



RCPsych INSIGHT



**International Congress
goes virtual**

#RCPsychIC

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COLLEGE NEWS IN BRIEF

Dame Fiona Caldicott remembered

The College was greatly saddened to hear of the death of Dame Fiona Caldicott on 15 February. Dame Fiona, who was the first female Dean (1990-93) and then the first female President of RCPsych (1993-96), was a "true pioneer", whose "life was steeped in public service", says current President Dr Adrian James.

Dame Fiona achieved an extraordinary amount in her career, latterly including her ground-breaking work on safeguarding patient information as the UK's first National Data Guardian for Health and Social Care. "She was a beacon of hope and encouragement to so very many," says outgoing Dean Dr Kate Lovett: "For women of my generation, she paved the way for so many more of us to reach our potential."

The next issue of *Insight* will feature a special tribute to Dame Fiona.



Dame Fiona Caldicott



Celebrating 180 years of the College in all its guises on pages 10-11

Get involved!

Looking to gain experience by getting more involved with the College? Our College Centre for Quality Improvement (CCQI) is recruiting peer reviewers, whose role is to assess services and help them improve the quality of care provided. As a reviewer, you become part of a network of clinicians sharing best practice, innovative work and resources.

There are also slots currently open for Certificate of Eligibility of Specialist Registration (CESR) evaluators, whose role is to assess applications received

under the CESR route and send recommendations to the GMC regarding individual applications for specialist registration in psychiatry. There are openings for specialists from old age, child and adolescent, intellectual disability, psychotherapy and forensic psychiatry, but applications from general adult psychiatrists would also be welcomed.

For further information, search 'become a peer reviewer' or 'become a CESR evaluator' at www.rcpsych.ac.uk



Professor Subodh Dave



Professor John Crichton

All change

Congratulations to Professor Subodh Dave and Professor John Crichton who have been elected as the next Dean and Treasurer of the College.

Following the two well-contested elections that closed in January, Professor Dave received 43% of votes in the first round for the Dean election, finishing with 57% of the ballot once second preferences were counted. Dr Chris O'Loughlin came in second with 33% of the vote. Professor Nandini Chakraborty and Dr John Russell also stood.

Professor Crichton garnered 35.2% in the first round for the Treasurer election, and won with 46% in the second round, over Dr Lenny Cornwall, who received 43.6%. Dr Anand Ramakrishnan also stood.

Professor Dave and Professor Crichton will take up their posts in the summer, taking over from Dr Kate Lovett and Dr Jan Falkowski respectively, and will serve five-year terms. The enormous contributions of Dr Lovett and Dr Falkowski are celebrated on page 17 of this issue of *Insight*.



President's update

Despite still having some way to go, we have begun the year with a sense of optimism – the vaccine roll-out is on track and we are starting to see the light at the end of the tunnel.

As a College, we have launched our Equality Action Plan, the product of much reflection and hard work. This plan wouldn't have been possible without psychiatrists like Dr Aggrey Burke recognising inequalities and paving the way for future generations to tackle racism head on. It is vital that we have clear actions to help us achieve traction and keep up momentum.

It was with great sadness that I heard of the death of Dame Fiona Caldicott, a devoted public servant and the first female President of RCPsych. We also recently lost Professor Julian Leff, a pioneer in the treatment of schizophrenia and a wise counsel to many. Both played an important role in psychiatry and will be deeply missed.

Looking forward, we've recently announced that among our keynote speakers at this year's virtual International Congress are Chief Medical Officer, Professor Chris Whitty, author and poet Michael Rosen, and Professor Prabha Chandra. This will be a great opportunity to reflect on the past year and I look forward to seeing you all there.

Dr Adrian James

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To send us your insights, email
magazine@rcpsych.ac.uk or
tweet using #RCPsychInsight

Your comments on *Insight* issue 14:

Responding to *Centred on jobs*,
an interview with RCPsych
Registrar Dr Trudi Seneviratne on
unemployment and mental health:

#RCPsychInsight @TrudiSene1
is clear that she would like to see
more focus on public mental health
and prevention. Psychiatrists need
to be part of conversations around
prevention. We save life, we can't
prevent MH conditions totally, but
definitely there are things to be done.

Dr Manal El-Maraghy

Responding to the *Help at the end*
article on palliative care psychiatry:

Delighted to see this article on
psychiatry at the end of life by
#RCPsychInsight. Some services
in England already well established.
Clear from research that there is a
huge unmet need. How can we start
this conversation in Scotland?
@RCPsychScot

Dr Darragh Hamilton

Responding to the *Meeting in*
Bethlehem article on RCPsych-
supported Palestinian trainees:

RCPsych Insight features two
exceptionally brave women making
a difference to the future psychiatry
in their country. Proud that the
College is involved in their training
and privileged to be part of it myself.

Professor Nandini Chakraborty



Welsh Senedd Health Committee Chair, Dr Dai Lloyd of Plaid Cymru

Parity across the **land**

Insight into RCPsych's campaign for parity in Wales
ahead of May's Senedd and Scottish Parliament
elections.

This is an election year
like no other. On 6 May,
socially distanced voters
will navigate COVID-19
to cast their votes in
elections across England, Scotland
and Wales. Public health, both
mental and physical, will be front of
mind for many.

There are no elections this year
in Northern Ireland, but all the seats

**“RCPsych’s manifesto
has been very well
received by all the
major political parties
in Wales”**

in the Scottish Parliament and
Welsh Senedd are up for grabs in
May. The devolved nations control
their own health budgets, so the
choices made by voters will directly
influence future health spending
priorities. RCPsych has launched
two manifestos in the run-up to the
parliamentary elections in Scotland
and Wales, both of which put parity
between mental and physical health

at the heart of their proposals.

The Welsh manifesto, entitled
Good mental health for Wales, calls
for “a sea change in the way mental
health is prioritised and funded in
Wales”. Spending on mental health
services per head of the population
in Wales is lower than in the other
devolved nations. RCPsych is
pressing the Welsh government
to ensure that spending on mental
health and learning disability services
is increased to at least 13% of its
overall budget.

It is also calling for wellbeing to
be “the principal aim of the budget”,
along the lines of New Zealand’s
Wellbeing Budget introduced in May
2019. The idea is that all departments
of government make wellbeing their
top priority when making spending
decisions.

“There’s a strong feeling within
mental health services that a
wellbeing budget would work very
well,” says Dr Katie Fergus, a
rehabilitation psychiatrist based in
Cardiff and RCPsych’s policy lead in
Wales. It’s a view that seems to be
widely shared. “We’ve met with all
the major political parties to discuss
the manifesto,” says Dr Fergus, “and
it’s been very well received.”

The manifesto is the latest in a
long line of interventions made by
RCPsych in Wales. “We enjoy a very
good relationship with the Welsh
Government,” says Dr Fergus, citing
regular discussions, as well as
requests for presentations on a wide
range of issues.

The College also works closely with
the Senedd’s Health, Social Care
and Sport Committee, whose chair
for the past five years has been Dr
Dai Lloyd, Plaid Cymru Member of
the Senedd for South Wales West.
A former GP, he says he “immensely
enjoyed” the six months he spent
as a psychiatry SHO when he was
training. “Mental health has always
been high up on my own personal

agenda and I’ve always felt it lost out
to physical health. So, for the whole
five years, the health committee has
insisted that we consider mental
health alongside physical health.”

He points to a raft of inquiries
carried out by the committee into,
among other things, loneliness and
isolation, suicide prevention and the
use of anti-psychotic medication in
care homes. The committee’s latest
report, on the impact of COVID-19 on
mental health, is currently awaiting a
response from the Welsh government.

Both Dr Fergus and Dr Lloyd agree
that progress has been made in
recent years, with increases in funding
for mental health services and greater
awareness. Last autumn, the Welsh
government created a new cabinet
post, that of Minister for Mental Health
and Wellbeing, a development Dr
Fergus welcomes as “very positive
news”. RCPsych recently met with
the minister and had “a very helpful
conversation, which, we hope, marks
the start of a constructive dialogue.”

Dr Lloyd credits the work of his
committee for the advances that have
been made, “though I would say that
wouldn’t I?” He concedes that the
Health Minister may have played a
part, which is high praise from an
opposition politician.

Dr Fergus pays testament to the
work that the College has been doing
in raising its profile and its voice to
advocate for the needs of people
with mental health problems. She is
confident that RCPsych’s influence
will continue to be felt during the
forthcoming election campaign. “We’re
certainly anticipating having quite a
high profile over the next few months,”
she says.

Both manifestos – *Good mental
health for Wales* and RCPsych in
Scotland’s *No Wrong Door* – can be
accessed from www.rcpsych.ac.uk

A costly struggle for racial justice

Recognition of the work of eminent psychiatrist and academic Dr Aggrey Burke over the past 50 years.

When in January 1981 a house fire in New Cross, South London, killed 13 young Black people, psychiatrist Dr Aggrey Burke was one of few professionals to respond. Working alongside a local community group, Dr Burke established a peripatetic service to support those affected by the fire. “I would finish my day job as senior lecturer and consultant psychiatrist in Tooting, and at six o’clock I’d drive down to New Cross,” he recalls. “If you have a hurricane, you have to get on with what you have to do.”

The lack of response from the police, public and government to the tragedy, which was widely believed to be a racially motivated attack, led to protest and what was then the largest demonstration by the Black community in the UK. Dr Burke remembers colleagues’ advice at the time: “I was told not to get involved,” he says, “but I was involved.”

“Society was scared that something would come of it and there would be racial conflict,” he says. “But we’re not in this business for racial conflict. We’re in it for the opposite – racial togetherness. But there is resistance to that.”

In 2020, Dr Burke was awarded the President’s Medal by former RCPsych President Professor Wendy Burn in recognition of his contribution to psychiatry, particularly his work relating to mental illness in Black families. After a long and pioneering career – and as the UK’s first Black Caribbean consultant psychiatrist – that recognition was long overdue.

Dr Burke came to the UK from Jamaica as a teenager along with most of his

“I was seeing things that others would see and ignore, and I would reflect”

immediate family. His father, Reverend Dr Eddie Burke, who was involved in social reform across the Caribbean, was sent to the UK in 1959 by the Jamaican government after racial conflict and the subsequent killing of Kelso Cochrane in Notting Hill. “People weren’t happy about the presence of Caribbean people in Britain at the time,” Dr Burke recalls. “It was really quite frightening in that period.”

At medical school in Birmingham, where he excelled in his studies and was captain of the athletics team, Dr Burke was also cognisant of the deprivation among the local Caribbean population. “You could see subjugation,” he says. “There was this sense of a population that’s downtrodden, with the worst schooling, the worst housing, the worst jobs.”

He also remembers the racial inequalities in medicine at the time. While on a clinical rotation as a medical student, he recalls challenging a consultant who was assessing a female Jamaican patient. “She was speaking in the Jamaican language Patois, and he gave an interpretation that was totally inaccurate,” says Dr Burke, who then stepped in to

correct the consultant. This incident has stayed with Dr Burke ever since.

While Patois was misunderstood in the UK, the legacy of colonial rule and slavery led to it being stigmatised in Jamaica too, where Dr Burke did his foundation training (as well as in Trinidad). “It’s a terrible situation back home in the Caribbean, and here and elsewhere,” Dr Burke explains, “that to be Black and unsettled and from a rural area and to be unsophisticated as well, it leaves you as a non-person, and so you strive all your life to be a person.”

Still, Dr Burke says of his time there, “it was a wonderful experience being back home among one’s peers. To be free is quite a sensation”.

He was to encounter challenges, however, on his return to the UK to continue his training. “There was resistance from the place that employed me from day one,” he says. “I was not welcomed, not in a meaningful way.” Dr Burke kept going, though. “I wanted to learn all the time. I was seeing things that others would see and ignore, and I would reflect.”

That reflection would lead Dr Burke

to conduct pioneering research on the epidemiology of mental illness, suicide and parasuicide in migrant groups; on the impact of race and culture in the delivery of mental health services; and the mental health of offenders.

In addition to his research and clinical practice, Dr Burke was also a senior lecturer at London’s St George’s Hospital Medical School. One day, fellow senior lecturer Joe Collier consulted Dr Burke regarding some disturbing observations. The system being used to screen medical school applications appeared to be biased against women and ethnic minorities. “I couldn’t handle the material without taking into account that I am Black,” says Dr Burke. “I could not under any circumstance deny the right or privilege of a group of students to gain entry to any facility by virtue of race. If I did that, it would be saying that I shouldn’t be around.”

In 1986, Burke and Collier published a ground-breaking paper for the *Medical Education* journal that exposed the racist and sexist student selection procedure in London medical schools. The Commission for Racial Equality later confirmed their findings which led to reforms of the selection process. The exposé, however, came

at great cost to Dr Burke’s career. It is striking, for example, that someone with his experience and academic profile has not received a professorship.

“I thought we were doing a service to the medical school and the profession, but my colleagues were not happy. The profession as a whole was angry,” he says. “I felt that I wasn’t being seen as a mediator and a diplomat; I was being seen as an instigator.”

Around the same time, Dr Burke published another significant study. After self-funding a trip to Jamaica to follow up 80 people with severe mental illness who had been repatriated from Britain to Jamaica, Dr Burke found that repatriation had a negative impact and was not in their best interests. This research also received little recognition until recently.

Undeterred, Dr Burke continued to organise conferences, run working groups and research mental illness in ethnic minorities, racism, deprivation, repatriation and parasuicide. The latter part of his career was spent working in a personality disorders community team and as a liaison psychiatrist for patients with cardiac disorders, sickle cell

anaemia and related disorders.

Today, deprivation remains high among the diverse Black British population. Racial inequalities are still evident in education, detention, family courts and the criminal justice system. Black people have higher rates of schizophrenia, as well as far higher rates of detention among children and adults, and death while being detained. Yet diagnoses of personality disorders, Dr Burke’s area of specialism, are virtually absent in reported samples, a finding he suggests may be symptomatic of racial bias. “Sadly, since the New Cross fire disaster 40 years ago there has been little change in the distribution of racial injustice and deprivation in urban areas of our country,” he says. “The profession should not be blind to the consequences of this tragedy.”

Now largely retired, although he remains active in the research and voluntary sectors, Dr Burke is still concerned with these issues. “There is much work to be done, and I think we will need all hands on board,” he says. “There is hope, but it is an uphill struggle.”



Dr Aggrey Burke



Michelle Joseph, patient representative

What makes this Taskforce different from any other? That was one of the first questions

RCPsych patient representative, Michelle Joseph, asked before joining the team charged with creating the College's Equality Action Plan. "It's clear that these issues have been identified before, and it's clear change is not happening on anything like the scale needed," she adds.

Assurance came from Dr Rajesh Mohan, who was appointed last year as one of two Presidential Leads on Race Equality, alongside Dr Shubulade Smith. "It is all about action, is what he said," Ms Joseph explains. "They didn't want there to be a huge number of recommendations, but instead a plan that was smart and set to a realistic timeframe."

Equality action

Patient representative Michelle Joseph explains why the College's Equality Action Plan matters.

"Patient experience is so important, but so too is access"

Last autumn, RCPsych brought together an Equality Taskforce – made up of doctors and patient and

carer representatives, like Ms Joseph, alongside College staff – to hold a series of roundtable discussions with experts, including those with experience of mental health services. Published in January this year, the Equality Action Plan they created sets out how the College will promote equality and equitable outcomes for members, College staff, the mental health workforce, and patients and carers.

Launching the plan, RCPsych President Dr Adrian James was clear about its purpose: "Discrimination and prejudice, based on any of the protected characteristics, is inherently wrong and can lead to profound distress and unhappiness, which negatively affects mental wellbeing," he said. "To promote equality, we need to implement a process and a system that puts these goals centre stage at every turn. We need clear actions that help us achieve traction and momentum."

The document sets out why action is needed now. Profound inequalities still exist for Black, Asian and Minority Ethnic people in access to treatment, experiences of care and outcomes. The unmet needs of Black African and Caribbean people is leading to an over-representation of these communities in detention and a greater likelihood of Black adults

being detained under a section of the Mental Health Act. Urgency is needed too to tackle the discrimination faced by LGBTQ+ individuals in accessing healthcare, as well as the higher risk of suicidality they face. Inequality is still a reality for disabled people, particularly those with intellectual disability, that has an impact on their life expectancy. Women today also face inequality in too many areas of life.

The roundtables sought to learn from people who had experienced prejudice in the mental health system. "Sometimes it was heartbreaking," says Ms Joseph who listened to their stories, "but, unfortunately, it wasn't a surprise. I don't want that to be the case," she adds. It became clear that, while RCPsych has made strides in upholding the College value of respect, much more needs to be done to ensure equality and diversity is front and centre of everything it does.

Besides the roundtables, Ms Joseph and other members of the Taskforce undertook a thorough appraisal of previous recommendations on achieving equality from multiple organisations. "We had a lot of reading to do," she says. Having combed through them all from the patient's perspective, she was asked for her views as to which of them she felt were most important. "I looked for a whole range of things," she explains, from barriers to action to the systems that are needed to ensure progress can be measured.

"I was very focused on issues around duty of care and flagged up areas that I knew were really important because of my own experience," she says. While Ms Joseph now sees herself as a success story, thanks in large part to a mental health professional who was "amazing", she has "been on the receiving end of mental health care that hasn't been at all good".

"I know that trust is key," she says.

"I want to make sure that when a patient is involved in mental health services, they know that they can trust that organisation. Whether it's a psychiatrist or someone else, you need to know that you can trust that person to help you." This is especially true on wards, where patients can be very vulnerable, she says. "Patients need to feel that they're in a safe space and taken care of."

For Ms Joseph, of the 29 key actions in the Equality Action Plan, three areas stand out, all of which the College has committed to achieve in the first year. The first is the establishment of a Quality Improvement Collaborative to promote the implementation of the Advancing Mental Health Equality (AMHE) resource methodology, which she believes "is really going to help with how patients are treated on wards". Second is the commitment to champion and support the implementation of NHS England and NHS Improvement's Patient and Carer Race Equality Framework. Finally, she supports the proposed review of CCQI's Core Standards for mental health services to ensure that they promote equitable access, experience and outcomes for patients and carers.

"Patient experience is so important, but so too is access," she says. "People are having to wait potentially a year to be seen. We are losing people because of this. People are losing their lives because they are despairing, or families are having to take the strain and they are not equipped."

"For me now, it's about making sure I continue to make the College accountable for what it says it will achieve in year one," Ms Joseph adds. "Change will take time, but if it works towards better mental health for patients, then it'll be worth it."

The Equality Action Plan can be downloaded from www.rcpsych.ac.uk



Belgrave Square, home to the College from 1974 to 2013

As we come through this challenging period full of questions as to what comes next, the College is taking time to celebrate its history. Since 1841, RCPsych and its predecessor bodies have advocated for people with mental illness and the profession, and this year provides us with an opportunity to reflect on where we have come from and how we have adapted and changed over the past 180 years.

“We can learn much from considering the past, both the good and the bad bits,” says College historian Dr Claire Hilton. “How our forebears strived with challenges can give us ideas about how we might respond today in similar circumstances.”

The anniversary is being marked in various ways throughout this year. A wide-ranging series of online webinars, for instance, has been curated to open up the College’s history to members, covering topics such as: the part played by Jewish doctors in the development of psychiatry, how the patient’s voice has grown over the last 180 years, and the best and worst of Henry Maudsley.

Included with an issue of *Insight* later this year, there will be a special supplement commemorating the anniversary. It charts the College’s journey from the very first meeting of RCPsych’s earliest predecessor body, the Association of Medical Officers of Asylums and Hospitals for the Insane at Nottingham asylum in November 1841, right up to the present day.

A particularly turbulent period of the College’s history has also been captured on film. In 1968, as political movements ignited around the world, the Royal Medico Psychological Association (as the organisation was then known) experienced its own uprising. Junior psychiatrists seeking to modernise training and standards clashed with the establishment of the RMPA in an acrimonious and public row that lasted

Taking the long view

We take a look at some of the celebrations to mark the 180th anniversary of the College in all its guises.

“How our forebears strived with challenges can give us ideas”

many months. The short film captures the testimonies of those that fought for change during this period.

In addition, this year’s celebrations include an opportunity for psychiatrists today to contribute to the College’s collective history. Members, as well as other medical staff, patients and campaigners, are invited to contribute their views – which could be in the form of a piece of prose or poem, film or music – to create a ‘Future Archive’ documenting how services are delivered and experienced now. The deadline for submissions is 30 April and RCPsych is keen to encourage a diversity of views on mental health services.



Virtual Congress 2021

“History is like a jigsaw,” says Dr Hilton. “It lets you see how the whole picture came together: public perceptions, the patient’s voice, legalities, economics, politics, the media, science, medicine, professional roles and rivalries, buildings and facilities. They all coexisted in the past like they coexist today, even though the shapes of the pieces vary.”

“In the context of a prolonged disaster – this certainly includes both world wars, but also to an extent what we are experiencing today – people with the

most serious mental illnesses are often neglected,” says Dr Hilton. “When the economy begins to recover, physical health services tend to get priority over mental health services, and the ‘parity gap’ widens. We must do our best not to let this happen by working with all those other parts of the ‘jigsaw’.”

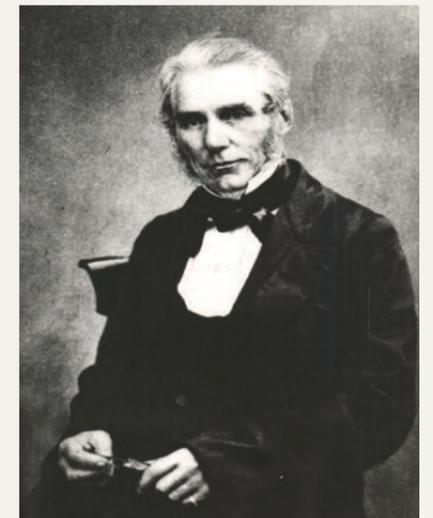
To find out more about RCPsych’s 180th anniversary events, including details of the webinar series, visit: www.rcpsych.ac.uk/about-us/celebrating-our-history

Coming together

The earliest predecessor of the College, the Association of Medical Officers of Asylums and Hospitals for the Insane, was the first national psychiatric body anywhere in the world. In 1841, Dr Samuel Hitch of Gloucester asylum wrote to colleagues around the country that they “should be better known to each other”. There was a need, he wrote, to share their experience, collate data and help each other improve treatment for mentally ill people. Forty-five asylum doctors answered his call, 11 of whom attended the very first annual meeting. Subs at the time were one guinea.

From the outset, founder members sought to shift perceptions of mental illness. Recognising the role that language plays in reinforcing attitudes and stigma, they proposed replacing the word ‘asylum’ with ‘hospital’ in a bid to reframe the treatment of mental illness from a site of detention to a place for treatment and recovery. It marked the beginning of the long journey to parity of esteem with physical health.

Today, the College shares much with the Association formed some 180 years ago, albeit on a very different scale. Thousands now attend RCPsych’s annual International Congress, which this year, for the first time, is an entirely virtual event. But the impulse that led to the Association’s creation is unchanged: that psychiatrists come to better know and learn from each other’s work through membership of the College for the benefit of those with mental illness.



Dr Samuel Hitch: Founder of the Association of Medical Officers of Asylums and Hospitals for the Insane, the first predecessor body of the College in 1841

Vaccine preparation

With the vaccine roll-out at full tilt, what practical steps can psychiatrists take to ensure vulnerable patients receive protection?

The vaccination programme to protect people against COVID-19 is arguably the one real public health success in the UK over the course of the pandemic. By lobbying to include people with mental as well as physical vulnerabilities in the higher-priority groups, the College can claim to have played a role in its success.

At the end of last year, the guidance from the Joint Committee on Vaccination and Immunisation was updated to include RCPsych's recommendation that adults under 65 years of age with severe mental illness, severe and profound learning disability and Down syndrome should be included in the cohort of individuals with underlying health conditions (group 4). At the end of February, this cohort was extended to include all adults with intellectual disabilities, after pressure from a number of different organisations, including the College.

Vaccine take-up has been very good in the UK overall. Yet, some people, including those who are more vulnerable to COVID-19, are proving harder to reach, whether that's because they have concerns over safety, lack awareness, or they experience other barriers to accessing the jab. What can psychiatrists do to

help address these issues among their patients, especially those who may find the information hard to follow or may lack capacity altogether?

The most important point emphasised by those with experience of delivering vaccination programmes is that people's concerns need to be taken seriously, whether these are worries about side-effects or the Bill Gates microchip conspiracy theory.

"Give visual aids, assess their capacity and choose your moment"

Simply dismissing these feelings and beliefs doesn't work and, in fact, can be counterproductive, given the persuasive volume of anti-vax misinformation out there, including targeted misinformation through social media.

Instead, what's needed to allay concerns is "preparation, negotiation and clear information," says Dr Mani

Krishnan, who is the Chair of the Faculty of Old Age Psychiatry at RCPsych. "Give visual aids, assess their capacity and choose your moment," he suggests.

One example he gives is in trying to get past doubts over the seriousness of the virus. "Explain that you're not scaremongering, but that it is very different from flu. That explanation takes time, but it's very important," he says. With older people, it is often particularly important to also include families and carers in these discussions, he adds. "I do have some families who don't want their loved one vaccinated," but by educating them too, he says they "generally come to an agreement." The situation is not helped by people being unable to visit their GP surgery, according to Dr Krishnan, which is where they are used to accessing health information from pamphlets and leaflets. "It means the information they have is mostly from the TV news," which he says has led to some patients experiencing concerns.

For those with intellectual disabilities, the issues are slightly different, but just as important.

This group of people have died from COVID-19 at a far greater rate, and younger, than the average population. "People with intellectual disabilities are highly vulnerable, and mortality rates confirm this," says Dr Ken Courtenay, Chair of the Faculty of the Psychiatry of Intellectual Disability.

Dr Courtenay echoes the importance of preparation and assessment for people who aren't sure about the vaccine. "The big challenge for us is in ensuring that families and support staff are actually preparing people for the vaccination programme," he says. "Consent forms are available on NHS England's website for people to complete, and we are encouraging support staff to do this."

For people who have capacity, there are 'easy-read' and accessible materials developed by groups such as Learning Disability England and Mencap. "In more difficult situations, where it's harder to obtain consent, the local community teams should consider completing capacity assessments on people," Dr Courtenay says. "This is about equity and equal access to healthcare. We do have mechanisms and it's really important to protect people from this disease."

Mental capacity is a crucial issue here and capacity, importantly, is 'decision specific'. The assessment, in this case, is whether someone is able to understand the issue of vaccination and make a decision about it. In the case of older people, Dr Krishnan explains, it's about assuming everyone has capacity until proven otherwise: "Just because we have given a diagnosis of dementia, doesn't mean we automatically assume they don't have capacity. We will ask if they understand about the pandemic, as that will be the key. Then we talk about the vaccine and what it will do to fight against the virus. Nine out of 10 times, as you work through these questions, it will not be too complex for them," he says. If someone with capacity has made an informed choice to refuse the vaccine, he adds, it must be recorded and their wish respected, even if others consider this an unwise decision.

When someone is judged not to be able to understand what's involved, however, the decision needs to be taken in their best interests. If they have formally designated a power of attorney for health and welfare and now have no capacity,

that person should be consulted to make the decision. If not, it's up to a multidisciplinary team, which consults everyone concerned including any relatives who know the patient best. Importantly, though, they are thinking about the decision that the person without capacity would have taken, considering both the risk and benefits associated with having or not having the vaccine, and also the patient's previous wishes. "I have a couple of patients who won't even take paracetamol for pain. Those are the ones whose best interests we look at," says Dr Krishnan. The point is to understand and fill in the views of the person and what decision this person would have taken.

Vaccination cannot and should not be forced, everyone agrees. But with the death toll in the UK among the worst in the world, continued efforts need to be made – including better information, preparation and assessment – to protect those most at risk. As RCPsych President, Dr Adrian James says: "We hear a lot about numbers, but behind those numbers are real people. There are going to be real gaps in our lives."



Caring for the carers

Evidence shows healthcare staff are experiencing understandable mental distress caused by the pandemic. But it also shows how to effectively support the workforce through the current crisis and beyond.

During 23 years as a medical officer in the UK armed forces, Professor Neil Greenberg learnt a lot about helping an under-pressure workforce deal with traumatic events. In hostile environments including Afghanistan and Iraq, he helped individuals find ways to carry on in the face of horror, allowing them to contribute to the vital work of a service that simply could not stop.

Today – a year into a pandemic which has already claimed more than 100,000 lives in the UK – these are lessons he’s applying to the health and social care workforce.

Greenberg, now Professor of Defence Mental Health at King’s College London and the College’s lead for trauma and the military, says the need to support these workers is clear. A study of intensive care unit staff, which he is leading, shows nearly half are currently likely to meet the threshold for post-traumatic stress disorder (PTSD), severe anxiety or problem drinking.

“What we’ve found is that the levels of reported symptoms of distress are really high,” he explains. “They are much, much higher than we would see

“Most people don’t go and seek help from professionals, but they do speak to their colleagues”



Dr Ananta Dave

in military veterans who have served in combat.”

But there is a crucial way in which research on COVID-19’s impact diverges from much other study of trauma. “Most research looks at the impact of the trauma after it has happened,” says Professor Greenberg. “But these people are still doing the traumatic work.”

What that means, he says, is that it is very difficult to know the likely longer-term mental health impact. Some healthcare staff will entirely recover once the pandemic ends or eases, perhaps even experiencing post-traumatic growth. But a proportion will prove to be symptomatic in a way that requires clinical care.

Regardless of the ultimate level of clinical need, action is required now. For Dr Ananta Dave – who is Medical Director and a consultant psychiatrist at Lincolnshire Partnership NHS Foundation Trust, and who works to prevent suicide in doctors – that’s

partly down to a moral prerogative. But there is also a practical impetus, she says: “If you want to keep services running and provide good quality care, then you require a well-looked after workforce.”

Indeed, research shows that any mental health issues relating to trauma – not just diagnosable mental illness – impact on someone’s ability to do their job. In safety-critical jobs, this so-called functional impairment can have serious consequences.

“If you’re functionally impaired in Afghanistan, you might miss an improvised explosive device,” explains Professor Greenberg. “In intensive care, you might miss someone’s changing physiology.”

So, what can organisations do right now to help those experiencing distress? Dr Dave points to the importance of creating strong teams. “Supporting initiatives like Schwartz Rounds [in which all staff can discuss the emotional impact of their work] is very important.”

Professor Greenberg echoes the need for this sort of reflective practice. He also stresses the value of formal peer support, because “we know that most people don’t go and seek help from professionals, but they do speak to their colleagues”.

And he believes everyone in a supervisory position should be equipped to have conversations about mental health.

“The evidence is that if you have a supervisor who’s able to have what we call a ‘psychologically savvy’ chat, that can lead to a 90% reduction in the likelihood that someone will become unwell, and it can reduce sickness absence by 90% again.”

The importance of enabling people to manage their feelings so that they can continue working, even during a very traumatic time, is something Professor Greenberg emphasises frequently – and it’s a view again informed by his experience in the armed forces.

“The military deals with a lot of highly distressed soldiers, but in the middle of

a battle you can’t say: ‘Well, if you’re distressed, off you go.’ You have to make this judgement about how you can get someone back to duty.

“You might think that sounds cruel, but when you look at the long-term evidence, the more effective you are at getting people back to duty, the better their mental health is 20 years later.”

This isn’t the only aspect of military response to trauma that Professor Greenberg hopes will be applied to the NHS. He speaks of the Armed Forces Covenant, which entitles veterans to special access to mental healthcare.

“Why should you not do the same for healthcare staff who have given their all during this crisis? This needs to come about politically.”

The potential for that sort of progress is, he suggests, a reason for optimism. “One of the hopeful post-pandemic things is that our learning about how to deal with these traumatic instances in a more effective way will increase.”

Professor Neil Greenberg





Professor Mike Crawford

A question of quality

As he steps down as clinical lead for the College Centre for Quality Improvement, Professor Mike Crawford reflects on CCQI's work and its goal of helping teams improve their quality of care.

As a psychiatrist, how do you know you are providing the best care for your patients? The College Centre for Quality Improvement (CCQI) helps make this easier for mental health teams through quality networks, accreditation programmes, national audits and research. "It helps people share learning and spread good practice," explains CCQI's outgoing director, Professor Mike Crawford. "This is important because there is a lot of unwarranted variation in the quality of care that patients currently receive."

CCQI's remit is vast as is its reach throughout the NHS, with every mental health trust in England and health board in Wales participating, as well as some in Scotland, Ireland and further afield. Most of

"We report information at a level that actually matters to psychiatrists"

the programmes are voluntary. As Professor Crawford says: "It is a testament to the expertise and hard work of the CCQI staff that membership levels are so high."

He is proud of the expansion achieved by the team in the past decade. There are now 27 networks that cover mental health services ranging from community CAMHS teams to inpatient forensic units, and over

1,600 teams participate in programmes.

One of its many success stories is sustained improvements for people with psychosis by increasing access to psychological treatments, securing safe prescribing and delivering better physical healthcare. Professor Crawford says: "Before the Accreditation for Inpatient Mental Health Services Programme, most people in inpatient wards did not have access to psychological therapies, but now most do. Ten years ago, many patients were receiving medication at doses that caused more side-effects than benefits. The Prescribing Observatory for Mental Health has greatly reduced the use of high-dose prescribing."

CCQI pays close attention to the way data is collected, used and presented. Local reports are tailored to teams. "Rather than trust-wide findings, we report information at a granular level – at a level that actually matters to psychiatrists and the people they work with," Professor Crawford says.

Over the next 10 years, he would like to see an expansion in the mental health audit programme. At present, only one of the 27 national audits is specifically on mental health compared with seven on cardiology. One of the reasons for this is the challenge that mental health services have in measuring outcomes. Most quality improvement programmes in mental health focus on the process of care – if the right treatments are being delivered at the right time – and that's important. But service quality is ultimately about improving the lives of patients. "We need to find ways to integrate the collection of patient outcomes into clinical practice, so that we can work out how and why some services are able to deliver more effective care," he says. He believes that greater focus on patient outcomes in the next 10 years will help increase the impact of audits, accreditation services and other improvement initiatives.

Work at CCQI has had to change since the start of the pandemic – accreditation and peer networks have moved online and its virtual events have helped staff continue to share good practice and maintain high-quality care despite the increased demand for services.

Professor Mike Crawford became director on a 5-year secondment but has stayed for 10. He is keen to stress the strength of the CCQI team and its overriding goal to 'support teams in assessing and improving the quality of care they provide'. What could be more central to RCPsych's goals than that?

If you would like to apply to be the next Clinical and Strategic Director of CCQI, please email CCQI Senior Associate Director Peter Thompson at peter.thompson@rcpsych.ac.uk.



Dr Kate Lovett

End of term celebrations

As their tenures as Dean and Treasurer come to an end in late June, we reflect on the inspiring contributions of Dr Kate Lovett and Dr Jan Falkowski.



Dr Kate Lovett

Dr Kate Lovett

When Dr Lovett began her tenure as College Dean, nearly a third of psychiatry places in England remained unfilled. After five years, the increase in applicants for core training meant 100% of the posts available were filled.

Dr Lovett, who has been responsible for training, education, recruitment and retention, played a pivotal role in this success. She was the driving force behind RCPsych's Choose Psychiatry campaign, did much to raise the profile of psychiatry in the national press, including appearances on the BBC's red sofas, and built an impressive following on social media. But it is perhaps her journeys around the UK, meeting countless trainees and students face to face, that have done the most to persuade record numbers to enter the profession.

Dr Lovett's energy and commitment to the profession has taken her beyond our borders as well. During her tenure, she has

travelled to China and India to advocate for the College's international ambitions, share experience and of course talk to students in these countries.

Raising standards at home and ensuring that the College's output is fit for purpose has also been a major focus of her work. As Dean, she helped lead the migration of the MRCPsych exam online, which has led to 3,600 candidates taking the exam virtually in what President Dr Adrian James described as one of the largest achievements in the College's history.

The College is immensely grateful to Dr Lovett for the five years of hard work and energy she has brought to the role of Dean.

Dr Jan Falkowski

As Treasurer overseeing the financial health of the College for five years, Dr Falkowski has shown something of a sixth sense, implementing changes that have seen RCPsych not just survive, but thrive throughout the challenges of the past 12 months.

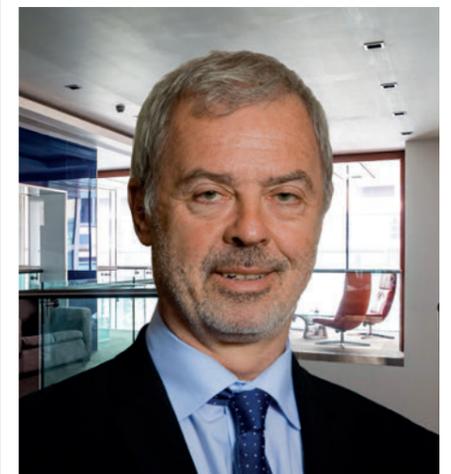
In 2018, Dr Falkowski authorised a major investment in IT at RCPsych to improve both the resilience of the College's systems and the quality of services for members and staff. Less than two years later, the wisdom of this decision was made abundantly clear when the pandemic mandated remote working and a shift to online services. The investment meant that the College was equipped to stage its first ever fully remote CASC last year and ensured that members could stay connected by tuning into the College's many online conferences, events and webinars.

The investment in IT was enabled by the sale in 2017 of unused land behind the

College headquarters for £2.4m, another initiative led by Dr Falkowski. The same year, he also spearheaded changes to how the College publishes journals and books, striking a deal with Cambridge University Press. As a result of these and other actions, Dr Falkowski ensured that the College came through this challenging year with a projected surplus.

Perhaps his most significant contribution, however, has been leading on change to the College's investment strategy. In 2020, RCPsych removed fossil fuels from its £12m portfolio and committed to only investing in responsible companies. Not only does this better reflect RCPsych's values and responsibilities, but it is estimated that the College would be £1.5–2m worse off were it to have stuck with its previous investment policy.

RCPsych wholeheartedly thanks Dr Falkowski for all his hard work. The College would be poorer, in both senses of the word, without his many inspired contributions.



Dr Jan Falkowski

Prisons and the pandemic

An already vulnerable population is being hit hard by measures to control the virus.

With little fanfare at the end of January, a programme of vaccinating prisoners began, thanks, in part, to lobbying by RCPsych

President Dr Adrian James. While receiving far less attention than the enormous rollout of vaccines to the old and sick, protecting those in custody against COVID-19 is no less urgent.

More than 10,000 prisoners tested positive for the virus from the start of the pandemic to January this year, fuelled in part by a 70% surge in cases in December. In a prison population of 78,000 this equates to roughly one in eight adults and children in custody being infected.

By the end of December, the virus was suspected or confirmed to be the cause of death of 51 prisoners and 28 probation service users in England and Wales.

Anxieties about COVID-19 transmission are understandably very real among prisoners. It is the strict measures put in place to control the spread, however, that has contributed most to a deterioration in the mental health of the prison population, with prisoners being confined to their cells for up to 23 hours a day and curbs on family visits and rehabilitation services.

The effect of such restrictions is causing great concern among psychiatrists. "We have seen an unusually high number of referrals to the prison Mental Health In-Reach Team and more acute psychiatric presentations during the pandemic," says Dr Santosh Mudholkar, a consultant forensic psychiatrist who works in offender health in the East Midlands.

"There seems to be an escalation in anxiety and stress, sleep disturbance,

"There are big barriers to the transfer of prisoners into the health service"



Dr Santosh Mudholkar

depression, self-harm and, in some cases, florid acute psychosis not seen to this degree during day-to-day prison clinical work in the pre-COVID era," he says.

There is some research to support his observations. The number of self-harm incidents among prisoners, which saw a small decline last year, suddenly shot up by 9% in the last quarter of 2020, perhaps mirroring the second wave of COVID-19 infections. Self-harm among the female prison population saw a much steeper rise of 24% in the same period.

While many prisoners have pre-existing mental disorders – the prevalence of psychosis among male prisoners, for example, is up to 20 times that of the general population – others become ill following, and often as a result of, incarceration. It is feared that the pandemic – and measures designed to control it – will lead to an increase in mental illness across the board at a time when the ability of psychiatrists and mental health services to treat people is severely hampered.

When a prisoner develops a severe mental disorder, they are generally transferred to a secure psychiatric facility for treatment. Even before COVID-19, it was a complicated process involving several different agencies, which often led to big delays. Now, in the midst of the pandemic, Dr Mudholkar is finding that he's having to work "maybe twice or three times as hard to get those who are severely ill into secure facilities".

"There are big barriers to the transfer of prisoners into the health service," agrees Dr Josanne Holloway, Chair of RCPsych's Forensic Faculty. Reforms of the Mental Health Act are currently under way to help address this, but in the meantime it remains a complicated transfer process. Dr Holloway is also concerned about

what happens to prisoners discharged into the community. Half of them will have no fixed abode when they leave prison, a situation Dr Holloway describes as "tragic" and one that contributes to a vicious circle. "We are seeing prisoners being released, not getting adequate follow-up, experiencing mental state deterioration, perhaps reoffending because of this, and then going back to prison or to hospital. And the whole cycle goes round and round again." Her faculty is looking to work with colleagues in the College's General Adult Psychiatry and Addictions faculties to address some of these issues.

Then there is the fact that some people are being released into a world that is very different from the one they left when incarcerated, with stay-at-home orders and new rules around social distancing. Protective social networks, such as family and friends, may not be able to meet prisoners when they are released; restrictions are in place on face-to-face clinical contact by community mental health services; and as Dr Mudholkar points out, many ex-prisoners may have little or no access to IT and are likely to remain isolated.

There are also serious problems faced by the remand system, which has become a pinch-point due to the prior forced closure

of courts for many months. As a result, the remand population increased by 24% in the year to December. The prevalence of mental ill-health among remand prisoners is significantly higher than among those serving time following a conviction.

There are some brighter spots in this picture. Self-inflicted deaths in prisons in England and Wales were down 21% last year and the number of incidents of assault fell by slightly more (27%), before ticking up again in the last quarter. Assaults on staff were also down last year (16%).



Dr Josanne Holloway

These trends may simply be a consequence of the limits placed on prisoners' freedom of movement. As both Dr Holloway and Dr Mudholkar point out, prisoners confined to their cells for 23 hours a day are less likely to be able to access instruments or substances with which to self-harm, and opportunities to assault anyone have been few. Both say it is difficult to draw any firm conclusions at this point.

Prison psychiatrists have also managed to adapt to a world where face-to-face contact is limited through the use of telephone and video consultations. Dr Holloway can see a positive in this in that it has made communication easier. "If you were assessing somebody for admission, for example, and had to arrange to go to the prison, that would probably take half a day for a local prison. If you can do some of that online, you can devote more time to the interview and less to the bureaucracy and difficulty of getting in and out of the prison."

As with the population at large, the vaccine offers the best hope to prisoners. Until then, and with it the easing of measures to control the virus, psychiatrists will continue to find ways to look after this already fragile and vulnerable group of people.



Illustration: Owen Gent



A Congress **like no other**

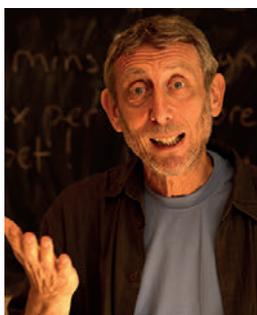
For four days in June, RCPsych will stage its first ever virtual International Congress. Here's what members can expect.



Professor Prabha Chandra



Professor Chris Whitty



Michael Rosen

The pandemic may be preventing us from meeting in person at this year's International Congress, but it hasn't curtailed our ambitions for the event. When delegates dive into the immersive and interactive platform that will host the conference, it will feel very different from RCPsych's online events to date.

The most important, practical difference from previous Congresses is that members won't have to miss any sessions due to a clash in the schedule. All the content will be available through the Congress platform, allowing attendees to view over 120 hours of educational activity in their own time.

Given the quality of the speakers, this is good news. Sessions range from high-profile international keynotes, including Chief Medical Officer, Professor Chris Whitty, and popular author and poet Michael Rosen, to five concurrent streams featuring world-class academics and clinicians, people with lived experience and opinion leaders from the social and political sphere. This year's Congress will also feature sessions and masterclasses covering the gamut of psychopharmacology, new science, clinical practice, policy and media, education and training, and more.

Congress is not just about learning. So, to fulfil delegates' need to discuss and debate topics, the online conference will feature a new Congress Lounge. This will host more in-depth interactive sessions, including extended Q&A sessions with our keynote speakers.

International Congress has always been an important social occasion too. As a result, another innovation introduced this year will be the cultural Congress Fringe. Designed to give attendees the chance to explore and unwind – with wellbeing sessions, music, theatre, poetry and film – it will also include social sessions where members will be able to network and interact with fellow psychiatrists from across the world.

Finally, engaging with RCPsych posters will be an altogether different experience in 2021. Being both online and interactive, the posters will include dynamic content that will bring the work to life. The number of slots for the popular quick-fire rapid poster sessions has also doubled this year, with the creators of the top-scoring posters being given the chance to pitch their work to a live audience. And for the first time, all presented abstracts will be published in a special supplement of *BJPsych Open*.

Keynotes from:

- Professor Chris Whitty, Chief Medical Officer for England
- Dr Fiona Godlee, *BMJ* editor in chief
- Michael Rosen, author and poet
- Professor Prabha Chandra, National Institute of Mental Health and Neurosciences, Bangalore
- Professor Sir Michael Marmot, Institute of Health Equity
- Dr Huda Zoghbi, winner of the 2020 Brain Prize for her fundamental and pioneering work on Rett Syndrome.

A taste of what's on offer:

- **How to make friends and influence people:** Tune in for a psychiatrist's guide to lobbying and campaigning. It can be hard for politicians to understand what's really happening on the ground and so, this session is a crash course on making your voice heard.
- **Disorders at the interface of neurology and psychiatry:** This full-day training course returns to explore the disorders at the interface of neurology and psychiatry. Topics this year include: how to search for biomarkers, COVID-19 and the nervous system, and diagnosing delirium and dementia in a general hospital setting.
- **Activist psychiatrists and the climate and ecological emergency:** Learn about the mental health and psychological impacts of the climate crisis, the intersection of social, racial and climate justice, the reasons we choose to take action, and the important role psychiatrists can play in the crisis.

RCPsych International Congress 2021 runs from 21–24 June. Book your place now at: www.rcpsych.ac.uk/events/congress