. Roles such as BMA or LNC representative with demonstrable activities to promote trainee wellbeing, might arguably lend themselves well to showing contributions to workforce welfare, especially when linked to DONCS, QI project, audit or reflection detailing this process. Enthusiastic trainees might wish to evaluate how psychiatric trainees rate their welfare and how their views impact on their long-term view of working within the NHS psychiatric services. In our local deanery, IMG and differential attainment representatives for the Higher Trainee peer group are a good example of how trainees can positively impact workforce sustainability and social justice for a large group of trainees; again, this could be evidenced in different ways against the curriculum, including DONCS, survey projects, evidence of workshops or reflections. With widespread concerns across all levels of training, as evidenced in the junior doctors strikes of this and last year, the importance of workforce sustainability surely cannot be overstated.

Bearing this topic in mind, we suggest that trainee wellbeing and workforce sustainability factors have not unequivocally benefitted from the recent curriculum expansion. The new curriculum includes a range of worthwhile, but increasingly specific, concepts that one would not expect most trainees to be able to meet during the course of their usual practice. This might have unintended consequences of increasing trainee workload and stress in seeking these out. The authors recognise the temptations of a curriculum which, at present, encourages all trainees to become experts in a wide range of topics, including medical education, research, psychotherapy, quality improvement, leadership and sustainable practice; quite apart from the core clinical expertise that remains at the heart of psychiatric practice.

The depth of engagement currently demanded is remarkable across a range of these, e.g. “practical contribution to an ethically approved research study” – i.e. peer reviewed publication of systematic review would no longer suffice to meet the research competency.

We suggest that an alternative approach might be more conducive to trainee sustainability; whereby trainees continue to evidence basic engagement across a range of skills, but are allowed to self-select a few into which they want to develop their knowledge base and practice further. Perhaps, it is unrealistic to expect all trainees to be expert teachers, researchers and managers in addition to their usual duties. The post-CCT consultant body as a whole includes experts across all these fields, but usually not all within the same individual. We suggest that a system allowing trainees a greater aspect of choice in which of these curriculum items to gain a deeper experience might encourage excellence as well as sustainable wellbeing.

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Disclaimer: Dr Eriksson has no affiliation with RCPsych other than membership as a Higher Trainee. This article is intended as a means of peer support and opinion on the topic of this new key capability and should not be seen as endorsed by the curriculum committee.



The E-Ink Renaissance: Notes from a Modern Trainee Psychiatrist

In the labyrinthine halls of psychiatric practice, the e-ink tablet has emerged as a beacon of order and sustainability. Echoing Umberto Eco's (one of my favourite authors) penchant for integrating the classical with the contemporary, my transition from paper to an e-ink tablet for notetaking has not only streamlined my professional life but also aligned it with the broader goals of environmental sustainability championed by the NHS.

As a doctor with multiple roles, the daily deluge of patient notes, research references, and meeting minutes once threatened to overwhelm. The conventional paper system, while tactile and familiar, was fraught with peril – lost pages, indecipherable scribbles, and the perpetual quest for that elusive last piece of a fragmented thought. The e-ink tablet, with its elegant simplicity, has revolutionised this aspect of my practice.

The e-ink technology replicates the look and feel of paper without the environmental toll. It allows me to take extensive notes in patient consultations, seamlessly integrating with electronic health records (such as the NHS OneDrive). The intuitive interface and long battery life mean it's as reliable as the paper it replaces, yet infinitely more versatile. No longer do I fumble with reams of paper or suffer the silent chaos of misplaced documents. Every note, every marginalia is precisely where I left it, indexed and accessible with a few taps.

This digital pivot also complements the NHS's commitment to greener, more sustainable practices, as articulated in the guidance by the National Collaborating Centre for Mental Health. The paperless approach reduces waste and supports the NHS's objective to achieve net zero carbon emissions by 2045. In my small way, I contribute to this grand vision, reducing the carbon footprint of my practice and inspiring colleagues to consider similar transitions.

Indeed, the reception among my peers has been overwhelmingly positive. The tablet's ability to sync notes across devices ensures that I am always prepared, whether in a multidisciplinary team meeting or a spontaneous hallway consultation.



Dr Flavian Naclad
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In the spirit of Eco, who embraced the interplay between antiquity and modernity, the e-ink tablet stands as a testament to the harmonious blend of tradition and technology. It honours the meticulous notetaking of scholars past while propelling us towards a sustainable future. My practice, now devoid of paper's clutter, reflects a more organised, efficient, and environmentally conscious approach to mental healthcare.

After using the e-ink tablet for about two years now, I can confidently say that is not merely a tool but a partner in my professional and training journey. The transition has been seamless, the benefits manifold, and the future, a little greener. As we navigate the complexities of mental health in an age of ecological awareness, such innovations are not just welcome but essential.

Sustainability in Medical Student Education

Srikanth Jeyaparam

Sustainability in healthcare stands as a critical issue requiring attention from future healthcare professionals. Supporting a sustainable workforce and promoting eco-friendly healthcare practices are fundamental for delivering high-quality care. As medical students, we possess a unique vantage point, spending extensive time with patients while also considering their holistic health and well-being. This essay underscores sustainable practices undertaken during medical school, the integration of sustainability in medical education, and the pivotal role of student groups in championing sustainable healthcare.

Gupta, Shantharam and MacDonald (2022) surveyed 163 UK medical students from SGUL (St George's, University of London, 2024), revealing a glaring lack of formal education on sustainable healthcare (ESH) despite 93% recognising climate change as a societal concern. Only 1.8% felt they had received adequate ESH teaching, with 89% agreeing on the need for more. 60% of students believed in more ESH incorporation across both preclinical and clinical years being necessary.

However, the integration of sustainability into the core curriculum of undergraduate medical education is gradually gaining momentum. Topics such as environmental health, the impact of climate change on health, and sustainable healthcare practices are becoming increasingly common. At institutions like GKT (GKT School of Medicine, 2024), public health and community medicine modules actively engage students in sustainable practices. Participation in Quality Improvement Projects is required, often involving the identification of practices within medical settings that could benefit from sustainable changes, followed by the development, implementation, and evaluation of interventions. Continuous reflection on procedures and outcomes is essential for optimisation, ensuring that improvements are genuinely beneficial and sustainable in the long term.

Despite these advancements, a more explicit integration of sustainability is needed across all aspects of medical training, from clinical practice to hospital management. For instance, courses could incorporate hands-on projects in sustainability, such as energy audits in hospitals or developing patient education materials on environmental health. Encouraging students to engage in research on sustainable practices and their impact on health outcomes could further enhance their understanding and commitment to sustainability.



Srikanth Jeyaparam
Medical Student, King's College London

Student groups play a pivotal role in championing sustainable practices across many medical schools. These groups organise events, campaigns, and workshops to raise awareness about sustainable practices within the medical community. For example, Medical Students for Sustainable Futures (MS4SF, 2024) is a US organisation dedicated to promoting sustainability in healthcare. Founded with the mission of integrating environmental considerations into medical education and practice, MS4SF conducts educational campaigns, workshops, and seminars to raise awareness among medical students and professionals about the environmental impacts of healthcare. The organisation also engages in advocacy efforts to influence policies supporting sustainable healthcare practices. Furthermore, MS4SF facilitates research projects exploring the intersection of healthcare and environmental sustainability.

Karolinska Institutet (KI) (2024) is renowned for its comprehensive approach to sustainability in medical education. The universities commitment to sustainability is reflected in various aspects of its curriculum, research initiatives, and campus practices. KI has embedded sustainability topics across its medical and public health programs, with courses on global health, environmental medicine, and the impact of climate change on health being mandatory. These courses are designed to provide students with a deep understanding of the interconnectedness between the environment and health, preparing them to address these challenges in their future careers. Furthermore, students organise events, workshops, and campaigns to raise awareness about environmental issues and sustainable practices. These groups often collaborate with faculty and administration to advocate for policy changes and improvements in campus sustainability.

Environmental degradation and climate change have multifaceted effects on health, including exacerbating existing health disparities, increasing the prevalence of infectious diseases, and amplifying the frequency and severity of natural disasters. By comprehensively integrating these topics into medical school curricula, students gain insight into the intricate interplay between environmental factors and health outcomes, both locally and globally. This approach enables students to recognise and address health disparities, advocate for fair access to healthcare resources, and engage in preventive medicine strategies. Despite the growing recognition of the importance of sustainability in medical education, several limitations and barriers persist in integrating sustainability training into medical school curricula.

One significant challenge is the already crowded curriculum, which may make it difficult to allocate time and resources for sustainability education without sacrificing other essential topics. Additionally, the lack of standardised guidelines and competencies for sustainability education in medical schools can result in variability in the quality and depth of sustainability training across institutions. Moreover, faculty members may lack expertise in sustainability, hindering their ability to effectively teach and integrate sustainability concepts into existing courses. Limited institutional support and funding for sustainability initiatives in medical education further exacerbate these challenges, as medical schools may prioritise other areas of education and research over sustainability.

Sustainability in mental healthcare encompasses a broad range of factors, from environmental considerations like green spaces and natural light, to social practices that foster community and support. As medical students, we have the unique opportunity to observe and advocate for these practices during our training. By prioritising sustainability, we can contribute to a healthcare system that not only treats mental illness but also promotes overall well-being and resilience. Moving forward, it is essential to continue integrating sustainable practices into healthcare delivery to ensure high-quality, compassionate care for all patients.

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Summary of Findings from the Adult ADHD Survey of General Adult Faculty Psychiatrists UK 2023 – 2024

Dr Sherlie Arulanandam and Dr Sophia Senthil



Dr Sherlie Arulanandam

Dr Sophia Senthil

Introduction:

Over the past two decades, the understanding and treatment of ADHD have significantly improved, leading to increased demand and waiting times for adult ADHD services in the UK. Despite national guidelines by NICE (2008), concerns remain about the underdiagnosis and undertreatment of adult ADHD. A national survey conducted in 2018 highlighted regional variations and limited service availability for adult ADHD.

Survey Details:

The General Adult Faculty of the Royal College of Psychiatrists conducted an online survey from December 2023 to January 2024 to gauge the awareness, confidence, and opinions of faculty members regarding adult ADHD. The survey received 137 responses from a range of job roles, predominantly from consultant psychiatrists (81%).

Key Findings:

Awareness and Demand:

93% of respondents were concerned about the increased demand for adult ADHD assessments. 55% were concerned about overdiagnosis, 22% about underdiagnosis, and 22% felt inadequately trained in assessing, diagnosing, and treating adult ADHD.

Confidence Levels:

Average confidence in assessment and diagnosis: 6.28/10

Average confidence in treatment: 6.13/10

Only 10% felt highly confident (10/10) in both areas.

Geographical Representation:

Respondents from all UK regions: England (74%), Scotland (17%), Northern Ireland (5%), and Wales (2%).

Within England, most respondents were from London (38%).

Suggestions for Improvement from responders:

1. Training and Competencies:

- Enhance training for GPs and Psychiatrists at all levels to improve recognition and screening of ADHD.
- Incorporate ADHD training into psychiatric curricula and offer advanced CPD learning for practising psychiatrists.

2. Screening and Diagnosis:

- Develop clear guidelines for diagnosing adult ADHD, including using validated tools and structured interviews.
- Implement robust screening processes in primary care and raise the threshold for diagnosis to ensure functional impairments are considered.

3. Service Provision:

Mixed views on service models: some advocated for specialist neurodevelopmental teams, while others recommended integrating ADHD services within general adult mental health services.

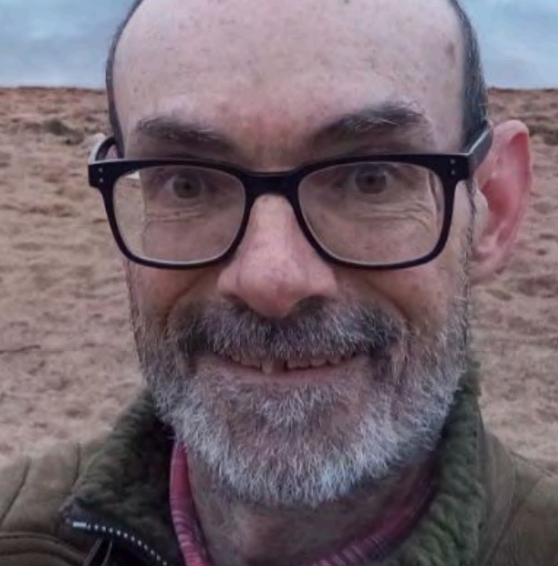
Emphasis on a tiered approach, increased resources, and ensuring adequate training for all staff involved in ADHD care.

Conclusion:

The survey underscores the need for improved training, standardised diagnostic criteria, and better service organisation to meet the rising demand for adult ADHD services in the UK.

The General Adult Faculty, in conjunction with other College partners, plans to develop training programmes and professional development opportunities to address these issues.

The Faculty is considering a further Briefing Paper on the subject in conjunction with other leads in the College. A more comprehensive summary is available from the authors.



Sustainable Healthcare: A Personal View.

By Dr Guy Harvey, Consultant Psychiatrist and Clinical lead for Sustainable Healthcare, Cumbria, Northumberland, Tyne and Wear NHS Trust.

This graphic was created for a workshop we ran at the Faculty of Sustainable Healthcare annual conference in Newcastle upon Tyne, UK in Sept 2023. It is my personal view formed over five years as a clinician in sustainable healthcare.

Most is self-explanatory I hope. Please take your time having a look; there's a lot in it. It includes how much Mental Health contributes to climate change (not a lot) and how climate change can effect mental health patients and services (potentially a great deal). It has the essential Centre for Sustainable Healthcare principles. It covers some of the barriers and also what individual clinicians and teams can do, including low carbon prescribing.

Mental Health has a relatively light carbon footprint compared to other sectors. Clinicians and service users talking together does not in itself generate significant emissions. This relational aspect of healthcare is low carbon. It's also what I think clinicians and service users value most and so supporting it has to be part of the answer to the future sustainability of services. People, their time, and relationships cannot be decarbonised. These are green jobs after all.

One or two additional things need footnotes. The jigsaw piece icon introduces the idea that if we see mental health services as a set of pieces, each of which needs decarbonising, one by one, this won't result in sustainability but will only end with the same rubbish picture we have now. I think we need more fundamental, wholesale changes to ensure quality services' future.

The sunset graphic reminds us that Net Zero alone is not enough to achieve sustainability. It is the foothills, if you like, that we need to reach urgently, of a longer journey towards sustainability as a whole.

Leaders have full inboxes of important tasks which often leave no room for Sustainability. I believe though that if they put these aside, or 'dumped their inboxes', and worked full time on the climate crisis, those important tasks would not be left neglected, they would all return with 'Sustainability' written on them in big letters. All we do depends on sustainability. Or rather, nothing that isn't sustainable will exist in future, by definition.

'Take Figo Off' is a reminder of team dynamics. (Figo was the star player in Portuguese football in the 90s. His presence on the pitch stifled play and the team only began to perform when he was removed.) In NHS England we have chosen to create separated expertise in sustainability, inside The Greener NHS, Green Plans and Sustainability Teams. I think this is a barrier. Would taking these players off the pitch force the rest of the team to start kicking the ball around? We desperately need strategies to make it everybody's business.

The rest of the graphic encourages us to see the importance of staff on the sustainability journey, engaging and supporting them and not putting them off by adding to their burdens. We can engage them by equating sustainability with quality and refuting the false assumption that low carbon sustainable care is about limiting options and restricting access. The message needs to be that the most sustainable option is the one that is best for the patient. The one that gets and keeps them well or, most importantly, prevents them getting ill in the first place.

In sustainable healthcare we need to focus on quality not decarbonisation. It's this that'll get the Medical Directors and Chief Executives to come to the sustainability yard.

Credit to Anna Foster for producing the graphic

Disclaimer: the views expressed in this magazine are those of individual authors and do not officially represent the views of the Royal College of Psychiatrists

The CHALLENGE now is not to convince people climate change is real, but of the **SCALE of CHANGE** that needs to happen.



SUSTAINABILITY NEEDS TO BE the **ANSWER** to all of everyone's problems everywhere.*

COLLEGE OPPORTUNITY

Sustainability Scholar Role



The disruption to life posed by climate and ecological degradation is a crisis which presents an unprecedented threat to human health. A sustainable and positive vision of mental health services will require a greater understanding, adoption and integration of preventative principles and interventions.

The College is now recruiting **Higher Specialist Trainees in psychiatry** to become Sustainability Scholars. Successful candidates will have the opportunity to work with the Planetary Health and Sustainability Committee to develop knowledge of the interface between planetary and mental health and support our work to tackle the climate and ecological emergency."

The link to the JD is here [Sustainability Scholar \(rcpsych.ac.uk\)](https://rcpsych.ac.uk).

Psych Declares: Bridging Climate Action and Mental Health

By Himanshu Garg

Dr. Amelia Cussans, a passionate psychiatry trainee at Central & North West London NHS Foundation Trust and an active member of Psych Declares, recently shared her journey and the mission of Psych Declares with iMind Magazine. Dr. Cussans highlighted the critical intersection between climate change and mental health, emphasising the group's commitment to addressing these intertwined crises.

Origins and Mission of Psych Declares

Psych Declares is a global network of mental health professionals and service users united against climate breakdown. Formed in 2019 during the Extinction Rebellion movement in London, the group initially focused on lobbying the Royal College to divest its fossil fuel investments. After achieving this goal in February 2020, Psych Declares broadened its scope to advocate for systemic changes in medicine and mental health, aiming to influence policy at local and national levels.

Current Initiatives and Achievements

The group's primary campaign targets the Royal College's banking practices, urging a shift from Barclays due to their extensive fossil fuel investments and other unethical practices. Psych Declares has also engaged in promoting sustainability in clinical practice, improving access to green spaces, and supporting nonviolent direct actions. Their efforts have included speaking at events like COP26 and collaborating with various climate and health groups. Challenges and Pushbacks

Dr. Cussans acknowledged the numerous challenges faced by Psych Declares, including resistance from established institutions like the Royal College. These organizations often hesitate to take risks that might conflict with governmental policies. Additionally, there is a need to educate on how colonialism and capitalism underpin the climate crisis, which is essential for effective climate action.

Engagement and Involvement

Psych Declares operates through an active WhatsApp group and monthly Zoom meetings, encouraging horizontal organising and inclusivity. Faculty members, trainee doctors, medical students, and service users are all welcome to join and contribute. Dr. Cussans highlighted the group's dynamic and non-hierarchical structure, which offers a refreshing contrast to traditional medical hierarchies.

Call to Action

Dr. Cussans emphasised the moral distress faced by health professionals engaged in climate activism, particularly those subjected to legal challenges for their protest activities. She called for increased awareness and support for these individuals, recognising the significant personal and professional risks they undertake.

Conclusion

Psych Declares exemplifies the vital role that mental health professionals can play in addressing the climate crisis. By advocating for systemic change and fostering a collaborative, inclusive environment, the group aims to make a meaningful impact on both mental health and global sustainability. Dr. Cussans' insights highlight the importance of integrating climate action into everyday medical practice, encouraging all stakeholders to contribute to this urgent cause.



Dr. Amelia Cussans Sustainability Champion and Trainee, Psych Declares

RCPsych hold £2.9 million in a Barclays account.

Barclays tops the list of climate offenders for fossil fuel finance. The International Energy Agency's Net Zero by 2050 Roadmap [2] shows that we cannot continue to pursue new oil, gas or coal expansion if we want to limit global warming to 1.5°C. Despite this, between 2016 to 2021, Barclays financed £133 billion into the fossil fuel industry [3]. This was more than any other European bank, earning them the title of 'Europe's dirtiest bank' [4]. Banking with Barclays means RCPsych's £2.9 million has a carbon footprint of 689 tonnes of CO₂ per year. That's the same as flying from London to Rome 3446 times. Moving to a more ethical and sustainable bank, for example the Co-op, would cut the emissions by 87%. Where the College puts its money is one of the most critical choices it can make when it comes to combating the climate crisis and biodiversity loss.

In addition to bankrolling climate catastrophe, Barclays has come under fire for a range of ethical concerns including human rights, workers' rights, funding nuclear weapons manufacture, arms and military supply, political activities, anti-social finance and tax conduct [5]. Banking with Barclays means funding structural violence. Every day that the College continues to bank with Barclays is another day that members' money is funding harm. Several RCPsych divisions and faculties have called on the College to move from Barclays. For over a year, the College has been aware of the harms caused by its banking, but it has yet to make a public statement acknowledging these ethical concerns.

Banking with Barclays is in conflict with the RCPsych's position statement on climate emergency. RCPsych must break ties with Barclays. Moving to an ethical and sustainable bank is an achievable, impactful and financially sensible action that RCPsych can take. We ask that this is made an absolute priority. Other organisations, such as the Association of Clinical Psychologists, have already moved banks.

Editor's Note: The College is currently considering options and an update on the outcome will be included in the next issue.



Dr. Amelia Cussans

References:

[1] MotherTree money carbon calculator
<https://www.mymothertree.com/>

[2] International Energy Agency, Net Zero by 2050: A Roadmap for the Global Energy Sector.
<https://www.iea.org/reports/net-zero-by-2050>

[3] Banking on Climate Chaos, Fossil Fuel Finance Report 2022.
https://www.bankingonclimatechaos.org/wp-content/themes/bocc-2021/inc/bcc-data-2022/BOCC_2022_vSPREAD.pdf

[4] Artists hijack billboards to protest the greenwashing of 'Europe's dirtiest bank'.
<https://www.euronews.com/green/2021/09/22/artists-hijack-billboards-to-protest-the-greenwashing-of-europe-s-dirtiest-bank>

[5] Ethical Consumer, Barclays Plc.
<https://www.ethicalconsumer.org/company-profile/barclays-plc>



Disclaimer: the views expressed in this magazine are those of individual authors and do not officially represent the views of the Royal College of Psychiatrists

Our Green Plan: Greener Together

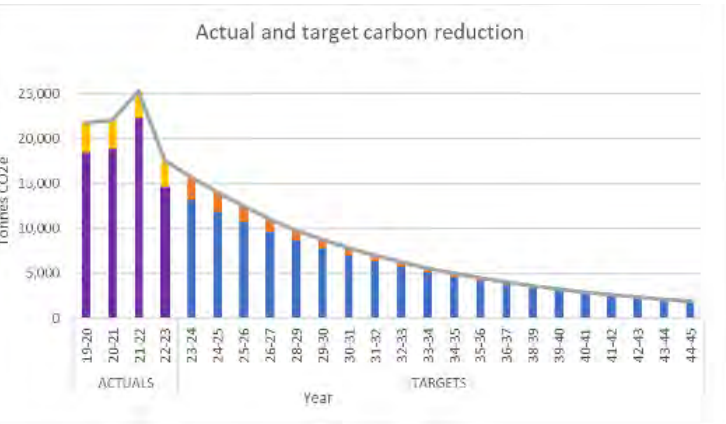
**Emma Clarke, Sustainability lead
Bradford District Care NHS Foundation Trust**

A Green Plan is a three-year strategy towards net zero, and each NHS organisation should have one. They ensure we are supporting the NHS' ambition to be the first healthcare system to reach net zero carbon emissions. It's a requirement of the NHS Standard Contract, needs Board-level engagement and progress is summarised in annual reports.

Green Plans prioritise interventions which improve patient care and community wellbeing while tackling climate change and broader sustainability issues. It should help Trusts to deliver transformation and plan capital investment while increasing efficiency.

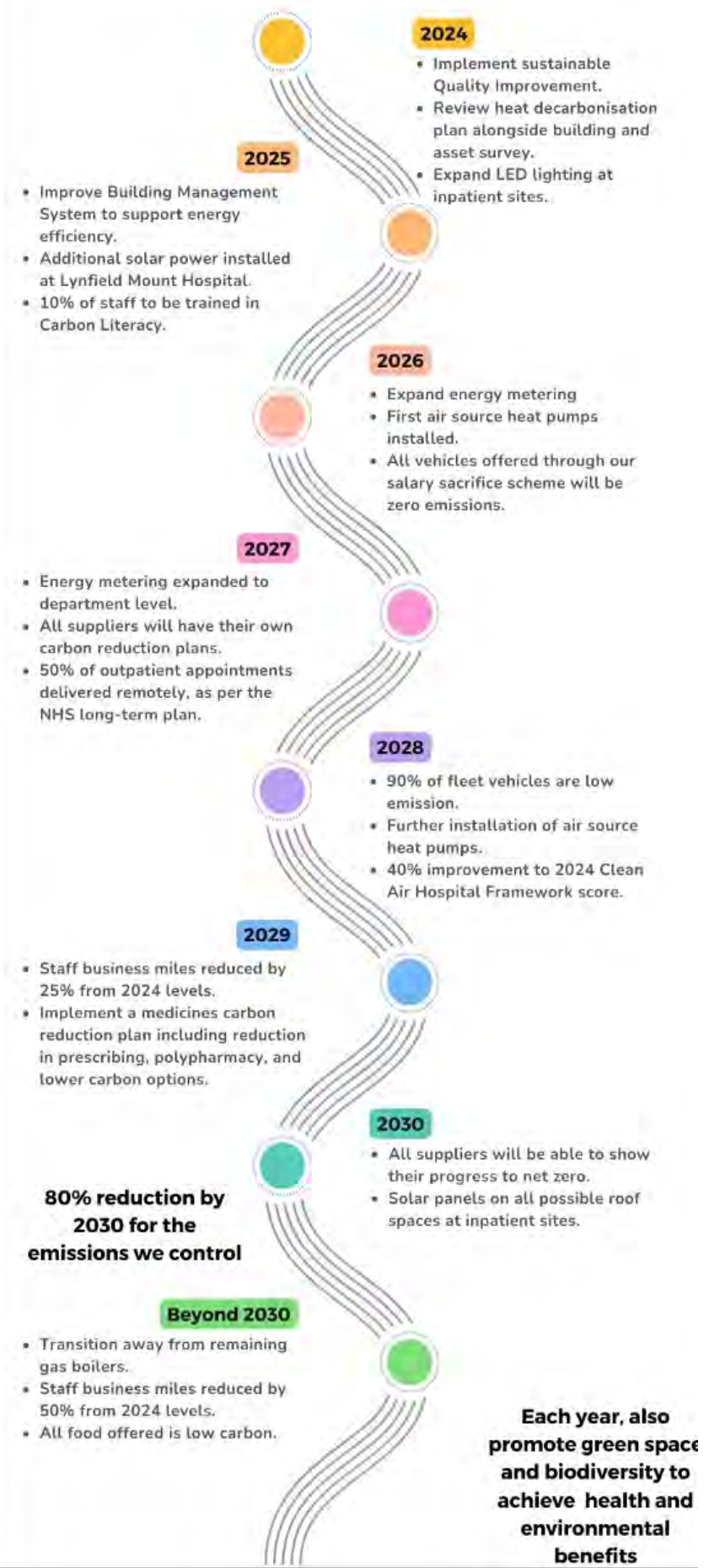
Green Plans are often written, and progress is monitored by the Trust's sustainability lead, but internal stakeholders, including clinicians from all professions, and key partners will be critical in enabling a Trust to achieve their objectives and the national targets.

Bradford District Care NHS Foundation Trust (BDCFT) has just approved their second Green Plan, for 2024-2027. It details progress to date and the activities we will continue to do. It summarises our carbon reduction since 2019-20 and the trajectory needed to achieve net zero



The image to the right shows some key tasks to complete during the duration of this Green Plan, and beyond. These tasks are within 10 priority areas listed overleaf.

In addition to the below we will also aim for year on year reductions associated with digital transformation, medicines efficiency, out of area bed needs, stock control and sustainable food.



By adopting the RCPsych net zero guidance and recommendations, members can influence, promote and ultimately help achieve organisational targets such as these:

1. **Workforce and system leadership:** 10% of staff to be carbon literacy trained by the end of 2025.
2. **Clinical Transformation:** Include sustainability metrics in all transformation programmes and operational leadership meetings.
3. **Digital Transformation:** 25% outpatient appointments delivered remotely in 2024-25 increasing to 50% by 2027*.
4. **Travel and Transport:** 5% reduction in business miles each year of this plan.
5. **Estates and Facilities:** Review the heat decarbonisation plan alongside the backlog maintenance survey and infrastructure asset management to prioritise investment.
6. **Medicines:** Use the Medicines Carbon Footprint tool to assess the carbon impact of medicines we prescribe and identify low-carbon alternatives.
7. **Supply Chain and Procurement:** Identify one single use product per annum that could be eliminated, reduced, or replaced.
8. **Food and Nutrition:** Assess the carbon impact of a minimum of three meals per annum and identify lower carbon alternatives.
9. **Climate Change Adaptation:** Complete a Climate Change Risk Assessment by 2025.
10. **Green Space and Biodiversity:** Provide opportunities for service users to benefit from low carbon, nature-based activities and therapy.

*This target replicates the NHS Long-term Plan.

Whilst these targets are specific to BDCFT, all Trusts will have something similar. Clinicians are urged to contact their own Sustainability Manager or Board-level lead to discuss opportunities to support this important agenda.



**Emma Clarke, Sustainability lead
Bradford District Care NHS Foundation Trust**



Our Green Plan: Greener Together

BDCFT 2021-26 Green Plan to improve our environment
and provide sustainable healthcare



better lives, together

W: www.bdct.nhs.uk

T: @BDCFT

Growing in wellness

*In the garden of the mind where thoughts bloom,
Sustainability's roots can find ample room.
With gentle care, we tend the psychic soil,
Nurturing growth, not letting turmoil spoil.*

*The seeds of wellness, in rich earth sown,
Requite the light of understanding shown.
Psychiatry's hands, both firm and kind,
Guide the tendrils of the troubled mind.*

*Mental health, like a river, flows,
Through landscapes of highs and shadowed lows.
Sustained by the springs of community care,
Its waters cleanse, heal and repair.*

*In harmony, the mind and earth entwined,
Each leaf and thought, a testament divine.
For in the balance of the inner and the outer,
Lies the path to a life that's fuller, no doubt surer.*

*So let us plant with every action and word,
A future where the mind's peace is undisturbed.
And in this garden, let's all strive to be,
Custodians of mental ecology.*



**Dr Deborah Okonji, Core Trainee,
Yorkshire and Humber Deanery**

The alleys of my mind
Take a winding route,
Forever trying to catch up
With the real me, the whole of me.

Am I the colour of my skin?
Defined by my birth motherland,
Anointed by my adopted motherland,
Or in no man's land?

Am I like the budding hope of spring,
The unashamed bloom of summer,
Like the mellow crackling of autumn
Or the dreary grey of winter?

Am I the foreigner, the immigrant,
The second-tier citizen, the interloper?
Or a multicultural, able adaptor,
A friend, colleague, key worker, and leader.

Is there space for me, all of me?
Or shall I live my life
As a series of halves,
The segments of an arc, never the full circle?

My meandering thoughts
As always, find refuge in the womb of nature,
Where one tableau flows into another
As frames of a movie coming together.

For the sun is low, then high,
Fiercely bright, then hidden behind clouds,
The moon curves into a sliver, disappears,
And becomes whole again.

My shadow shrinks under the noon sun
And grows tall at the edge of daylight.
Sometimes I whimper and whisper,
At others, burst into glorious song.

I straddle two lands
And the turbulent seas.
These shifting, lifting shades
Are all part of my palette, the whole of me.

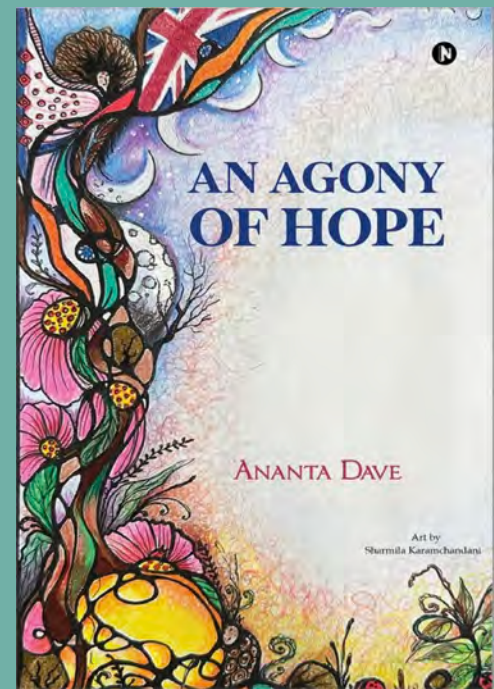
Ananta Dave

*Poem from poetry collection "An Agony of Hope",
printed with permission from the author.*

iMind July 2024 28



Dr Ananta Dave



Library Services

The College Library provides OpenAthens accounts to members, to help them support and develop their practice. The accounts allow access to a wide range of databases, ebooks and journals. It is easy and fast to setup, get in touch by sending request to infoservices@rcpsych.ac.uk.

The collection is built entirely on member recommendations, so if you can't find something you need, just let us know.

Databases – the College provides access for members to Medline, PsycINFO and Embase.

Journals – some examples include: Lancet Psychiatry, the American Journal of Psychiatry and European Psychiatry.

Books - We have a physical library and members are welcome to borrow books, which we will send out in the post for free. We also provide access to online version of the Maudsley Prescribing Guidelines.

For articles not available through our own subscriptions, we offer inter-library loans, finding what you need in another library and sending it out to you by email

We also offer a free and unlimited literature searching service for those who do not have the time or confidence to search through the databases. This can also be combined with training for anyone who wants to refresh their skills.

You can find all these resources on the College website:

www.rcpsych.ac.uk/library

Or get in touch with us directly:

**infoservices@rcpsych.ac.uk
020 8618 4099**