Seas the day!
There’s a new president aboard

Future Proofing
Neuroscience on the curriculum

Perinatal Psychiatry
Why we’re leaders in the field

#RCPsychInsight
New Chair for Scotland

By Chief Executive
Paul Rees

Dr Alastair Cook steps down as Chair of RCPsych in Scotland after four years in the role. He hands over to Dr John Crichton, former Chair of the Faculty of Forensic Psychiatry in Scotland. During his term in office, Alastair has overseen the College’s expansion, initiated the Healthy Start, Healthy Scotland campaign, and commissioned a working group on personality disorders.

In his role as Chair of the Scottish Mental Health Partnership, he contributed to the new mental health strategy which runs up to 2027 and outlines Scotland’s focus on prevention and early intervention. Dr Cook praised his support staff at the College, “I would like to acknowledge the huge support I have had from Karen Addie and the rest of the office team without their back-up, the role of the officers would be impossible. I have enjoyed the role of Chair and hope to continue to contribute to the College and support John and his new team of officers in their work.”

His successor Dr John Crichton said “It is an exciting time for mental health in Scotland with the opportunity of having a dedicated Minister; a ten-year strategy and the prospect of the College in Scotland having policy-making authority.”

Choosing Wisely – Old Age Psychiatry at Congress

The global campaign to end waste in medicine, Choosing Wisely will introduce the College’s policy on the psychiatric care of older people at this year’s International Congress. The Old Age Faculty has identified a list of wasteful practices in dementia care and the mental health of older people. This will be presented at the annual summit, before a nationwide launch involving other medical royal colleges in the autumn.

Patient choice supported by strong evidence is the fundamental principle of Choosing Wisely which encourages a patient and doctor dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures. Choosing Wisely sees evidence-based information as crucial in empowering patients and clinicians alike. It aims to promote healthy and honest conversations between clinicians and patients.

The next phase of Choosing Wisely for the College is for each of the other Colleges to develop their own lists of recommendations.

Record News Coverage for the College

The College achieved a record number of media hits in the first quarter of this year with a total audience reach of 198 million. Our President, Professor Sir Simon Wessely set the standard with an appearance on Panorama, and in a BBC documentary about George III. He followed this up with an interview on Radio 4’s The Life Scientific which reached an audience of nearly 3 million. The communications team stepped up its work to seize on media opportunities and pushed out comment pieces by Sri Kalindini in The Observer, Pamela Taylor in The Times, Agnes Ayton in The Guardian and, most recently Jed Boardman in The i. These have been well received – Sri’s piece on the need for supported housing was retweeted 88 times on our Twitter feed.

Marine A

Much of our high-reaching coverage in March and April took the form of comment pieces and broadcast in response to the trial of Alexander Blackman/Marine A, whose murder conviction was reduced to manslaughter because of his poor mental health at the time of shooting dead an injured Taliban insurgent in Afghanistan. Professor Neil Greenberg, RCPsych’s lead for veteran and military mental health, gave evidence at the trial, and was interviewed by Channel 4, ITV, Channel 5 and BBC. We were also able to place a lengthy comment piece in the Daily Mail.

Our advice

Prince Harry’s confessional interview about dealing with grief for The Telegraph generated more coverage for the College with another comment piece from Simon Wessely. Sadly, more recently, the appalling terrorist attacks in London and Manchester provided us with the opportunity to demonstrate our expertise around appropriately dealing with post-traumatic stress. Bernadka Dubicka’s comment about how to talk to children and young people after the atrocities was picked up by over thirty different news outlets including BBC online.

Closer working with the Faculties

The College has been working closely with many of the Faculties to see how closer collaboration can generate more media opportunities. The Old Age Faculty has been working very successfully with the media team and, as a result, this has generated a Guardian pull-out on mental health. Amanda Thompson featured in an article about loneliness calling for organisations dealing with older people to use psychiatrists along with GPs and carers in their support programme.

Campaign News

A round-up from across the UK

CEOs’ Welcome

Santosh Mudholkar gets to the heart of membership

Self reviewing for success

Belfast leads the way

Full engagement

Combining the ward with the silver screen

Bright Ideas

A Neuropsychiatrist’s award winning app

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A Neuropsychiatrist’s award winning app

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Hello and Goodbye

By Professor
Sir Simon Wessely

The good news is that we have a new RCPsych magazine. The bad news is that I mean to write this column. The not so bad news is that I only have to write it once. So, keep this, it could become a collector’s item.

Leading the College these last three years has been an honour. I know everyone says that, but I mean it. And I think we have achieved more than we could have expected. Highlights included playing a leading role in developing and now delivering the Five Year Forward View for Mental Health; lobby for the Crick Commission and the strong case it makes for transforming acute mental health care; getting consensus that the expansion in medical student numbers will be linked to increasing the numbers opting for psychiatry; and that thinking medical students should and much more. What will I pass on? I am proud that we have kept the promise to improve our image and reach. It is Wendy Burn who will lead a new and vibrant communications strategy, that is ensuring that the College is getting ever greater prominence, and that we are delivering our vision of a calm and authoritative voice for psychiatry.

I’m sad that it’s goodnight from me, because we have much to do when it comes to achieving genuine integration of the physical and mental, and to build on the foundations (pun intended) we have made in recruitment. But I am reassured that I am handing over to the very capable hands of Wendy. I wish her luck, but I am confident that she won’t need it. But more than that, if she has half the impact as I have had, I think she will not just successful, but also very happy.
Making sure the voice of psychiatrists is heard loud and clear

People used to call mental health the ‘Cinderella service’, when politicians talked about the NHS it seldom even got a mention. In 2005 mental health was mentioned five times. In the Conservative, Labour and Lib Dem manifestos for this election it was mentioned 75 times. It now appears if you want to get elected you need to declare how important mental health is and how your plans are so much better than your opponents.

At the Royal College of Psychiatrists, we like to think that we have played our part in making this happen. We have been engaging with politicians across the political spectrum about the need for parity of esteem between mental and physical health and the important leadership role psychiatrists play. So, while the election caught us by surprise we were in a good position to help the political parties quickly scramble to finalise what to say about mental health in their manifestos.

We spelt out our political priorities in our own pre-election manifesto called ‘Five Steps to Fairness’ These are:

- Implement the Five Year Forward View for Mental Health in full by 2021.
- Ensure fair access to mental health treatment and support.
- Improve the mental health of children and young people.
- Improve the recruitment and retention of the mental health NHS workforce.
- Set a greater ambition for the nation’s future mental health.

We are pleased to see that you can trace a direct line from many of our recommendations to the promises made by the various parties. So, for example the Conservative promise that all trainee doctors get a chance to experience working in mental health and that medical exams better reflect the importance of mental health, could have been taken directly from our manifesto. We were also particularly pleased with the Labour commitment to ring-fence mental health budgets and the Lib Dem promise to introduce mental health waiting time standards to match those in physical health care.

**Forward Thinking in Scotland**

In Scotland, our policy work has focussed on the Mental Health Strategy 2017-2027. Dr Alastair Cook in his role as Chair of the Scottish Mental Health Partnership largely welcomed the strategy, which included actions around early intervention and prevention as well as social factors such as housing, poverty and education. However, despite the 800-additional staff promised in the strategy, RCPsych Scotland and the Scottish Mental Health Partnership expressed concern about whether this would be enough to achieve the ambitions of the strategy.

RCPsych in Scotland has a full calendar for 2017, with events to suit all interests. The biannual Old Age Faculty Conference in May was well-attended as usual. Our General Adult Faculty conference also attracted many delegates due to the thought-provoking programme which included ADHD and gender identity. Earlier in the year, our Liaison Faculty held their conference in the Medicinema at the new Queen Elizabeth University Hospital in Glasgow, donated to their charity for use of the venue.

**Keeping an eye on criminal justice in Wales**

The criminal justice system is one area the College in Wales has been following with keen interest. The local health board in Wrexham, which will be paying for the new super prison’s mental health services, has been in special measures for two years, so this is something the College in Wales will be keeping a close eye on in the coming months. On a positive note, the Welsh government has agreed to sign the new prison up to the College CCQI accreditation scheme.

Elsewhere, the College in Wales had the opportunity in June to contribute to the ‘Options for implementing the Additional Learning Needs (ALN) from birth, whilst in school, and whilst they are in further education. Statementing will be replaced by Independent Development Plans for everyone with an ALN. It is a progressive piece of legislation, but the question is whether the intentions can be realised, with services currently struggling to meet demand. Former RCPsych President Sue Bailey has been providing advice to the Welsh government on an ad hoc basis since the programme’s inception in 2015.

The College in Wales has also been asked to give both written and oral evidence on perinatal mental health services. There are no perinatal mental health inpatient services in Wales. The only mother and baby unit in Wales closed in 2013. Again, the need for reform is evident.

**Influencing behind the scenes in NI**

Despite the political impasse in Northern Ireland, RCPsych has been working tirelessly to engage with commissioners and policy-makers in Belfast, offering expert response to various consultations such as the Commissioner for Older People for NI Consultation, and the GMC Consultation on Securing the Licence to Practise. RCPsych in NI’s events schedule continues to engage its members, with just one recent example being the organising and facilitating of an event to celebrate the role of women in medicine across the whole of Ireland. The event, held on 16 May, was a great success, attended by the Dean of the College, Dr Kate Lovett, and an array of prominent local psychiatrists. Chair of RCPsych in NI and College Vice President Dr Gerry Lynch was pleased to welcome new members in NI at the same venue later that day.
A standard bearer for psychiatry

As Professor Sir Simon Wessely’s presidential tenure comes to an end, he reflects on what’s been achieved – and explains why he’ll continue to be up with the lark.

Simon Wessely will have the luxury of sleeping late. Alongside resuming his research career, he was made the world’s first Regius Chair of Psychiatry at King’s College London in May, and next month [July] will be inaugurated as President of the Royal Society of Medicine, the first psychiatrist to be elected to the role.

That he is a standard bearer for psychiatry is without doubt, but he has conflicting feelings about it. “It’s good on one hand, but bad if I mess up!” he laughs. It is this willingness to take a stand and ‘speak without fear’ that has characterised his three years as RCPsych President, and that has helped him achieve traction on one of his presidential priorities – improving the image of psychiatry. "How psychiatry is portrayed is something that has always been at the forefront of my mind. Previously, we were in a position where non-psychiatrists were speaking on behalf of the profession, and that wasn’t right.” To address this the College has invested significant time and resources into stepping up its communications. This is having the desired impact, with recent analysis suggesting a 300 per cent increase in reach due to a surge in both proactive and reactive media work. While he says the College’s open-plan offices in Prescot Street “often feel a bit like the West Wing – it’s one of the things I’ll miss,” the outcome of this frenetic activity is to ensure the College is the calm, authoritative voice in conversations around mental health, which sometimes means not responding to the story of the day. “We’re not here to catch headlines, and so we don’t always do the popular thing, for example we don’t comment on celebrity stories,” Simon explains. “We’re extremely responsive when we need to be, and this means acknowledging positive stuff as well as the negative. We need to show support when government do things we think are right, as well as telling them when we think they are doing things that are less than helpful.”

While Simon benefitted from the work of his predecessors in terms of inheriting a better system of governance in the College, he says incoming President Wendy Burn will inherit a much slicker communications - and policy - operation. The other side of the coin in increasing the College’s visibility has been to extend its influence in Parliament, an area where it has had some impressive successes, including the Crisp Commission (‘a useful piece of work’), whose findings were accepted in NHS England’s Five Year Forward View. “It’s not being implemented as fast as we would like, but it is happening,” says Simon. “What I like about it is that we did the grown-up thing. We could have just gone for headlines about people being shipped up and down the country because of a lack of beds, but instead we took a year to look at it properly. We saw it was a wider health economy issue, and that change needed to happen in other parts of the system. This put us in a strong negotiating position because we were able to set realistic targets.”

His other presidential priority was addressing recruitment difficulties, something that has taken a great deal of his time and energy – not least because he made good on a manifesto commitment to visit every one of the UK’s 34 medical schools. While he is confident in saying that the College has ‘stopped the rot’ in recruitment, he admits it hasn’t yet turned it around. “A lot more medical students are interested in mental health but this hasn’t translated into them wanting to do it as a career. A lot of this is to do with the negative attitudes of some senior clinicians. That’s a big barrier. Our ‘Ban the Bash’ campaign is aimed at tackling this, but we would like students to own it.”

The good news, he says, is that government has committed to expanding medical student places by 1,500, and that the College has secured a further commitment that those places will focus on producing psychiatrists, and GPs. Wendy will have the challenge of making this happen, but the key thing is that we have a mechanism.” What really concerns him, however, is making sure that junior doctors have good experiences on placements.

That’s a challenge for our members. If we fail, we’ll have shot ourselves in the foot. One of my biggest worries is that we won’t respond to that challenge. But I think we will. I hope we will.”

While he says he has made ‘varying degrees of progress’ on his presidential priorities and has done ‘quite a bit of shaping’ over the past three years, he is equally forthcoming about the things that didn’t happen during his tenure, including tackling the crisis in addiction, which he admits ‘disturbs’ him.

His other concerns include Brexit (‘A disaster. A shadow that will hang over us for a generation and that will uniformly be bad for health and for science’), and the junior doctors’ dispute - something which he cites as an ongoing issue that Wendy will face, along with the potential ‘tearing up’ of the Mental Health Act.

The role of President, he says, was ‘immensely enjoyable’, and he credits his successes to the support of College officers and colleagues. “I was lucky to have had good officers and remarkable colleagues to help me and make the role so enjoyable. Wendy will benefit from this too, and I have no doubt she’ll continue to make sure the College is trusted, credible and useful organisation for members, the NHS and government.”

Follow Simon on Twitter @WesselyS
Dr Wendy Burn outlines the priorities of her presidential tenure – including maintaining patient contact.

**The Wendy Way**

While the handover will be smooth, Wendy has plans to make the role very much her own. A full-time, frontline clinician for the past 30 years, and a passionate educationalist, she has seen many changes in the profession and is determined to maintain her clinician’s perspective to inform her policies.

While she says this is very much a work in progress, she has identified three main priorities that she will begin work on as soon as she takes up post.

“There’s a lot of work to do. Recruitment and retention, morale and making the case for psychiatry are ongoing issues that are very much at the forefront of my mind. Now it’s about getting focused and being clear on what the desired outcomes are.”

Wendy is clear that her agenda will be - in part - a continuation of former President Simon Wessely’s work, particularly around the implementation of the Five Year Forward View. “I worked very closely with Simon while I was Dean, so the handover will be more like Obama handing over to Michelle than to Trump. In fact, the only thing we disagree over is football – despite his best efforts to convert me, I’m simply not interested!”

“I’m a clinician heart and soul. It’s essential that I understand what my colleagues on the frontline are experiencing.”

**Regional Co-ordinator, culminating in her election as College Dean, a post she held from 2011 to 2016. Her involvement in education continues as Co-Chair of the Gatsby/Wellcome Neuroscience Project, which is aimed at introducing neuroscience into the core curriculum. “Education has always appealed to me because I really enjoyed the nurturing aspects, bringing people on,” explains Wendy, who, alongside her College roles, also set up the Yorkshire School of Psychiatry, becoming its first Head of School.**

Now, she says, the education system she first encountered has changed beyond all recognition, and in her opinion, has become too rigid. “The Modernising Medical Careers scheme, I believe, is at the root of the problems with junior doctors. People on the ground have lost their autonomy because the system has become so inflexible. “For example, once they are offered a training place, people need to take up the offer at the next intake, but we know that some people would like to be able to apply and then defer their place – this isn’t unreasonable and we should be able to accommodate them.”

That the mother-of-two managed to combine working full-time as a clinician while being involved with the College and in local education, she credits as her employers - the Leeds and York Partnership Trust - and her family for their ongoing support. “I’ve been extremely fortunate, but understandably many people struggle to balance competing priorities. If we want to attract and keep people in the profession we need to offer them as much flexibility as possible.”

One of Wendy’s immediate priorities will be implementing a refreshed recruitment strategy with a focus on targeting foundation trainees, addressing the stigma surrounding psychiatry and improving their experience on placement. “I feel that with recruitment, at the moment we’re like Alice and the Red Queen, running on the spot to stand still. If we want to move forward we need to bring foundation trainees into psychiatry. We’ve had mixed feedback on the quality of placements, so I want to go out and talk to lots of trainees and see how we can improve things. “There’s also still so much stigma surrounding the profession. When I decided to enter psychiatry, I was told by the professor I worked for that I could do something better, but I had a really good trainer who inspired me and I never looked back. “We need to get across the positives. In my own experience, every week something will happen that’s never happened before. It’s never boring or repetitive. The feeling of treating someone with depression who, when they first came to see you didn’t see the point of life, but then becomes happy and functioning, is so rewarding. You can’t beat it.”

While psychiatry is currently enjoying a high public profile, this isn’t enough, she adds. The conversation on mental health needs to be turned to the profession’s advantage and translated into action. “Mental health services are now getting a lot of attention, but no more money or resources, which means people get burnt out. Things on the ground are getting worse and we’re facing an increasing workload and decreasing resources as well as a lot more red tape and bureaucracy. I want to try to address these issues, and ensure that we have the resources and time to allow us to provide the care and treatment that our patients need and deserve.”

While she sets about tackling the big issues, Wendy is already experiencing some of the benefits being President can afford, securing a coup for her first President’s Lecture in September – former psychiatrist Joanna Cannon, bestselling author of ‘The Trouble with Goats and Sheep’. “I asked her via Twitter,” says Wendy, proudly. “It was the first time I realised the power of being President!”

Follow Wendy on Twitter @wendyb
Preparing the psychiatrist of the future

The RCPsych’s Gatsby/Wellcome Neuroscience Project aims to ensure trainees will be ‘neuroscientifically literate.’

In response to the rapid advances in neuroscience that are bringing a new perspective to mental illness and will improve therapy for patients, psychiatric training is changing.

The Gatsby/Wellcome Neuroscience Project is a two-year RCPsych initiative to introduce a modern neuroscience approach into psychiatry’s clinical work. Led by a 15-strong commission of international experts, it involves a full review of the core curriculum and will run until summer 2016.

Dr Mary-Ellen Lynall, an Academic Clinical Fellow at the University of Cambridge and a CT2, was asked to join the commission to give a trainee’s perspective.

“There are great advances in treatment in the pipeline and we need to be prepared,” explains Mary-Ellen. “In medicine, it’s common for knowledge and skills to just trickle down, but we can’t do this with neuroscience – it’s moving too fast. In future, it will be essential to be neuroscientifically literate.”

The Gatsby/Wellcome Project aims to equip trainees for the advances in basic and clinical neuroscience that will be made during their working lives, to ensure future psychiatrists are better prepared to develop and deliver biomedical approaches to the diagnosis and treatment of adult mental health, neurodevelopmental and neurodegenerative disorders.

Once it has completed the process of gathering evidence from stakeholders, the Commission will agree the neuroscience content of the new curriculum by the regulator, and direct the development of teaching materials to support the delivery of the neuroscience content of the new curriculum.

While acknowledging there are some concerns about the impact of neuroscience in psychiatry, Mary-Ellen is clear that neuroscientific advances will be an enhancement of the training offer – not an end to psychiatry training as we know it – and will bring a host of wider benefits not only to the profession, but to patients too.

“Neuroscience won’t change the social determinants of disease, or how psychiatry operates, but the point is that it will bring a new perspective and new treatments,” she says.

“There are potentially many advantages - for example, if we can communicate the biomedical basis of mental illness to patients and carers, this can help to address the stigma that unfortunately still exists around it. So, while the question we’re trying to answer is how to make neuroscience accessible and relevant to psychiatrists, what we’re really aiming for is to improve patient care, and to help increase understanding of mental illness.”

The Gatsby/Wellcome Neuroscience Conference in March was a timely reminder of the need for psychiatry training to adapt. Leaders in the field demonstrated how, in future, there will be more neuroscientific evidence for changes in brain organisation caused by maternal deprivation, childhood abuse and other classical psychoanalytic traumas. They also discussed how neuroscientific evidence could be integrated with psycho-social explanations, bridging the gap between latest research advances and everyday clinical practice, allowing for a more holistic explanation of mental health problems.

“The conference was inspirational. It showed us the cutting edge of neuroscience and the treatments we will be able to offer, for example Deep Brain Stimulation,” explains Mary-Ellen. “There was so much positivity, from psychiatrists and psychologists to junior doctors and medical students.

“The brain is the organ we as psychiatrists deal with, so it seems obvious that we should have an in-depth understanding of it, and eventually be at the forefront of developing therapies that bring the biomedical and the psycho-social elements together to improve patient care.”

Rebecca Park is Associate Professor at the University of Oxford’s Department of Psychiatry, and Consultant in Eating Disorders Psychiatry for Oxford Health NHS Foundation Trust. Her research group, OxBread, are piloting Deep Brain Stimulation (DBS) as a potential novel treatment for severe, enduring anorexia nervosa.

This is the first UK-registered study of the experimental treatment, in collaboration with Professor Tipu Aziz, a pioneering Oxford neurosurgeon. It includes investigation of the ethical issues involved in treating this severe eating disorder.

“I investigate anorexia because more effective forms of treatment are urgently needed: it has the highest mortality of any psychiatric disorder and leads to chronic morbidity, yet the evidence base for treatment is weak,” explains Rebecca. “It is essential to develop novel, more effective treatments based on an understanding of the key processes maintaining the illness.”

DBS is a reversible, adjustable, intervention that involves surgically implanting fine wires to target specific brain areas. Using these implanted wires like a ‘brain pacemaker’, carefully controlled electrical pulses are delivered to the precisely targeted brain area, stimulating it in a controlled manner. DBS has been used for over 20 years to help severe Parkinson’s disease, and more recently has been used to treat movement disorders in adults and children, chronic pain, and some forms of intractable psychiatric disorder such as severe OCD.

Rebecca says: “DBS is a relatively high-risk intervention in those with severe anorexia as it’s an invasive brain operation. It is an ethically defensible option for those patients who are very stuck, motivated to recover but who have been struggling with anorexia for many years. At the same time, we can’t exploit those who are really desperate because there are no guarantees, it will be effective in relieving their symptoms - this is a feasibility study at this point. There will be those I see who are too desperate or too underweight to be considered and there are also those who are not ready to consider living without their anorexia, or might find the procedure too anxiety-provoking or overwhelming.”

Based on her prior research, Rebecca’s group chose to target specific ‘reward centres’ in the brain, in the nucleus accumbens. There is emergent evidence that applying DBS to these brain areas can help some patients with intractable severe OCD and addictions, which share some features with anorexia. This study aims to explore the acceptability and feasibility of using DBS to treat anorexia, and will also further map the neural mechanisms underpinning reward. It should report back in January 2019.
Self-reviewing for success

Dr Ruth Barr explains how the North Belfast Community Mental Health Team became the first in Northern Ireland – and one of the first in the UK – to achieve ACOMHS accreditation.

By a visit from the ACOMHS peer review team. Areas identified as needing attention included: helping carers with more information and guidance; increasing patient access to psychological therapies; increasing admin support; and updating key documents such as care plans.

The process was led by an ACOMHS Project Team, including service users and carers, who set about implementing changes, including an education programme for staff to raise awareness of carer needs, and an information pack for carers and service users to help them better understand the service. They also ensured there was dedicated one-to-one time for carers to meet with key workers at initial assessments. Other improvements included freeing up staff to provide increased access to psychological therapies, and using the ACOMHS review to provide evidence of need for additional admin support resource.

“Nothing that was identified in the report came as a surprise, but being involved in the whole process of review helped us prioritise where to best focus our energies,” says Ruth.

“Simple things like becoming more systematic in our recording made us much more efficient.”

The team achieved ACOMHS accreditation in November 2016 – the first in Northern Ireland to do so, and one of the first in the UK. While she says they were “delighted” to receive accreditation, Ruth is clear that the most satisfying aspect of the process was the impact on patients and carers.

“There was a lot of positivity with service users saying they had been given a voice, and that they felt empowered by staff. That really captured the recovery ethos we are trying to instil in the service, and helped motivate us to keep improving.”

The team undertook a three-month period of self-review, where they reviewed where there is still a lot more that can be achieved, adds Ruth.

“The key thing for us wasn’t achieving accreditation per se, but being part of an ongoing and collateral process of quality improvement. That’s where the value is.”

Flying the flag for psychiatry

Charlotte Blewett talks about how stigma and peer pressure put her on a roundabout path to becoming a psychiatrist.

Charlotte Blewett on the brink of becoming a physician in respiratory medicine when she decided to take a change of course. She is now putting her personal experience to use in helping carers and service users to better understand the service.

This, coupled with seeing mental health patients being stigmatised ‘as soon as they stepped through the door’ while working in an A&E department, helped Charlotte make up her mind to do core medical training instead of psychiatric training.

“Other improvements included freeing up staff to provide increased access to psychological therapies, and using the ACOMHS review to provide evidence of need for additional admin support resource. “Simple things like becoming more systematic in our recording made us much more efficient. The team achieved ACOMHS accreditation in November 2016 – the first in Northern Ireland to do so, and one of the first in the UK. While she says they were ‘delighted’ to receive accreditation, Ruth is clear that the most satisfying aspect of the process was the impact on patients and carers. “There was a lot of positivity with service users saying they had been given a voice, and that they felt empowered by staff. That really captured the recovery ethos we are trying to instil in the service, and helped motivate us to keep improving. “The transitional periods are really important – for me, it was the huge change from F2 to CT that was the turning point. We also need to be aware that across the five years of their degree, medical students have different expectations and needs, so we can’t rely on having a ‘one size fits all’ strategy. You can win someone over – or lose their interest – at any point.” Charlotte practices what she preaches. As well as her PTC role she organises local ‘Engage your Mind’ seminars for medical students and foundation trainees in South Yorkshire, which feature speakers from various areas of the profession including forensic and sports psychiatry.

“Events like these give people the chance to network and to hear about psychiatry from the horse’s mouth,” she explains. “Seeing people who love what they do and who are living by their values has been inspirational for me, and has pushed me to keep progressing. In my view, there’s no better way of selling psychiatry.”

Follow Engage Your Mind on Twitter @EymPsychiatry
Supported and valued?

A trainee-led review of morale and training has identified areas for improvement — and it’s the simple things that could make all the difference.

The Junior Doctor Contract dispute in England exposed deep-seated concerns about the working lives of trainees and highlighted an urgent need to review morale and training in the profession.

The College’s Psychiatric Trainees’ Committee took up the challenge, creating and leading the ‘Supported and Valued’ project, giving the UK’s 3,500 psychiatric trainees the chance to share their views.

“...the message we heard was, yes, some things need to be improved, but we have it right...” says 28-year-old Alex. “Where we’ve raised issues, some are very simple things that if we get right, will make all the difference. For example, the fact that a quarter of trainees don’t have access to a hot drink 24/7 is ridiculous, but something that could be easily remedied.”

RCPsych Dean, Kate Lovett, agrees. “A lot of it is about people being good employers and educationalists, for example, things like getting rotas out on time are really important,” she says.

The College welcomed the review, she says, and is committed to making the report’s recommendations and commitments a reality. She describes the College’s response as ‘multi-faceted’, with roles for employers and education providers to play.

Chief Executives and Medical Directors are absolutely key. A couple of days after the report was published, we heard that in Derby, local trainees presented it at their Board meeting, and their CEO arranged a shadowing programme as a result,” she explains.

“Ideally, each trust, directors of medical education are in a good place to influence regular access to psychotherapy. Likewise, Heads of Schools have a role in monitoring supervision, and in tackling local ARCP variability.”

As well as being presented to the April meeting of RCPsych Council, the report has been discussed at Heads of Schools and Education and Training Committee meetings.

Although influential stakeholders are key to taking the report’s recommendations forward, Kate and Alex are clear that the biggest impact will come from College members using the report as a lever for change at a local level.

“If trainees take the report to their senior leadership team and show that something is an issue, they’re in a position to make change happen. The College is fully supportive of the report, so they have weight behind them,” says Alex.

“This is a report for every single member of the College,” adds Kate. “You don’t need to be in a formal role to influence and lead change.”

The report highlights four ‘core recommendations’ — including that all trainees must receive their minimum allocation of supervision and teaching per week — and three ‘desired commitments’, such as clearer ARCP guidance and access to enhanced junior doctor forums.

Get involved and engage with RCPsych for success

The College’s first Associate Registrar for Membership Engagement explains his role and plans for improving engagement.

Listening to the concerns of members and their ideas about what they would like from the College has been a very instructive process

“...the pilot survey was very useful in identifying key themes, but I want to dig deeper, and launch a full-scale membership survey so that all members have a chance to share their views. One of the big things identified in the previous survey was a lack of two-way communication. So a membership-wide survey is a step in the right direction in beginning to address this.”

Santosh says he understands the College was too academic and research-focused, and not in touch with the frontline — it shouldn’t just be about the science of psychiatry.

Taking those findings as a starting point, the main priority Santosh has identified for the coming year is to develop a comprehensive membership survey.

This will help him improve membership engagement with a robust action plan for the next four years.

“The pilot survey was very useful in identifying key themes, but I want to dig deeper, and launch a full-scale membership survey so that all members have a chance to share their views. One of the big things identified in the previous survey was a lack of two-way communication. So a membership-wide survey is a step in the right direction in beginning to address this.”

Santosh will provide regular updates via RCPsych Insight and the monthly RCPsych e-newsletter. In the meantime, he wants to meet as many members as possible at the International Congress of Psychiatry 2017 and RCPsych Divisional Meetings.

He says, “Key to my role is listening and meeting as many members as possible from diverse backgrounds and involving them in College activities. There is excellent work going on around the country. The launch of a College magazine is a unique opportunity to start a two-way dialogue with membership, and share positive stories across the College membership.”
Bringing research into practice

Genetic research is on the brink of helping psychiatrists to target treatment more effectively, says Dr Tony O’Neill in Belfast.

Dr Tony O’Neill has worked in research alongside clinical practice for the whole of his 30-year career, and has experienced a lot of change during that time. “Technology has advanced amazingly during the time I’ve been working. We’re coming to the point that within the next 10 to 11 years, what we’re learning will have an impact on clinical practice,” he says.

The 56-year-old is a Senior Lecturer at the Centre for Public Health at Queen’s University, focusing on the genetic epidemiology of psychosis, and a Consultant Psychiatrist in the Belfast Health and Social Care Trust, where he is part of a resettlement team that is responsible for the community rehabilitation of patients with long-term illness, including schizophrenia. Between 0.5–1 per cent of the population will develop schizophrenia during their lifetime, generally in their early 20s. A common and a chronic disorder, it’s a double whammy – an increase in physical as well as mental symptoms,” explains Tony. “We know that genetics is a big component of schizophrenia and that there are a lot of genes involved. There are numerous presentations and outcomes, but the more we know, the better care we can offer patients. That’s why research is so important.”

Environmental factors are also a factor in schizophrenia, with evidence to suggest that people in developing countries have better outcomes than those in western countries. “Previously we were in ‘clash of the paradigms’ territory where everything was either genetic or environmental. We couldn’t agree on the basics,” adds Tony. “There’s now an acceptance that there is a genetic component to most disorders, and an environmental component too. Research is helping psychiatry to become a more mature specialty.”

The next big thing, he predicts, will be the introduction of ‘personalised medicine’, where clinicians will be able to use genetic markers in combination with imaging to try to pre-select medication that patients should respond to better, with fewer side-effects. “For example, there are several types of anti-depressants we can prescribe, but there’s currently no way to decide in advance which is best. In five to ten years we’ll know much more about that. Instead of treating people as being the same, we’ll be able to treat them as individuals. Psychiatry will become more efficient and targeted.”

Having successfully looked at whole genome sequencing to find common variants for people at risk of developing schizophrenia, Tony and his research team are now looking for rare variants. They are also examining the inflammatory response and how that may be important in the development of psychosis. “We know that stress can cause changes in the inflammatory system, and so we are looking at models of how complement proteins work in the brain,” he explains. Psychiatrists need to be able to interpret new research and change practice, so another project the team is working on, is how best to translate information such as genetic scores into clinical practice. “There will be complicated decisions for clinicians to make. The challenge for psychiatrists is to have the skills and tools to deliver the best care for patients, using all the information that will become available over the next few years.”

#RCPsychInsight

Pursuing the things that have interested me has given me two very different, but equally rewarding, careers

Dr Stephen Potts discusses his role as a psychiatrist - and as a screenwriter.

“Altruistic donors are impressive people. Typically they are approaching or just after retirement, are in good health, are often health professionals, and have a history of charitable activity. Becoming an organ donor fits how they have lived their lives up to that point,” says Stephen.

“A twin-track career

Stephen Potts had two aspirations at school: a career in psychiatry and writing. He has pursued both, even while working as a transplant liaison psychiatrist. “I’ve always had an urge to do,” says Stephen. “This is something we’re currently struggling with – there are increasing numbers of altruistic donors coming forward, and some of these are in their late teens. While we wouldn’t take a kidney from a teenager, there are people who have donated while in their early 20s. Being young isn’t a mental disorder, but psychiatrists are often turned to as people who can answer difficult ethical questions. The fact is, we share the wider clinical team’s unease – these issues shouldn’t be framed as psychiatric issues.”

To help address this, Stephen – who led on the development of UK guidance for psychiatric assessment of altruistic donors – is now working on ‘a pragmatic approach’ to dealing with young altruistic donors, producing resources to help transplant teams make the difficult call on whether to proceed. He hopes that this will be ready by the end of the year.

“Pursuing the things that have interested me has given me two very different, but equally rewarding, careers,” says Stephen. “I feel very fortunate to be able to do both.”

#RCPsychInsight
From vision to reality

Dr Trudi Seneviratne explains why maternal mental health services are finally getting the investment they deserve.

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The Chair of the College’s Perinatal Faculty is in a positive frame of mind. “The future is looking greener and greener and greener. It’s an incredibly exciting time to work in perinatal psychiatry. We’ve worked hard for years to get the investment we need, and finally it’s happening,” says Dr Trudi Seneviratne. Her optimism is well-founded. Funding for the expansion of perinatal psychiatric services is a priority in the Five Year Forward View, and the College has been commissioned by NHS England and Health Education England to deliver a project to train 10 consultant psychiatrists in the specialty. But Trudi admits that achieving this has taken time, and a concerted effort over the years by leading perinatal psychiatrists, including Professor Channi Kumar, who inspired her to take up the specialty after hearing him speak at a conference she attended. “I feel very proud of where we have got to in the UK – we are leading the world in perinatal psychiatry,” she says.

“At the heart of small, close-knit valley communities, treating, with other professionals, those with mental health challenges, is a fantastic place to work!”

Dr Adarsh Shetty talks about his life as a rehabilitation psychiatrist in Wales – and explains why he gets paid to play football.

Perinatal Psychiatrist at South London and Maudsley NHS Foundation Trust. Throughout her career, the 48-year-old has had an unrelenting focus on making the case for the importance of investment in perinatal services, building on the work of trailblazers including Margaret Oates and John Cox. In 1992 the College produced a paper about the importance of perinatal psychiatry, and a generation later the vision of those doctors is becoming real,” she says. “I feel very proud of where we have got to in the UK – we are leading the world in perinatal psychiatry.”

The long journey leading to this achievement has been paved by evidence about the widespread nature of maternal mental health issues, and the devastation they can cause. One in five women will experience a mental health problem during or post pregnancy, and psychiatric disorder is a leading cause of maternal death. Although pregnancy can exacerbate pre-existing mental health disorders – for example there’s a 50 per cent chance of relapse of bipolar disorder after childbirth – women with no previous psychiatric history can also be severely affected, as shown by recent high-profile and tragic cases such as Alice Gibson-Watt. Despite the strength of the evidence, it was a report detailing the financial cost that was the turning point, says Trudi. “I feel very proud of where we have got to in the UK – we are leading the world in perinatal psychiatry.”

An individual approach

The College has had an unrelenting focus on making the case for the importance of investment in perinatal services, building on the work of trailblazers including Margaret Oates and John Cox. In 1992 the College produced a paper about the importance of perinatal psychiatry, and a generation later the vision of those doctors is becoming real,” she says. “I feel very proud of where we have got to in the UK – we are leading the world in perinatal psychiatry.”

The project has created bursaries to backfill 10 consultant level psychiatrist posts to allow them to train as perinatal psychiatrists, and then establish and lead local Perinatal Mental Health services. This has seen the College develop the first specialist training programme for perinatal psychiatrists, under the guidance of Dr Liz McDonald, former Perinatal Faculty Chair.

Dr Adarsh Shetty went for interview as a Consultant Rehabilitation Psychiatrist in Merthyr Tydfil seven years ago set the scene for his life in Wales. “When I arrived, the door was opened by an older nurse who gave me a big hug. Everyone was so warm and welcoming and it had such a community feel, that I knew it was the right place for me,” he says. “Beautiful lakes and beaches, vibrant city life, sports and walking trails – Wales is really a fantastic place to work!”

Until recently Clinical Director for Adult Mental Health, Adarsh’s role in Cwm Taf University Health Board’s Outreach and Recovery Team sees him working at the heart of small, close-knit valley communities, treating, with other rehabilitation consultants, around 150 patients across community and patient rehabilitation. “Many of our staff live in the communities they serve and that makes a difference – we are able to build long-term relationships with our patients,” he explains. “Some of our patients don’t want medication or to come to the clinic, and that’s fine – we find another way”
We need to focus on the individual, not the condition. Our job is to give evidence-based information and help people take control of their health and wellbeing.

It is this philosophy that led Rohit Shankar to develop an award-winning app that is helping to reduce the risk of seizures to prevent Sudden Unexpected Death in Epilepsy (SUDEP).

A Consultant Developmental Neuropsychiatrist and Clinical Director, Adult Intellectual Disability Neuropsychiatry Services for Cornwall Partnership NHS Foundation Trust, Rohit was the medical lead in the team that created EpSMon – the world’s first epilepsy self-monitor app.

Advertised as ‘epilepsy awareness in your pocket’, the evidence-based app was developed by a team from Plymouth University, Cornwall Partnership NHS Foundation Trust and Cornwall Royal Hospital, and the charity SUDEP Action. It saw off 83 entries from 25 countries to win the Epilepsy Foundation America SUDEP Challenge Award, along with five national awards including the BMJ Neurology and HSJ Patient Safety Awards in 2016.

Of the 600,000 people with epilepsy around 600 die of SUDEP every year in the UK, accounting for up to half of all epilepsy deaths. Its causes remain under investigation but there is a growing body of evidence on risk factors including type and patterns of seizures, and lifestyle and wellbeing issues such as compliance, alcohol and substance abuse, and depression.

The app is aimed at over 18s with epilepsy and has over 3,000 users. It encourages people to check their condition and overall wellbeing every three months by answering a series of questions which flag up any changes or increasing risks they need to be aware of, encouraging them to seek advice from their doctor.

EpSMon was launched in 2015, and is a digital version of the SUDEP and Seizure Safety Checklist for clinicians, which Rohit and colleagues developed in response to a NICE recommendation that every person newly-diagnosed with epilepsy should be made aware of SUDEP. “We discovered that only four per cent of those diagnosed with epilepsy had ever discussed SUDEP. Epileptologists told us that as less than one in a thousand would die from it, they didn’t want to scare the other 999. So, the challenge was how to go about this in a way that empowered patients,” he explains.

They began by building an evidence-base, undertaking a comprehensive literature review where they found 22 separate risk factors associated with SUDEP. The next challenge was considering how best to bring the information together, in a way that would be practical in a clinical setting.

The solution was the SUDEP checklist. Containing 19 risk factors to score against, it takes just 10 minutes to complete and is designed to be used as part of a review of an epilepsy care plan. Of the 300 patients in Cornwall who the checklist was trialled on, 98 per cent responded positively. “It put to bed the debate about whether the discussion with patients should be held,” says Rohit.

With the permission of the local Coroner, the team then applied the checklist to 2004-2012 epilepsy deaths in Cornwall. They found that in SUDEP deaths where seizures had increased before death, 80 per cent hadn’t seen a specialist in a year prior to their death, and 60 per cent hadn’t visited their GP.

“It brought home that we needed something that explained the risks, and supported patients to manage their condition.”

The app was developed to do just that, and along with the checklist, is having a significant impact. From 2004-2011 there were 48 SUDEP deaths, but from 2012-2016 – when the checklist and app were launched - this number fell to just seven. The team is now looking to develop a children’s version of the app, and are continuing to validate the risk factors.

“The Holy Grail would be to score them,” says Rohit. “So, for example, to be able to say that the risk of drinking alcohol would multiply SUDEP risk by five for a person with epilepsy.”

For the last seven years, the 42-year-old has held a monthly mental health phone in on BBC Radio Cornwall, and he is adamant that public awareness has been a key element contributing to reducing local SUDEP deaths.

“We need to funnel our knowledge to the people it affects – they need to know if they are at risk, and what they can do to protect themselves. If the app has saved just one life, I’ll be happy.”

www.sudep.org/epilepsy-self-monitor