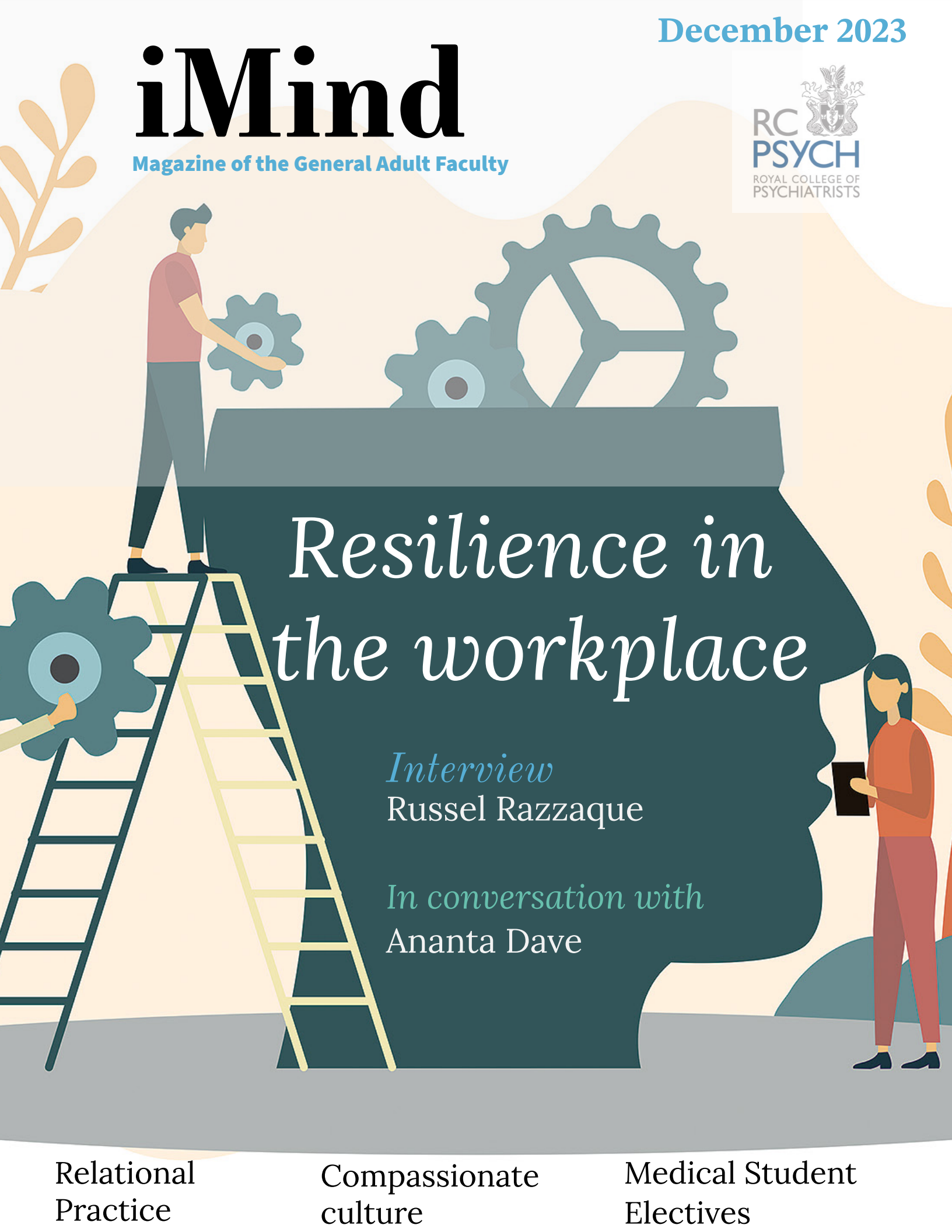


December 2023

# iMind

Magazine of the General Adult Faculty

The background of the cover features a large, dark silhouette of a human head in profile, facing right. Inside the head, there are several interlocking gears of different sizes. A man in a red shirt and dark pants stands on a yellow ladder on the left, reaching up to adjust a gear. Another yellow ladder is positioned in front of the head. On the right, a woman in an orange top and red pants stands holding a black tablet. The overall theme is about mental health and resilience in the workplace.

## Resilience in the workplace

*Interview*  
Russel Razzaque

*In conversation with*  
Ananta Dave

Relational  
Practice

Compassionate  
culture

Medical Student  
Electives

## Your GAF Officers:



**Dr Jon van Niekerk,  
Chair**



**Dr Priya Natarajan,  
Vice-Chair**



**Dr Jeya Balakrishna,  
Financial Officer**

# An Introduction from the Officers

Welcome to the very first edition of the new iMind Magazine! We hope you enjoy the new format that a magazine offers.

The last few months have again been a challenging period for those working in Adult Psychiatry due to the impact of industrial action and the ongoing demands on frontline staff. This edition deals with "resilience in the workplace" from different perspective. Mudasir Firdosi interviews Ananta Dave about the importance of equality, wellbeing and how to cultivate a compassionate culture in mental health services.

Jon interviews Russel Razzaque, the Presidentail Lead for Compassionate and Relational care on his vision of a return to more relationship based mental health service model.



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e-mail: Stephanie.Whitehead@rcpsyh.ac.uk

Dr Rhian Bradley discusses the importance of work culture through her experience within "Talking Wellness".

We had a very successful blended Annual Conference with 335 attendees from around the world. We hope to see you at our next Spring Conference!

We are in the process of appointing a new editorial board to take the magazine to greater heights. Please do let us know your feedback and ideas.

*Jon, Priya and Jeya*



## GAF Conference

Save the date for our next Spring Conference. The theme of the conference will be around addressing Therapeutic Gaps. Taking place on the 19th and 20th of March 2024.



## CONTENTS

3-4 INTERVIEW : PROFESSOR  
RUSSEL RAZZAQUE

5-6 IN CONVERSATION WITH...  
ANANTA DAVE

7- RESILIENCE IN THE WORKPLACE  
- DR RHIAN BRADLEY

9- FILM REVIEW (ANTLERS)

10- CHOOSE PSYCHIATRY - JOAN  
RUTHERFORD AND SHANNON  
HILTON



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



# Rediscovering relational Psychiatry

**In our ongoing quest to improve mental health care, we find ourselves at a pivotal moment. The need for a more compassionate and relational approach has gained significant momentum, driven by passionate advocates and policymakers alike. To delve deeper into this transformative shift, I recently had the privilege of speaking with Professor Russel Razzaque, who holds two critical roles at the college and is at the forefront of driving change in mental health care.**

## Two Vital Roles: Leading the Charge

Professor Razzaque's dual roles within the college provide a unique vantage point to address the challenges and opportunities in mental health care. As the presidential lead for compassionate and relational care, he champions the cause of embedding compassion and meaningful relationships at the heart of our healthcare systems.

Simultaneously, his position as the strategic and clinical director for the National Collaborating Centre in Mental Health (NCCMH) allows him to shape the research, policies, and initiatives that will drive change in the field.

## The NCCMH: A Crucial Engine for Change

The NCCMH, in essence, functions as the college's in-house research department, working on a plethora of projects commissioned by NHS England and other global healthcare organizations. It was instrumental in the development of the community mental health framework, a significant initiative that aims to reshape the way mental health services are delivered. Professor Razzaque explains, "Our work at the NCCMH often serves as the catalyst for much-needed change, as we incubate and develop policies and practices that can have a profound impact on the quality of care."

## Compassionate and Relational Care: The Core of Transformation

The concept of compassionate and relational care is central to Professor Razzaque's mission. He highlights that our current mental health systems often resemble a "pit stop" model, where fragmented services lack meaningful, ongoing relationships with patients. "We need to change this," he asserts, emphasizing the need to place relationships at the core of our care and systems.

A crucial aspect of this transformation is the formation of a professional association that brings together different disciplinary professional groups. This association aims to rethink how care is delivered, measured, and supported. The ultimate goal is to create a more compassionate and relational approach that transcends the current standards.

## A Groundswell for Change

In recent years, there has been a growing consensus that change is imperative. Scandals and issues within the mental health sector have prompted inquiries and recommendations for reform. For instance, a recent recommendation calls for the formation of a professional association, a concept Professor Razzaque has championed and actively pursued. Discussions with the Department of Health are underway, with funding on the horizon to support this transformative initiative.

## The Role of Self-Care and Reflection

Professor Razzaque stresses the significance of self-care and reflection, which are often overlooked in the mental health sector. He shares his experience of running a mindfulness retreat for psychiatrists for a decade, where clinicians attend not only to improve their patient care but also for personal growth. "By working on oneself, clinicians become more resilient and better equipped to provide quality care," he affirms.

## Creating a Culture of Reflection and Support

Reflective practice, according to Professor Razzaque, should be an integral part of all healthcare teams. Initiatives like open dialogue, where emotions around cases are openly discussed and reflected upon, have led to improved staff retention and more cohesive teams. Additionally, team-building activities and personal development initiatives help clinicians better understand themselves, ultimately strengthening their connection with patients.

## Prevention: A Crucial Pillar

Prevention, both for patients and healthcare professionals, is another cornerstone of this approach. "It's not just about preventing mental health issues in the people we serve but also preventing burnout and distress among healthcare professionals," Professor Razzaque asserts.

## Compassionate Leadership: The Key to Implementation

Compassionate leadership, in the eyes of Professor Razzaque, is pivotal to the success of these transformative initiatives. Leaders who prioritize self-care, embrace new ideas, and commit to establishing the necessary structures and systems are essential in driving change.

## The Path Forward

As we navigate this critical juncture in mental health care, the momentum for change is undeniable. Professor Russel Razzaque's roles and insights shed light on the path forward. With the formation of a professional association, increased emphasis on self-care and reflection, and a commitment to compassionate leadership, we are poised to usher in a new era of mental health care, one centered on compassion and relationships.

In the words of Professor Razzaque, "It's a really good time to be in these roles and a really good time to combine them both to run that."

*Dr. Jon van Niekerk*



**Prof. Russel Razzaque**

***"By working on oneself, clinicians become more resilient and better equipped to provide quality care,"***

*In conversation with....*

## Ananta Dave

**Staff retention and well-being have become crucial issues in current times when the medical workforce is under immense pressure with rising demand which is not matching the supply of skilled professionals. To get a better insight into this important subject, I had the honour to speak to Dr Ananta Dave, a well-known medical leader, psychiatrist, and crucially the Presidential Lead for Retention and Wellbeing at the Royal College of Psychiatrists. - Dr Mudasir Firdosi**

### **Equality and Well-being in the Medical Workforce: A Vision for the Future**

In the ever-evolving realm of medical workforce management, Dr Dave stands at the forefront, advocating for well-being and addressing workforce inequalities. She believes that the well-being of medical professionals and workforce equality are intrinsically linked, primarily through the Medical Workforce Race Equality Standard (MWRES). These standards shine a light on issues such as disproportionate referrals to the GMC, ethnic minority doctors' challenges, and leadership opportunities for ethnic minority doctors.

Dr Dave's dual mission is to enlighten senior medical leaders on these disparities, urging them to share best practices and address areas needing improvement. Moreover, she believes in embracing dimensions of inequality often overshadowed, like challenges faced by part-time doctors or those returning from maternity leave.

Recognizing the majority of the workforce as women, Dr Dave insists that issues like menopause cannot be ignored. Ultimately, she propounds that a motivated, cared-for and well-equipped workforce is the key to tackling patient care inequalities.

As the college revisits its workforce strategy, collaboration emerges as the linchpin. Dr Dave and the newly appointed specialist advisor for the workforce aim to refine the strategy, delineating roles the Royal College can adopt independently and identifying collaboration areas. Partnerships with bodies like GMC, NHS England, and NHSWTE become vital for combined advocacy. With retention now stealing the limelight, Dr Dave calls for specialized solutions tailored to distinct doctor groups, simultaneously upholding shared responsibilities.

She fervently advocates for a compassionate culture, emphasizing staff recognition, a safe environment to voice concerns, robust support systems, and countering the unrealistic "superhuman" doctor expectations.

Addressing specific challenges, Dr Dave delves into the pressures doctors face, particularly during serious incidents or following a patient's suicide. She emphasizes that the stigma surrounding mental illness in doctors must be shattered, with psychiatrists leading this initiative. Confidential and timely support for professionals grappling with mental health issues is paramount.

Internationally Medical Graduates (IMGs) hold a special place in Dr Dave's vision. She has championed change through lobbying efforts, seeking visa rule modifications to support IMGs. She illustrates economic incentives and underscores potential savings and improved patient care through IMG investments.

Drawing attention to successful support systems like those in Lincolnshire, she believes that IMGs can offer unmatched dedication and commitment to organizations with appropriate backing. In reflection, Dr Ananta Dave's insights on the NHS and its professionals' challenges encapsulate vital themes. From fostering honest communication and valuing the workforce to establishing psychological safety and flexible work structures, the emphasis is on cultivating a resilient and motivated workforce. It's a testament that while external adversities may persist, nurturing an organization's internal environment, culture, and values can make all the difference.

### **A Vision for Equality in the Medical Workforce**

Dr Dave is not only a leading voice on the well-being of medical professionals but also consistently addresses workforce inequalities. Dr Dave believes that these two themes are intricately linked.

**At the core of her advocacy is the Medical Workforce Race Equality Standard (MWRES). MWRES primarily focuses on five areas:**

- **Disproportionate Referrals to the GMC:** Notably, certain groups of doctors are referred to the General Medical Council more frequently than others.
- **Bullying and Harassment:** Some members of the medical workforce face these challenges at a disproportionate rate.
- **Ethnic Minority Doctors & Disciplinary Processes:** Data indicates that ethnic minority doctors enter disciplinary processes approximately 1.6 times more than their local white counterparts.
- **Progression of SAS Doctors:** There is a need to focus on the career advancement of this group of professionals.
- **Leadership Positions for Ethnic Minority Doctors:** The goal is to encourage and assist ethnic minority doctors to occupy senior leadership roles, not only within the NHS but also in the Royal Colleges, educational institutions, medical universities, and more.



**Dr Ananta Dave**

Dr Dave's mission is two-fold:

Firstly, she wants to raise awareness among senior medical leaders and trainers. By doing so, she hopes they will not only share their best practices but also identify and act upon areas that require improvement. Secondly, she emphasizes that while the five areas of MWRES are vital, we shouldn't ignore other dimensions of inequality, such as those faced by doctors who are carers, those working part-time, international graduates, or those returning from maternity leave and sickness.

Moreover, with women making up 75% of the workforce, issues such as menopause can't be overlooked. In essence, Dr Dave believes that a motivated, well-equipped, and cared-for workforce is integral to addressing patient and care-related inequalities.

***The well-being and fair treatment of our medical professionals is paramount, not just for their sake, but for the holistic health of the community they serve'***



# Resilience in the workplace- EMDR within a staff wellbeing service.

*Dr Rhian Bradley*

Resilience is an individual's long-term ability to respond to adversity in an adaptive manner. This is arguably an essential quality for doctors and other health care professionals in coping with the increasingly prevalent stressors of working within the NHS. Stressors at work take numerous forms, including being subject to violence (experienced by 14% of NHS staff in the last year) or morally injurious events (prevalence of 4.3% of healthcare professionals during the COVID-19 pandemic). What makes a resilient workforce is not a simple equation. It is a dynamic and complex interplay between an individual and their environment, the latter includes both interpersonal and organisational factors. Hence any strategies that promote resilience must not sit in isolation; arrange of interventions at multiple levels are required. Individual strategies often focus on enhancing coping through CBT and Mindfulness, among other skills. Inter-personal strategies are rooted in the relational nature of resilience, with support from colleagues, close friends and 'significant others' being effective protection against the effects of workplace adversity. Organisational structures that facilitate mutual trust within teams and organisations, address bullying cultures of shame and blame, and prioritise job satisfaction also help.

We must also acknowledge that the resilience of health care professionals is not entirely dependent on their experiences in the 'here and now', but also what 'came before'. This has become increasingly evident in my role as an EMDR therapist within 'Talking Wellness', Kent and Medway's staff mental wellbeing service, led by Kent and Medway NHS and Social Care Partnership Trust (KMPT).

I have been fortunate enough to offer EMDR therapy to NHS staff who found themselves struggling to cope at work due to traumatic experiences during the COVID-19 pandemic. I encountered clinicians who had coped valiantly through wave after wave of pandemic, ultimately to be engulfed in a wave of 're-experiencing' symptoms. It transpired that each of these clinicians had unprocessed childhood adversity that had been triggered within their pandemic work. It was clear that experiences in the past were impacting on their resilience in the workplace.

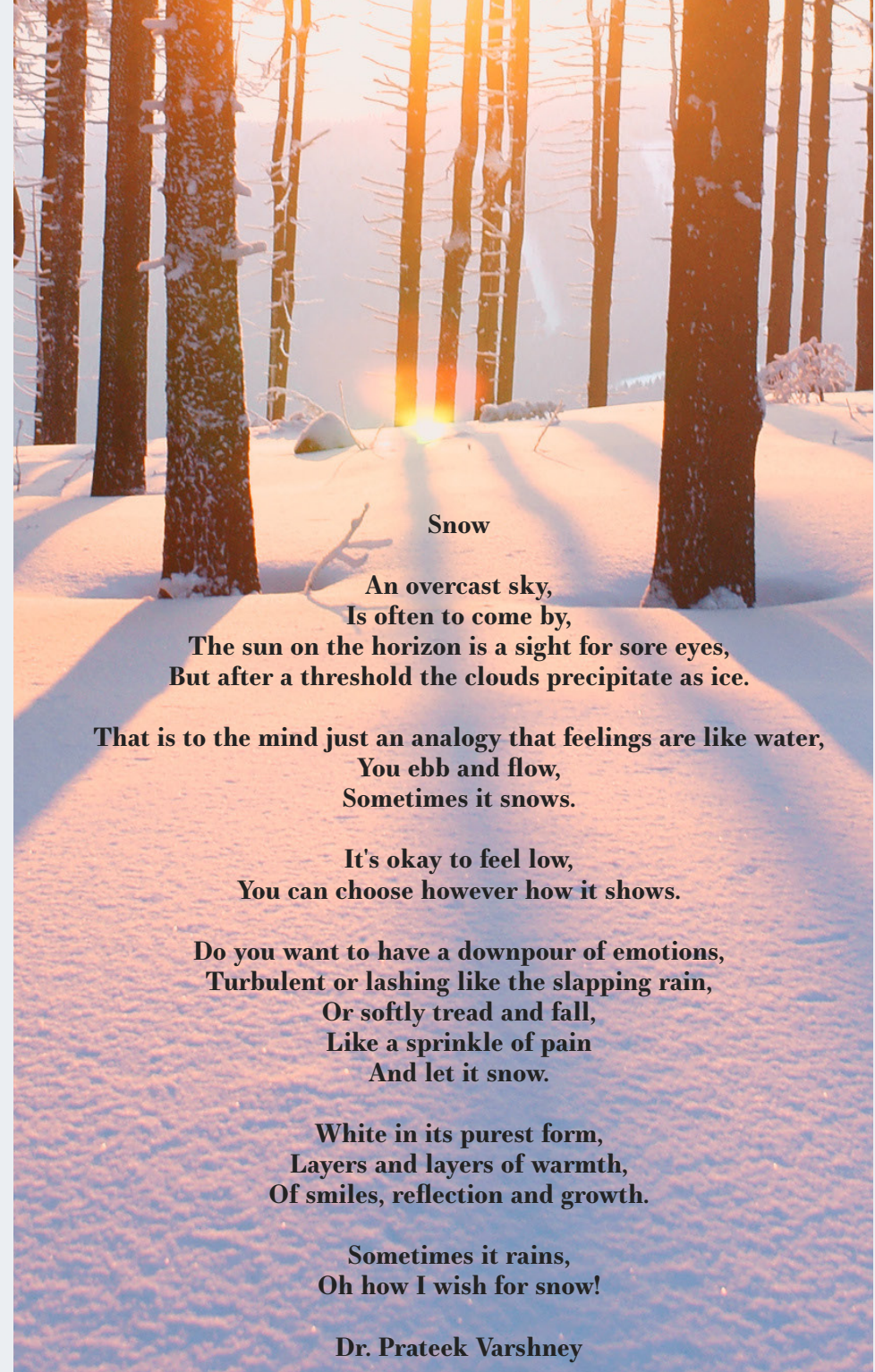
EMDR is a trauma focused therapy, which is believed to accelerate the innate processing of the brain. This system processes new experiences and assimilates them into already existing memory networks. The system is disrupted by trauma, with several consequences. The unprocessed experience is stored in its 'un-metabolised' form, still containing the thoughts, emotions and physical sensations of the original trauma. This experience is easily triggered by external or internal stimuli in the present. This experience is isolated from other memory networks that hold useful adaptive information.

I supported health care workers with strongly held negative self-beliefs linked to their clinical role; negative self-beliefs that were in fact deeply rooted in their adverse childhood experiences. Common themes included not feeling 'good enough', 'in control', safe or validated. Through EMDR therapy, the traumatic clinical experience was accessed, processed, and linked to adaptive memory networks. This work frequently involved the inadvertent processing of historic trauma. The clinicians became able to connect with adaptive information relating to their self-worth, autonomy, survival, and relationships with others. They developed positive self-beliefs in relation to their clinical role and an ability to stay 'in the present' during their work. In summary they were increasingly resilient to cope with the ongoing stressors of delivering care within the NHS, and within their lives outside of work.

My experience within 'Talking Wellness' has reinforced the importance of playing my part in facilitating a work culture where people feel safe, in control, and visible. A culture that supports resilience through sustaining every individual's positive self-concept. A culture that doesn't reinforce or trigger negative self-beliefs. This is important for every team member but may be crucial for colleagues who have a difficult past, most often hidden to those who work alongside them. Those within managerial roles may want to consider referring staff experiencing difficulty at work to their local wellbeing service, where interventions may include processing early traumatic life experiences. In my experience the positive outcomes are significant, which is good for the individual, the workforce, and the patients we support.



Dr Rhian Bradley Consultant Psychiatrist, DGS Rapid Response & Home Treatment Team, Kent & Medway NHS and Social Care Partnership Trust



Snow

An overcast sky,  
Is often to come by,  
The sun on the horizon is a sight for sore eyes,  
But after a threshold the clouds precipitate as ice.

That is to the mind just an analogy that feelings are like water,  
You ebb and flow,  
Sometimes it snows.

It's okay to feel low,  
You can choose however how it shows.

Do you want to have a downpour of emotions,  
Turbulent or lashing like the slapping rain,  
Or softly tread and fall,  
Like a sprinkle of pain  
And let it snow.

White in its purest form,  
Layers and layers of warmth,  
Of smiles, reflection and growth.

Sometimes it rains,  
Oh how I wish for snow!

Dr. Prateek Varshney





## Film review: Antlers (2021) - *Dr Andrew Champion*

I'm not sure I was the right audience for this recent attempt at high-toned psychological horror, but I'm not sure who would be. Antlers was directed by Scott Cooper, who directed Jeff Bridges' Oscar-winning performance in Crazy Heart. That film, in which a failed, alcoholic musician proves irresistible to a bright journalist half his age embraced fantasy far less self-consciously than anything in Antlers.

Keri Russell plays a woman who returns to her remote Oregon mining town home, to live with her brother Jesse Plemons in the house in which they were both abused by their widowed father. Russell escaped, became an alcoholic (as evident from her longing glances at the liquor shelf in the town's one general store), dried out and became a teacher. Plemons became the local sheriff, a thankless job divided between busting local meth manufacturers and evicting the penniless families they've abandoned.

The film opens with a young boy, Lucas, wandering around an abandoned mine site. His father heads into a tunnel with a partner to relocate their meth lab, but there are spooky growling noises in the dark. Cue screams, and the boy walking into the blackness of the mine's mouth.

At school, Lucas is timid and bullied. Asked to share a fairy story, he talks about a father and son who got sick and were lost in the dark, but at least they had each other. Rather than writing, he tells the story from a series of vivid black and red drawings of increasingly monstrous figures, in the style of prototype "intelligent horror" The Babadook.

Lucas's father didn't die in the mine, but was possessed, and locked himself in their house's attic, grabbing Lucas's brother for company. Lucas scours the woods and riverbank for carrion or vulnerable small animals to try to quench his father's insatiable appetite. School principal Amy Madigan (Kevin Costner's endlessly patient wife in Field of Dreams) visits the house to check on Lucas's welfare, unlocks the attic, and all bets are off.

Except the killing spree that is unleashed, for all its lingering closeups of flayed corpses, is neither fun nor cathartic. Cooper never lets us forget that this is really a film about Russell working through her trauma and trying to rescue Lucas, who is trapped in his. The film's one insight is that abused children keep hoping to find some good in abusive parents, despite all evidence to the contrary: "If I keep feeding him," says Lucas, "maybe he'll love me."

Others have pointed out that the subset of horror that chooses to elevate all subtext to text does no one any favours. Cooper tries to have it both ways, by playing out his tale of abuse and healing, but then feeling obliged to adhere to the "evil never really dies" convention in a way that feels stupid and insulting after the emotional stakes he's tried to establish. Russell and Plemons are characteristically good, and the town's bleak atmosphere is strongly established, but that's hardly enough. Sitting down for a film about supernatural Cervidae and finding oneself watching an instructional treatise about the emotional sequelae of abuse is the biggest switcheroo since Ocean's Eleven, but infinitely less enjoyable.



## Choose Psychiatry – helping resilience by being creative: a visit with 5th and 6th form school students to Bethlem Museum.

*Dr Shannon Hilton and Dr Joan Rutherford*

'Talking to school students really made me think about why I came into medicine and psychiatry in the first place; their questions and enthusiasm were so encouraging,' reflected Core Trainee Dr Shannon Hilton after co-hosting a visit of school students to the Bethlem Museum.

Choose Psychiatry is now in its sixth year and its remit has extended, aiming to retain core trainees. Perhaps Shannon's experience could encourage others to host visits to places of interest for school students considering medicine. These students were encouraged by Shannon to write blogs about their visit to include in their portfolios. The additional value to the Core trainee of the time investment? Well, judge for yourself....

From the school students' blogs:

.....In the lobby we saw the original statues of melancholy and raving madness, that were displayed at the entrance to Bethlem Hospital from 1676 to 1815. What would the patients have thought about these two types of madness as they came through the gate? When we were told of the history of the hospital from Amy Moffat, it was especially interesting and rather horrible in the Georgian era, since it was labelled a tourist attraction by travel guides.

After lunch, we looked at the archives, which was my favourite part of the day. These were massive books, handwritten in ink – we practiced reading doctors' handwriting! The records showed the outcome of the patients even after transfer, by letters from their doctors to the Bethlem. We learnt about how records were kept from Archivist David Luck. As they are over a hundred years old we were able to read and talk about the patients. We read about patient 31 – Mrs Turner. She was admitted in March 1887 and stayed at Bethlem for three months. She hallucinated following the death of her youngest child. Despite all the care she did not recover and was transferred to another hospital for three years before being released as uncured....'

.....We had a fascinating talk by a trainee psychiatrist from the eating disorder ward at Bethlem hospital. She told us about her job, treatments for eating disorders and how you become a psychiatrist. I asked about the difference between a psychiatrist and a psychologist as it was a great opportunity to ask questions.....'

'.....We heard about applying to medical school from someone who had done that.... and how you choose which speciality.....'

...after the talk, we were allowed to look around the museum of artworks. It contained art people had drawn whilst staying at the hospital, but also art around the topic of mental health.....  
This part of the visit inspired poetry from a student:

Painted clouds  
Responsibility is for the mediocre;  
Don't hesitate to halter,  
For just a moment or two:  
Look up, take in the blue.  
See the clouds painted  
On a Canvas embedded  
With distant hopes.  
And above all the shit and sad,  
Imagine yourself holding the hands  
Of the watching, waiting,  
Watercolour people.

Back to the original question. Is the effort of organising a visit worth it?

It's cheering to see students' enthusiasm. They asked about the treatments, and they found the humane and holistic treatments in the 19th Century (food, care, access to gardens and occupational therapy as described in the archives) surprising. They had imagined shackles and virtual imprisonment.

Joan enjoyed the fun of watching these school student's decipher 19th century doctor's writing, and when the archive entries showed recovery, the students rejoiced between themselves 'Ours got better!'

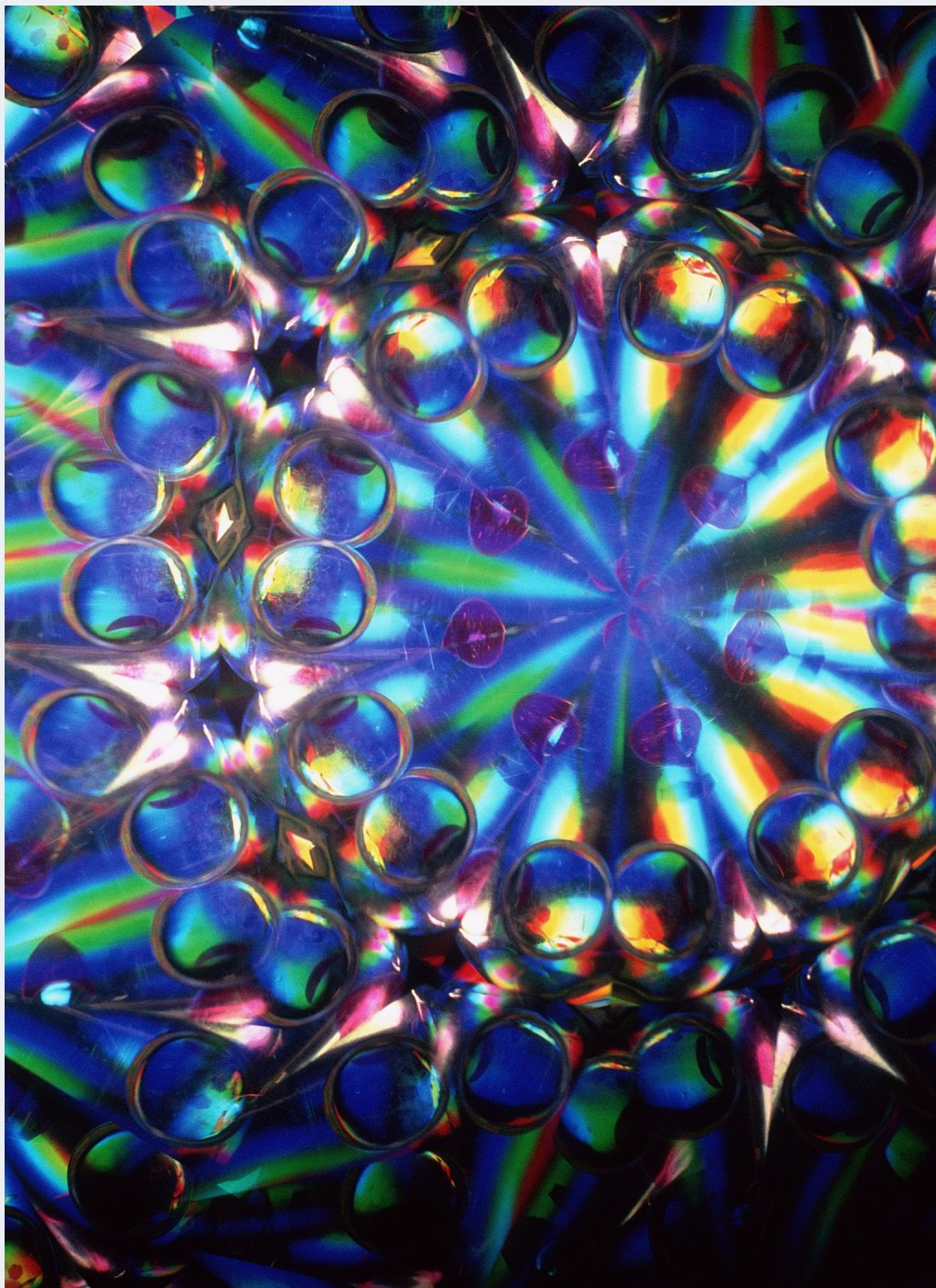
And for Shannon as Core trainee? Applied for and was accepted as Specialist trainee in Adult Psychiatry. Result.

References  
1. Choose Psychiatry:  
<https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/help-support-our-campaign>  
2. Bethlem Museum of the Mind - <https://museumofthemind.org.uk/>.  
The museum is fully booked until December 2023 for facilitated visits, but groups above 10 are more than welcome to look for a self-guided visit. This includes a 15 min intro to the history and museum, and time to look around the spaces. Groups smaller than 10 don't have to pre-book.  
3. Blogs and Photos: reprinted with permission from Kingston Grammar School  
Painted clouds by Prithvi Gandhi  
Main visit Blog by Constance Jessop and Leela Siebert-Patel





# 'What am I, if not the world?'



## 5am anthology

When my mind was gripped with depression and reality shimmered, I lay awake every morning at 5am. The only reprieve was expressing my feelings through poetry.

I wrote this poem whilst I was experiencing strong feelings of derealisation and depersonalisation, along with suicidal thoughts:

The waves of time crash –  
swirling like eddies  
Past becomes present, future becomes past  
Grey fog engulfs the world  
Blurring my boundaries

What am I,  
if not the world?  
Perhaps something cold and sharp  
may free me from the soft edges of myself,  
extract me from the fog

Soon, I started to think that I was dead; everything felt broken inside, nothing seemed to work as it should; nothing seemed real:

Reality  
Fractured like a broken mirror  
Now, which piece reflects the true me?

Kaleidoscopic  
My mind sees a thousand different patterns  
The broken shards of glass warp and glint

I wonder if  
I write my name with the edge of the glass on my skin  
Will my true self be revealed?

Or perhaps,  
if I lie on them,  
their jagged edges may make me whole again.

I started to recover. Reality and insight struck me – I was so depressed. This poem is a literal reflection of how I passed my time:

Days bleed into one another  
Barely separated by fitful nights  
A bin full of crumpled tissues  
Smeared with the detritus of life  
Overused bedsheets reeking of pain  
A pillow, flattened by the weight of thoughts  
Clouds pass overhead  
Gathering into rain  
Pitter, patter  
Lulling me to sleep

I continued to recover, life slowly returned to normal, but something lingered...:

The cubes rush over the closed fence  
A torrent of body parts and  
painted, cartoony faces  
frozen mid-expression  
Disjointed, clattering  
Jostling  
Each piece a perfect cube  
Smooth, plasticky and light  
The tide unstoppable,  
rising then falling into nowhere  
The only witness the smoothed down edges of the wood

Even with all the knowledge of a psychiatrist, being so unwell was frightening, unsettling and confusing. I hope this experience gives me greater empathy for our patients. I am grateful for all the kindness, patience and care I received from mental health services, and feel proud of all the work we do.