

RCPsych INSIGHT



ACT AGAINST

RACISM

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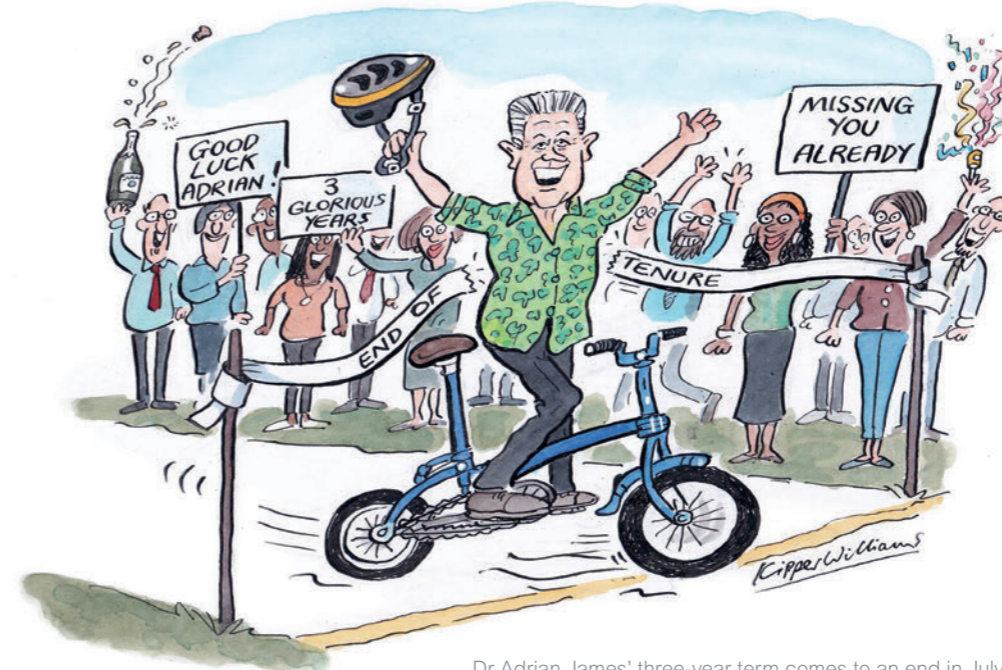
College in the media

Over the past quarter, the College has worked hard to raise awareness of important issues via the media.

In early June, RCPsych President Dr Adrian James took to the airwaves to express concern about reported plans by the Metropolitan Police to stop officers attending 999 calls about mental health incidents, starting on 31 August. The College warned that it was "impractical to make decisions like these before we have worked out what will happen in some very concerning situations, both for patients with mental illness, but also for the public and police officers alike." The story was covered by over 50 broadcasters and 115 newspapers and online news sites across the UK, including the BBC, Sky News, *Good Morning Britain*, the *Guardian* and the *Daily Mail*.

During Maternal Mental Health Week in May, RCPsych highlighted the lack of data concerning the number of women screened for mental illness at their 10-week antenatal booking appointment. College Registrar Dr Trudi Seneviratne urged new and expectant mothers experiencing mental health issues to ask for help. The call was covered by 202 media outlets across the UK, reaching an estimated 3.5m people.

Also in May, during Mental Health Awareness Week, the College highlighted rising rates of preventable premature deaths among adults with severe mental illness. President Dr Adrian James called for annual physical health checks for everyone with severe mental illness and for a concerted plan of action to reduce preventable deaths. The call was covered by 186 radio and other media outlets across the UK, reaching an estimated audience of 3.4 million people.



Dr Adrian James' three-year term comes to an end in July

Shaping the debate at Westminster

In recent months, the College has been very active in Westminster, engaging with MPs and peers on a wide range of issues. The All-Party Parliamentary Group (APPG) on Mental Health, for which the College provides the Secretariat along with Rethink, has met to elect a group of Officers from both Houses. The APPG also held an event on the future of Children's and Young People's Mental Health, which was well attended.

The College has been actively engaging with MPs and peers on the Illegal Migration

Bill, due to concern about the impact that detention will have on the mental health of children and adults. The College is also calling for an effective screening process to be established, led by clinicians to identify people with severe mental illness so they can be exempt from the measures.

The Online Safety Bill is also a concern, and RCPsych is calling for appropriate safeguards to protect children and vulnerable people from harmful content. In the month of May alone, the College was mentioned 18 times in Parliament, its best performing month in many years.



Smartphone app launch

The new *BJPsych* journals app will be launched at this year's International Congress, which will be taking place from 10-13 July this year in Liverpool.

The College's world-leading journal content is already available online via the CUP website, but the dedicated app now means digital access is easier than ever.

Designed for smartphones, the app's interface aims to capture the experience of browsing a print copy on the go, but it also integrates some of the journals' additional online content, including author

videos and podcasts.

Online access to the whole journal portfolio remains included in your membership. However, effective from January this year, members have had to inform the College through their RCPsych website member accounts if they would like to additionally receive any print copies of the journals.

You will need your RCPsych member website login to access the app, so have this ready. If you don't know your login, you can request a password reset online or contact our membership team at membership@rcpsych.ac.uk

CASC: Return of the in-person format

The College's CASC exam will return to its in-person format this September, after a successful 3-year run of it being delivered online.

The CASC was digitised in September 2020 to adapt to the challenges of the pandemic, such as social distancing restrictions. The project that made this possible was the biggest in the history of the College, and saw the clinical exam developed into a digital format, as well as digital versions of Papers A and B created – all in just five months.

By switching to a digital delivery for the

MRCPsych examination, the College has enabled more than 12,000 people to take the exam online, despite the challenges caused by Covid, enabling many to continue to move into national recruitment as planned.

Following the completion of a College assessment strategy review – which consulted candidates, trainees who have sat the exams, examiners, and educators – the face-to-face CASC format is now returning. Papers A and B will continue to be delivered online permanently.



President's update

Welcome to the summer issue of *Insight*, the last issue of my presidency. I am proud to say that over the last three years, the College has made significant strides in all four areas I set out as priorities at the start of my time in office: equality, diversity and inclusion; parity of esteem; workforce wellbeing; and sustainability.

These accomplishments belong to the College as a whole – an example of a collective effort of the entirety of RCPsych: its members, its patient and carer reps, its leadership and its staff. I'd like to take this opportunity to say a huge thank you to all of you. We still have much to do.

Among the topics covered in this issue of *Insight*, I'd particularly like to highlight the ambitious and far-reaching campaign being launched this summer – Act Against Racism – which aims to tackle racism in the UK's mental healthcare employer organisations.

Finally, as I pass the presidency baton on to Dr Lade Smith CBE, I want to say how fantastic it will be to have her at the helm. I know Lade will have the full support of the inclusive and dynamic collective that is RCPsych.

Dr Adrian James

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A vote for inclusion

The proposal to extend voting rights to College Affiliates will be put to the vote at this year's AGM.



Dr Adrian James,
President



Dr Trudi Seneviratne,
Registrar



Professor Subodh Dave,
Dean



Professor John Crichton,
Treasurer

RCPsych's Officers – President Dr Adrian James, Registrar Dr Trudi Seneviratne, Dean Professor Subodh Dave

and Treasurer Dr John Crichton – will put forward a proposal to extend voting rights within the College to all of our Affiliates at this year's AGM on 11 July.

The move – which would enhance the rights of specialty and specialist (SAS) doctors within the College – is supported by the RCPsych Council and Trustee Board, in addition to being strongly backed by all four College Officers.

Although the suggestion was put forward at last year's AGM, it was part of a bundle of a total of 11 proposed rule changes. This time, it will be put to members in a separate, standalone vote.

Two other proposed rule changes will be tabled at the AGM: to allow the chairs of the College's International Divisions to become full members of Council, and to change the name of Council from 'UK Council' to 'Council of the College'. However, each matter will be voted on separately.

This year's AGM will also provide all eligible members with the chance to vote on the proposals online. This is due to a constitutional change agreed at a Special Meeting of the College in November, which means that all AGMs and EGMs will now be held as hybrid events. Last year, an option to vote online was enabled, but due to IT difficulties not everyone was able to cast their ballot. In preparation for this

“We simply won't be able to deliver mental health services without our SAS doctors”

year, however, additional measures have been taken to ensure the online vote is rolled out as smoothly as possible.

The Officers believe that extending voting rights to all 1,527 College Affiliates is a vital part of our strategy to ensure that all SAS doctors feel supported and valued by the College.

College Affiliates make up a substantial proportion of our total 2,646 SAS doctors in our membership. Most other SAS doctors are full College members, having passed the MRCPsych exam.

Dr Adrian James says: “SAS doctors account for 24.3% of the psychiatric workforce and we believe it's critical they are supported and valued, and treated with respect and dignity, by everyone in mental health services and at the College.

“SAS doctors are a growing cohort of the workforce in all medical specialties and if we want psychiatric services to be able to deliver for our patients, it will be increasingly important to ensure they feel included and have a sense of belonging,” he said. “In the future, we simply won't

be able to deliver mental health services without our SAS doctors.”

He added: “SAS doctors are disproportionately female and from Black, Asian and minority ethnic backgrounds – so I think this proposal very much aligns to our agenda to promote equality, diversity, inclusion and belonging.”

The proposal is backed by the Chair of the Academy of Medical Royal Colleges, Professor Dame Helen Stokes-Lampard, who believes that all colleges need to do as much as they can to be inclusive of SAS doctors. Virtually every other medical royal college already enables all, or some, Affiliate-equivalents to vote in their elections.

When the Officers put the proposal to extend voting rights to the AGM last summer as part of the bundle of suggested changes, it fell at the first hurdle: Despite 62% of members voting in favour of the changes, a majority of two thirds is required for changes to be passed.

The standalone proposal to extend voting rights to College Affiliates was then put to an EGM in September, but the meeting was abandoned after the news broke that Her Majesty The Queen had passed away.

When the proposal is put forward at the coming AGM, which is being held between 6–8pm on 11 July at the International Congress in Liverpool, it will once again need to be backed by at least two thirds of voting members.

Meanwhile, the separate proposals – to allow the Chairs of International Divisions to become full members of Council and the suggestion to change the name of Council – are being made because the Officers believe that with 3,732 members based outside of the UK, we should do more to recognise we are an international organisation.

To ensure consistency of member experience, votes at the AGM will *not* be counted by a show of hands of those at the conference centre. Instead, *all*

members are being asked to cast their votes online. So anyone attending the AGM – whether in person or online – will need to vote using a webpage provided by CIVICA Election Services (formerly the Electoral Reform Services).

If carried, the proposal will give a vote in College elections to qualified medical practitioners who:

- are working as psychiatrists in the UK
- do not hold the MRCPsych qualification
- do not hold specialist registration
- have met the criteria for appointment to their post, as set out from time to time, by the Department of Health in the UK, and
- have worked as a psychiatrist for at least three years.

It is exclusively voting rights that will be extended if the proposal is carried, and Affiliates would still not be able to stand for College Officer or other national roles, as our Regulations state that only full members (those who have passed the MRCPsych exam) and Specialist Associates can stand for election for College positions.

The SAS perspective:

“Please support the voting rights for SAS affiliate members at this year's AGM, so we can move forward as one inclusive, equitable and progressive College that truly represents the diverse voices within our profession.

SAS College Affiliates have long been a significant part of the psychiatric workforce, contributing expertise and dedication to psychiatry. We bring a wealth of unique viewpoints, cultures, and experiences that enrich mental healthcare. SAS doctors are largely an international, minority ethnic and female part of the workforce, and we have often been marginalised and treated with undeserved ambivalence. Psychiatry is our career, and we want to belong to the College. This includes being respected for our career choice and being able to vote, being represented within the membership and empowered to actively contribute to shaping the future of the College and the profession.

I acknowledge the concerns raised by some, but I assure you that embracing the diverse perspectives and talents we bring will strengthen the integrity and quality of our College. Our commitment to excellence in patient care is unwavering, and we seek nothing more than a seat at the decision-making table.

By supporting our right to vote, you can help build a more equitable and vibrant RCPsych for all.”



Dr Lily Read, Chair of the SAS Committee

Find out more about what Affiliates and SAS doctors are and how the voting procedure will work on the College's dedicated webpage. Search 'AGM FAQs' at rcpsych.ac.uk or go to bit.ly/3P3legC

Note that only eligible members (Fellows, Members and Specialist Associates) will be entitled to vote on any resolutions put to the AGM.



Dr Adrian James

Leading through challenging times

Dr Adrian James reflects on his time as president of RCPsych as he prepares to leave office.

Dr Adrian James was elected president in January 2020, a few days before the first known cases of Covid-19 were reported in the UK. By July, when he took over the post, it was clear that his presidency would be dominated by “the biggest thing to happen to the NHS in its whole existence,” he says. As he looks back over the past three years and the challenges of the pandemic, he is impressed by the way

“I learnt more in this job than in anything else I’ve ever done”

the College responded, praising “our members and their can-do attitude, the policy documents we produced and our lobbying for people with mental illness.”

He is keen to recognise the collective effort: “The leadership of the College, the College members and the College staff – it’s that triumvirate that should take credit for things.” However, he took the lead on issues such as vaccinations for people with severe mental illness. When this vulnerable group were left off the priority list, he was able to present the evidence and the decision was swiftly reversed.

He had a central role in discussions and decision-making along with other

health leaders, at times attending weekly meetings with the Chief Medical Officer and the Health and Social Care Secretary. Mental health was given a spotlight and a voice as people realised the impact of the pandemic. “There was a willingness to engage with mental health issues and how we would address these huge problems that Covid made worse,” he says. “I felt very much included, wanted and listened to.” He describes the “energy and camaraderie” that made it easier to solve problems quickly. “I hoped that we would be able to hold on to some of that moving forward, to benefit patients,” he says.

As mental health has increasingly found itself under the media spotlight, the College has ensured it has a pool of expert psychiatrists, supported by the College’s communications team, ready to talk about mental health and the inherent complexities. Often it was Dr James who was interviewed. The last May bank holiday, for example, he did eight high-profile media interviews after Sir Mark Rowley’s announcement of the Met Police’s change of policy on mental health call-outs.

The past three years have presented

a mass of challenges – the pandemic, wars and displacement, the junior doctors’ strikes and a cost-of-living crisis. “Apart from that, it was all very quiet,” he jokes. And yet, the College has still addressed the areas prioritised by Dr James at the start of his presidency, as well as responding to crises – for example, producing expert guidance for healthcare staff on the mental health needs of refugees and asylum seekers.

The Choose Psychiatry initiative to boost the profession’s popularity among foundation doctors was a “massive team effort” that has paid off as, for the first time, the College has achieved 100% recruitment into core psychiatry over the past three years. “One of my most important duties is to ensure that the mental health world is populated with psychiatrists and if we have recruited to all our posts and expanded them, that is a prerequisite to everything else,” he says.

Dr James has overseen substantial progress on equality, diversity and inclusion. The College published its Equality Action Plan in January 2021, and has already delivered 26 of the stated 29 actions, with half a year left of the period covered by the plan. The College is helping 20 NHS mental health trusts to tackle health inequalities through its Advancing Mental Health Equality quality improvement collaborative. The College also now has by far the lowest gender and ethnicity pay gaps of any medical royal college. Last year, the College won the UK membership sector Best Equality, Diversity and Inclusion campaign and this year it has been named in the top 100 employers for creating an LGBTQ+ inclusive environment.

Another of Dr James’ priorities is sustainability and the College’s approach to climate change. In 2020, RCPsych moved all its investments to a green and ethical portfolio and divested from fossil fuels, and has set itself the target of being carbon neutral by 2040, although he hopes the target will be hit before then. The College has also raised awareness of the impact the climate crisis has on global mental health. “We have a long way to go,” says Dr James, “But we are doing well in terms of commitment and preparation.”

Covid inevitably disrupted progress in some areas, such as workforce wellbeing and parity of esteem, but it

was not derailed. The Enjoying Work collaborative produced positive results and workforce wellbeing is now very much on the NHS agenda. Parity of care took a blow when the government scrapped the long-term mental health plan, but Dr James is pleased there is a “head of steam” about the issue now. A pre-Covid survey saw people calling for spending on mental health to be prioritised. “Once the public get it, the politicians have to get it,” he says.

Looking to the profession’s future, Dr James says: “I remain ever hopeful and optimistic. Without optimism you can’t take people with you, and you can’t get the momentum to change things.” One of his favourite parts of the role was attending the new members’ ceremonies. “It is uplifting to see the people who are attracted to the profession – people from all over the world. They make me think positively about psychiatry and its future and the people that will be providing that much-needed patient care.” He stresses the need to support specialty and specialist (SAS) doctors: “We need to value everybody who has a commitment to working as a psychiatrist because they are the future and the future matters.”

It was the link with individuals that he found so rewarding. Being able to work with the College team to support people who have contacted him with an idea or a problem – and to be able to improve things for patients from a local to a global level. “I learnt more in this job than in anything else I’ve ever done,” he says, and he has clearly appreciated being a voice for psychiatry.

July will be the first time that Dr James has not had a College role for 20 years, but his diary is far from empty. He will continue the clinical work that he has kept up throughout his presidency. He will also continue to sit on the NHS Assembly and the NHS Race and Health Observatory, which promotes race equality in the NHS. And, if the right policy job came up, he would consider it.

With two grandchildren and another on the way, he plans to spend time with family. He wants to cycle more, and he is hoping to hold a proper party, which wouldn’t be complete without his mirror balls, which didn’t see much action during the pandemic. He has been adding to his disco playlist during his presidency and post-July will be the perfect time to give it an airing.

Restoring the balance

Growing concern that the psychological and social determinants of the biopsychosocial model of mental healthcare are being underprioritised has led to the College taking steps to establish a more equitable approach to training and practice.

“As psychiatrists, we’re very privileged,” says Dr Jo O’Reilly, Chair of the Medical Psychotherapy Faculty. “We’re trained to take a detailed history from our patients, starting from their birth and earliest nurturing relationships. Our patients tell us a great deal about themselves.”

Despite carefully collecting this information, however, there seems to have been a drift away from using it to build a shared understanding of the patient’s presentation as the basis for an individualised and holistic approach to care. “As psychiatrists, we increasingly find ourselves on ward rounds or in case presentations where a very detailed case history might be presented, but the discussion jumps straight to differential diagnosis,” she says.

This reduction in the use of formulation skills has been the subject of increased concern over recent years. So, too, has the reduction in importance placed on the therapeutic relationships created between clinician and patient, in some cases, in favour of an increased emphasis on the biomedical approach. “This results in a diminished understanding of our patients and comes at a real cost,” says Dr O’Reilly. “A cost to patient care, a cost to our own job satisfaction, and a cost to our professional identity as psychiatrists.”

Concern has turned into action, however, with activity to redress the balance coming from both the Medical Psychotherapy Faculty and the training and workforce function of the College.

The new psychiatric curricula were launched last year, and for College Dean,

Professor Subodh Dave, it was “absolutely critical” that they were developed in a way that “emphasised the need for psychiatrists to not only be grounded in the biological determinants of health, but the psychological and social ones as well”.

Being able to consider all three of these factors equitably, and the intersections between them – as per the ‘biopsychosocial model’ – reflects the “unique contribution that psychiatrists can offer patients,” say Professor Dave. “While there exist various other specialists – psychologists, sociologists, social workers and pharmacists – psychiatry is the one profession that brings all elements of the biopsychosocial model together,” he says. “I think that is the core of what makes a psychiatrist.”

With the new curricula, therefore, “trainees don’t just learn the skill of applying an algorithm to an individual – they need to be able to actually tailor it to that individual,” he says.

Changes in training must, in turn, be reflected in changes in assessment. So, a review has been conducted of all RCPsych assessments. “We realised that while we were assessing people’s discrete skills – communication, prescribing, history-taking, and management skills – the ability to take a good overall assessment and come up with a biopsychosocial formulation is something that couldn’t be tested in a discrete CASC format,” says Professor Dave. “So, it’s a key recommendation of the review that trainees will need to demonstrate this in their workplace.”

A task and finish group will investigate how to embed formulation

skills assessment in training – a further demonstration of the College’s commitment to upping biopsychosocial formulation skills amongst the psychiatric workforce.

In parallel, RCPsych’s Medical Psychotherapy Faculty set up a working group in 2021 to develop a strategy to promote parity of esteem for the psychological and social aspects of the biopsychosocial model. “This was presented at the College Council in October 2022,” says Dr O’Reilly, “and was met with unanimous support, with plans to introduce a raft of measures to tackle this issue.”

Dr O’Reilly will now sit on the Policy and Public Affairs Editorial Board to ensure the development of College reports and position statements gives due consideration to the biopsychosocial perspective. “Many significant advances in psychiatric treatments in recent years have been psychologically based, such as mentalisation-based therapies, CBT, treatment for complex trauma and Open Dialogue,” says Dr O’Reilly. “And I think we should be promoting and integrating this into our policies and celebrating this at our conferences.” The College’s communications and media work

will also be considered via a similar lens.

These changes within the College are reflective of a cultural shift that needs to take place in the wider medical system. “With pressure on services and when time is limited,” says Dr O’Reilly, “further pressure can be created to take what is perceived to be more ‘concrete’ action. This devalues our therapeutic skills – such as listening, containing distress, and really trying to understand our patients’ underlying issues – when they are powerful, therapeutic factors in care.”

Patients entering mental health services “primarily are dealing with disorders of emotion, thinking, feeling and believing,” she says. “They need to be met with a curious and thoughtful response, and we need to offer that containment.”

But formulation can’t simply be imposed onto an incompatible system; the problem needs to be tackled from many angles. Professor Dave points first to the curricula changes as a signal of intention: “We have put personalised care front and centre”, he says. “And we now offer the first postgraduate programme in the world to embed public mental health as a core requirement for all trainees. We

have made it a critical skill – not just an add-on or elective module as it is in other programmes.”

In addition to formulation skills, “we need to be equipping the psychiatrist with the skills of delivering care holistically. We want psychiatrists to feel empowered to be able to make a difference, not only to individual patients but to communities of care.”

Professor Dave would like to push the biopsychosocial model even further from a public mental health perspective: “The biopsychosocial model teaches us to know about social elements and how they affect health. But then what?” He wants to see psychiatrists empowered to raise issues with key stakeholders about, for example, social conditions which, at first glance might seem out of the clinician’s control – such as patients being discharged into unsuitable accommodation that would increase the likelihood of relapse.

“We are about to launch a certificate programme in public mental health. It is important that the psychiatrists of the future are preventionists as well as interventionists, so that we are really able to utilise the biopsychosocial determinants – not just to

prescribe treatments, but to prevent things from happening in the first place.”

“The popularity of dual trainings with medical psychotherapy seems to indicate that trainees wish to develop into psychotherapeutically informed psychiatrists working in different specialties,” says Dr O’Reilly.

Amidst high dropout rates and reported burnout among trainees, embedding the biopsychosocial formulation into care offers another benefit by making psychiatric work more fulfilling.

“It deeply enriches the work,” says Dr O’Reilly “and supports the process of really trying to understand why this person is presenting in distress at this point, how this links with their experiences in childhood, their attachment patterns, what their symptoms may mean, their vulnerabilities and resources, and relationships created with clinical teams.”

Professor Dave has a similar take. “Certainly, for me, I find this one of the most rewarding parts of my work,” he says. “It stimulates your intellectual curiosity. And there’s a need to remain curious about your patients.”



ACT AGAINST RACISM

This summer, the College launches an ambitious and far-reaching campaign to support mental healthcare employer organisations across the UK to tackle racism.

When Dr Adrian James was elected College President three years ago, he made championing diversity and the needs of marginalised groups one of his key priorities. This summer, as his presidency draws to a close, Dr James will oversee the launch of arguably the most ambitious and far-reaching strand of the College's equality work to date. Act Against Racism is a UK-wide campaign promoting practical guidance for tackling workplace racism aimed squarely at the country's mental health employer organisations.

Should there be any doubt that action is needed, consider this: it is nearly 50 years since the Commission for Racial Equality was set up by the British government. It is 23 years since a duty was laid on public bodies, such as the NHS, to promote racial equality and to demonstrate that their procedures to prevent racial discrimination are effective. And it is 13 years since the Equality Act consolidated, strengthened and updated all existing anti-discrimination legislation. Yet, a 2020 RCPsych survey found that almost 6 in 10 psychiatrists (58%) from Black, Asian and minority ethnic backgrounds experience racism at work.

The impact of such racism doesn't only affect the individuals who experience it. "If you have staff who are being racially mistreated," says Dr Chinwe Obinwa, President of the Association of Black Psychiatrists UK (ABP-UK), "and they keep going off sick or showing signs of presenteeism, where the body is there but the spirit is gone, how does that help with service delivery and patient care?"

Early last year, a working group was set up to review the evidence and draw

"We really have to empower people and signpost them to the support they need"

up a plan. Among its members are Dr Obinwa; the two Presidential Leads for Race and Equality, President-Elect Dr Lade Smith and Dr Raj Mohan; College Registrar Dr Trudi Seneviratne; Chief Medical Officer for the Black Country Integrated Care Board Dr Ananta Dave; and several of RCPsych's Equality Champions, including Dr Mona-Lisa Kwentoh and Dr Amrit Sachar.

"We agreed that we didn't want another big document that gets put away in the cupboard and forgotten," says Dr Obinwa. "We wanted something user-friendly, easy to read, with tangible actions that managers and mental healthcare provider organisations can get behind."

Dr Mohan agrees. "The Tackling Racism in the Workplace guidance describes how organisations can sustainably implement actions, explaining how change can happen incrementally and giving examples and case studies," he says. "And we made sure to consult lots of people along the way."

The working group gathered quantities of information and ideas. "We then narrowed it all down to 15 actions that are grouped into six domains," says Dr Mohan. "The domains are aligned with the overall quality and safety indicators for organisations, so that if an

organisation wants to do something to improve their Care Quality Commission (CQC) rating, for example, they really have to make progress on tackling racism."

The first domain, Leadership and Strategy, calls for organisations to develop a robust, realistic strategy for tackling racism to ensure they meet their legal obligations. Recommendations in the Accountability domain include appointing a senior member of the leadership team to take responsibility for the delivery of the strategy. Meanwhile, the Organisational Culture domain looks to the fostering of a safe, welcoming, open and inclusive culture throughout the organisation. The effect of this is something ultimately

carried through to patients. "If an organisation's scores on staff wellbeing are low," says Dr Mohan, "that usually means they're also not doing well on patient care."

The Equity of Opportunity domain addresses recruitment and staff support, while the Specific Sections of the Workforce domain notes that international medical graduates (IMGs) and specialty (SAS) doctors are more likely to experience racism at work and should be given additional support. Finally, the Addressing Concerns domain is all about procedures for reporting and dealing with all incidents of racism.

"We really have to empower people and signpost them to the support they need," says Dr Mohan. "We want to make sure that information is easily available, so that people

know what their rights are and what should not be happening to them." At the same time, he says, it is important to encourage anyone who witnesses a racist incident, whether they are from a Black, Asian or minority ethnic background or not, to speak up: "Every single time there is a transgression or a microaggression or racism, you call it out. This allyship is one of the key areas where prevention takes place."

The Act Against Racism campaign will launch the guidance which offers a method for organisations to monitor their progress in addressing racism. "The Maturity Matrix – a framework that will enable organisations to see where they are in relation to the different domains and

how they're progressing," says Dr Mohan. "Organisations will be at different levels of competence when it comes to racial equality, and they will need to prioritise different actions and measure their progress over time."

"The Maturity Matrix enables trusts to benchmark where they are in terms of their journey towards addressing racism," says Dr Obinwa. "It's not there to make people feel uncomfortable. Nobody's perfect. But if you do feel uncomfortable with the document, then I'd say, do something about your discomfort. Part of our training as psychiatrists is to have difficult conversations."

Dr Obinwa is justly proud of the tackling racism guidance and Act Against Racism campaign, which will include an online hub. "The document is not apologetic," she says. "I'm pleased about that." But she is also aware of the challenges ahead. "I have a lot of admiration for Adrian James," she says. "I remember when he was elected, and he said he wanted equality to be firmly on the table. And, as he was speaking, I thought to myself, 'does he know what he's asking of himself?' This is a big ask, because if you want new people to get on the stage, it means some other people have to get off."

Dr James says: "Acting against racism is morally right, is vital for staff wellbeing and improves patient care. It's a free way to improve the performance of organisations, and improve morale and retention."

Optimistic about the impact that Act Against Racism will have, Dr Mohan describes how Dr James will be "contacting every mental healthcare provider in the UK to sign them up to it as part of the campaign launch". That, he says "really increases the chances of uptake". And, he adds, the College is also looking to develop an associated Quality Improvement Collaborative that will guide organisations through the processes set out in the Tackling Racism in the Workplace document, "because not every organisation will have the necessary expertise".

Like Dr Obinwa, Dr Mohan is proud of Act Against Racism and the work that went into it. "This work owes a lot to Chinwe Obinwa's determination to make sure the College takes action to support members who are victims of racism," he says. "And what gives the final document its strength is that the working group carries a huge amount of lived experience of racism. This hasn't been written by people who just think that something needs to be done about it, but by people who have been through it."



Taking the lead

The leadership of the UK's health services is surprisingly lacking in people with clinical experience. We talk to two psychiatrists who have made the leap from clinic to board room and who want to inspire others to follow their lead.

“I became a doctor because I wanted to help people; I wanted to make a difference,” says Dr Nick Broughton, Chief Executive of Oxford Health NHS Foundation Trust. “As a clinician, there’s a limit to how many lives you can influence. But, once you start taking on managerial and leadership responsibilities, you find yourself being able to influence the care that is provided to hundreds of thousands of patients.”

It’s a view shared by Dr Navina Evans CBE, Chief Workforce, Training and Education Officer at NHS England. “You can do what you do for your patients, but on a much greater scale,” she says.

Both doctors are passionate about clinicians taking their place at the top table, and psychiatrists in particular, they say, bring something special. Dr Evans points to the listening and mediation skills she learned in her clinical career. “You can have all the policies and all the strategies and frameworks, but then they don’t necessarily work,” she says. “It’s always about *how* people get on with each other and *how* they use their power. All those things that people call the ‘soft’ stuff, but which is actually the really hard stuff. As a psychiatrist, I feel comfortable in that space.”

Dr Evans started her career as a paediatrician before moving into child and adolescent psychiatry, but had an eye on life outside the clinic, even as a trainee. “I was always interested in things like being a trainee rep,” she says. “And later, I became interested in training and teaching.”

But it was not until she found herself working for the East London Foundation Trust that her leadership ambitions began to crystallise. “There was a deliberate strategy there to involve clinicians, especially doctors, in management,” she says. “They felt that there was a capacity for leadership

“You can do what you do for your patients, but on a much greater scale”



Dr Nick Broughton

and management in the senior medical workforce. I was encouraged to get more and more involved: at a team level, service level, and then directorate level. I worked my way up.”

Dr Evans eventually went on to become the trust’s Chief Operating Officer, before stepping up to Deputy Chief Executive and then, in 2016, to Chief Executive. Under her leadership, the trust was rated as ‘outstanding’ by the Care Quality Commission (CQC) and won ‘Trust of the Year’. In this role, she worked on the NHS’s workforce strategy, the

People Plan, which, in turn, led her to be headhunted in 2020 for the role of Health Education England’s Chief Executive. Another notable achievement for her that year was being awarded a CBE for services to NHS leadership and the Black, Asian and minority ethnic community.

Dr Broughton had a similar path to the top. “I always had an interest in leadership and management,” he says. “And when I was a trainee, I sat on our BMA local negotiating committee and I got involved in helping to organise the RCPsych exams, which gave me a sense of what it was like to work in a large organisation.”

“After establishing myself as a consultant forensic psychiatrist, an opportunity came along to become a clinical director for part of our forensic service. It was sooner in my career than I had anticipated, but I thought: ‘Well, let’s give it a go. You never know when the next opportunity might come along.’”

The clinical director role expanded, bringing new responsibilities, and then the medical director role fell vacant and, once again, Dr Broughton decided to “give it a go”. In 2015, after five years in the post, he became Chief Executive of the Somerset

Partnership, a relatively small community and mental health trust, where he stayed for 18 months before being appointed as Chief Executive at Southern Health to help address some high-profile challenges that the organisation was facing at the time.

“Psychiatrists are used to managing uncertainty, and identifying and managing risk,” he says. “And we’re used to working in teams and being good communicators, which is of fundamental importance if you are a chief executive. People won’t follow you unless they understand what you’re trying to do.”

In both of his first two CEO roles, he improved the CQC rating of his trust from ‘requires improvement’ to ‘good’. Then, in 2020, just after the first wave of the pandemic, Dr Broughton took up the reins at Oxford Health. “It was an interesting time to start,” he remarks, drily. And now, he’s about to take up a 12-month secondment, starting in July, as Chief Executive of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

Although the two doctors have decidedly ploughed their own furrows, they have not done it on their own. They both stress the importance of networks of support. “I always

had mentor sponsors, a kind of informal coaching arrangement,” says Dr Evans. “I still have a coach now.”

“What I’ve found really helpful is informal mentoring relationships,” says Dr Broughton. “And I’ve always sought out a fairly large network of people who I admire, who I think I can learn from, and people who I see as role models.”

One such role model, cited by both doctors, was the late Dr Robert Dolan, Dr Evans’ predecessor as Chief Executive of East London Foundation Trust and the man who appointed Dr Broughton to his first consultant post. “He was very generous with his time, and with support and guidance,” says Dr Broughton. “I think about Robert every day,” says Dr Evans. “He was an inspiration to me. He was just remarkable.”

Both Dr Evans and Dr Broughton initially continued their clinical practice after taking on their first Chief Executive posts. But, they soon recognised that juggling both roles was, for them, untenable. Dr Evans acknowledges that leaving the clinic behind can be a sticking point for many clinicians. “It can be hard to give up your clinical identity, your GMC registration and your licence to

practise, she says. “Not everyone has the choice, but I was fortunate in that I was in a trust that was progressive enough to allow me to keep my consulting contract and modify it sufficiently.”

Dr Broughton is a member of the College’s Leadership and Management Committee (LMC), which produces a wide range of resources and training programmes for aspiring and current leaders, and the NHS also runs an Aspiring Chief Executive programme. The LMC’s chair Dr Helen Crimlisk says: “Leadership and Management roles provide psychiatrists with the opportunity to put forward a strong clinical voice at board level, ensuring patient and service user safety and experience are seen as paramount in the delivery of services.”

“I’m keen to inspire the next generation,” Dr Broughton says, “to be a role model and to highlight what is possible.”

College resources to support current and aspiring leaders are available from the College website. Search ‘leadership and management’ at www.rcpsych.ac.uk



Dr Navina Evans CBE



Becoming a Fellow

Candidates' diverse and broad-ranging experiences all count and can add up to make strong applications for Fellowship.

Within the field of psychiatry, RCPsych Fellowship is a mark of distinction and recognition, with only

a handful of psychiatrists receiving the award each year. But some Members might be surprised to realise that they are already eligible, or very close to being eligible, to apply.

"Many Members already have the experience required to become Fellows, but aren't aware," says RCPsych Registrar, Dr Trudi Seneviratne.

To qualify, a psychiatrist must have been a Member of RCPsych for at least 10 years*. In addition, they must be able to demonstrate and evidence significant contributions to the core purposes of the College: 'setting standards and promoting excellence in psychiatry and mental healthcare'; 'working with patients, carers and their organisations', and 'leading, representing and supporting psychiatrists'.

The application system accommodates the diverse paths through which Members may have gained their experiences and contributed to the profession. For some would-be applicants, the open-ended nature of this flexibility within the system might be a cause of apprehension, but it is there to



A recent Fellowship ceremony

reflect the fact that there is no one right way to meet the criteria.

The extent to which successful applicants' experience can vary is demonstrated by the achievements of some of the College's new Fellows, whose contributions comprise a mix of novel and more traditional workstreams in equal measure.

For example, one of the many ways new Fellow, Dr Debasis Das, has worked with patients, carers and their organisations is by conceptualising and leading the development of the PIER smartphone app – a digital information resource on first episode psychosis and services for patients and carers in the Leicester, Leicestershire and Rutland regions.

Meanwhile, Dr Indermeet Sawhney makes consistent contributions to both

the areas of leadership and supporting psychiatrists by being incredibly active in her trust, and externally. This includes being a trainer, educational supervisor and CASC examiner, a Deputy Regional Advisor Eastern Division, and a member of the East of England and Midlands Mental Health Act Approvals Panel. She has also been elected as the chair of the Faculty of Psychiatry of Intellectual Disability for the College.

Contributions to the specialty may have been made in any part of the world, with Dr Syed Fahad Javaid having played an important role in raising the profile of understanding mental health in the UAE, where he is also currently leading a large, first-of-its-kind study on socioeconomic obstacles faced by individuals living with dementia and their carers.

Impressive contributions such as these are recognised at New Fellows Ceremonies regularly held at the College's central London main office, at which new Fellows and College Officers don gowns to mark the occasion, with each new Fellow being given a scroll. A group photograph is taken and, afterwards, the Officers host a drinks reception and a gala dinner.

For anyone who is wishing to apply for Fellowship but is feeling unsure as to whether they will meet the requirements, Dr Seneviratne provides reassurance based on her own experience: "After an extensive career in psychiatry and being active in the College community, the accomplishments tend to build up."

Applying for Fellowship

- The application window is currently open and will close on 15 September.
- Both UK and Overseas Members can apply, but unfortunately Affiliates and Associates cannot.
- Applicants must demonstrate and evidence significant contributions to the core purposes of the College and must have been a Member for at least 10 years (as of the January of the year in which you apply*).
- Nominations must be supported by two sponsors, both of whom must be subscribing members of the College, and one must be a faculty or division chair – the College can assist with this part of the application.

For further information, please see the Grades of Membership area of the College website, or email: MembershipServices@rcpsych.ac.uk



The exhibition when it was hosted by RCPsych

Are dark histories best forgotten? The 'We Are Not Alone: Legacies of Eugenics' exhibition insists they are not. Created by Professor Marius Turda of the School of History at Oxford Brookes, it explores the history of eugenics – the belief that only those with 'desirable' characteristics should be allowed to reproduce in order to 'improve humanity'.

Designed to be hosted at different institutions, the travelling exhibition encourages each host to directly confront its past and consider how the ideology might influence today's culture, academia and medical practice.

Psychiatrists took their turn to reflect on these questions when the exhibition was hosted at RCPsych's London headquarters between last September and February of this year, as part of a global tour that has included Bucharest, Warsaw and London's Wiener Holocaust Library.

"Histories like these are not easy to talk about in relation to our profession," says Dr John Mason, executive member of the College's History of Psychiatry Special Interest Group (HoPSIG). "But it's vital that we do."

The exhibition, which featured in an article in *the Lancet*, delves into the international history of eugenics in the 19th and 20th centuries, examining the many ways it caused great harm, citing atrocities like the sterilisation of Black and Hispanic women in North America, and the genocide of Jewish people during the Holocaust.

As a psychiatric organisation, it was pertinent for RCPsych to host the exhibition, as individuals with mental illness and intellectual disabilities were prime targets of eugenicists globally. Several of the College's historical members, including James Crichton-Browne and Frederick Walker Mott, played an integral role in drawing eugenics and psychiatry together.

Before being displayed at the College, members and staff worked with Professor

Learning from a dark past

How exploring the history of eugenics in psychiatry might help to promote safe and ethical practice in the profession today.

Turda to add additional content to the exhibition focusing specifically on eugenics in psychiatry. This explored how, in Britain after 1900, there was a rise in calls for the sterilisation, institutionalisation, and segregation of those considered to have undesirable psychological traits, which eugenicists believed were hereditary.

"It's important that this history was acknowledged and documented in these ways at the College," says Dr Mason. "Eugenics reminds us how far ideas can go. Considering the roots of scientific racism can help us challenge discriminatory thinking in present-day psychiatry."

RCPsych Librarian, Fiona Watson, points to "well-documented evidence of the racial bias in pain assessment and treatment," as just one area where stigma and scientific racism have caused concern more recently.

Touching on the wider remit of HoPSIG, Dr Mason believes that it would benefit all clinicians to learn about the history of clinical practice and the profession, including from patients' perspectives, to ensure psychiatry prioritises person-centred, rights-based care and an inclusive, ethical practice. It was with this as their motivation, that the founding members of HoPSIG formed the special interest group in 2015, which now provides a forum for sharing and expanding knowledge on the subject.

"The lesson of history is that we don't

learn from history, and that it tends to repeat. Thus, there is a need for the ethical lessons of history to be repeatedly learnt," says Dr Mason. "Eugenics itself is not just historical, but it appears today, in new ways that chime with history." Given this important reflection from the exhibition, HoPSIG is considering whether there is a need for a future RCPsych position statement on the lessons that we might learn from the dark past of eugenics.

RCPsych's hosting of this exhibition was made possible thanks to the following College members and staff:

- Dr Graham Ash, HoPSIG Chair
- Dr Claire Hilton, RCPsych Historian-in-Residence
- Dr John Mason, HoPSIG member
- Fiona Watson, RCPsych Librarian
- Francis Maunze, RCPsych Archivist

For more information, search 'We Are Not Alone' at www.rcpsych.ac.uk or go to bit.ly/3P8bUly

The exhibition is currently on display at Harvard Countway Library, where it will remain until September.

To learn more about HoPSIG, go to bit.ly/43BeoTX

* So, to be eligible to apply this year, you must have been a Member since 1 January 2013 or before

A collective voice for change

The Diaspora Groups Committee not only provides vital support to international medical graduates in the UK, its international collaborations and work with RCPsych are also improving mental healthcare globally.

In February this year, the College hosted a celebratory event for the Diaspora Groups Committee (DGC) which showcased the achievements of its member groups and allowed the committee to discuss its priorities for the future. As its first in-person event since the pandemic, it was also a chance to celebrate the life of Founding Chair, Professor Sab Bhaumik, who passed away suddenly in November 2019.

Professor Bhaumik's vision for the committee was to provide a voice for international medical graduates (IMGs) who have left their country of origin to work as psychiatrists in the UK, and to ensure they are properly supported and able to achieve their potential. With IMGs making up more than 30% of the UK psychiatric workforce, it is important they have a platform within the College.

DGC Chair Dr Ananta Dave says: "The best way to support IMGs is to form a collective voice and come together to maximise their potential, celebrate their achievements and make sure that we are addressing the prejudice and disadvantages they face."

The work of the DGC includes advising NHS trusts on how best to support IMGs, providing inductions, mentoring, career development and leadership training, and tackling issues such as differential attainment. It is also involved with the College's medical training initiative (MTI), which provides training opportunities for international psychiatrists to ensure they have a good standard of training and help with service development when they return to their home countries. Complementing this work, the committee produces papers that contribute to the College's equality and diversity agenda, and members play

a large part in the College's volunteer scheme.

The DGC is a semi-autonomous group, supported by the College but independent of its Bye-Laws and structures. Reporting to the International Advisory Committee, it plays a key advisory role in the College's international strategy. Presidential Lead for International Affairs, Professor Mohammed Al-Uzri, was involved with the DGC from its inception 10 years ago and says: "It is a focal point for engagement. It allows us to



Dr Ananta Dave

consult with IMGs and hear their views. For any initiative, we ensure that the relevant group is involved, and the diaspora group chairs are part of the discussion – they are our experts from that part of the world."

Making use of this valuable expertise, the DGC participates in joint training initiatives to improve healthcare around the world. There is a strong component of international collaboration. "As a direct result of the DGC, we have supported international colleagues during times of crisis, whether it is the Ukraine war, the Sudan crisis or Covid outbreaks in India. When there is an international crisis, people working here with

connections to those countries are directly affected. So, through them, we have been able to support the work that's going on in those countries," says Dr Dave.

There are currently eight organisations who meet under the umbrella of the DGC – the Association of Black Psychiatrists, UK, the British Arab Psychiatric Association (which incorporates the Iraq Mental Health Forum), the British Bangladeshi Psychiatrists Association, the British Pakistani Psychiatrists Association, the British Indian Psychiatric Association, the Iranian Diaspora Association in Psychiatry, the Sri Lankan Psychiatrists Association (UK), and the Sudanese Psychiatrists Association (UK and Ireland).

Two members of each group attend DGC meetings along with the Chair, Secretary, representatives from the College for international affairs, MTI and IMGs, as well as other officers. The committee has enthusiastic support from the current president Dr Adrian James and incoming president Dr Lade Smith.

A mark of the committee's success is the way it has expanded. It is keen to recruit more groups so all countries from which IMGs have come are represented. Diaspora groups must have 25 or more

members to join, and the Association of Black Psychiatrists was the most recent addition, formally joining in October 2020.

The individual diaspora groups have a high level of collaboration, with some holding joint meetings. During the pandemic, the groups signed a memorandum of cooperation, pledging to support each other's work, as well as collaborating with their countries of origin to improve mental healthcare.

Dr Dave is enthusiastic about the celebratory event as it helped spread the word about the breadth and depth of the work of the groups and IMGs. "It was good to see the work being celebrated and a deeper appreciation of the contributions that IMGs make to the NHS, shoring up services in many areas," she says.

This ties in with what Professor Al-Uzri sees as the DGC's main functions – not just influencing the international work of the College but also "the equality and diversity of the College and its cultural intelligence".

The achievements of the individual groups are many. Examples highlighted at the event include educational projects

in the UK and overseas, collaborative working with colleagues in their countries of origin, fighting stigma around mental health issues, helping IMGs settle in the UK, and mentoring.

The work to support IMGs was never more needed than during the pandemic. Dr Dave was elected as Chair of DGC when the UK was in lockdown. During this time she was appointed to chair a task and finish group examining the disproportionate impact of COVID on Black, Asian and minority ethnic people. Its report and risk assessment were widely used in the NHS. The DGC also played a key role in addressing vaccine hesitancy, producing videos in different languages and spreading the word in communities where it was widespread. It also asked trusts to reach out to IMGs who may feel particularly isolated and signpost them to the group.

When India was hit with a new wave of Covid in April 2021, the DGC ran bereavement and grief support sessions for colleagues in the country and their families, as well as CPD sessions and

complex case discussions. "We could support them while they were supporting the population," says Dr Dave.

Current challenges for the DGC include overturning the view that supporting IMGs is optional. "It is crucial to support IMGs because they form a significant proportion of the workforce, and they get discriminated against. If we don't challenge that, recruitment could be affected and that would affect our services," says Dr Dave. "We need good practice to flow from the College to the trusts. We work with trusts on induction, pastoral care, mentoring and peer group support, but some do it well and some don't; this is a challenge."

Future plans include encouraging more diaspora groups to join. "We want to capture more diverse voices and continue our commitment to address crises in the UK and countries of origin because if mental health improves in all parts of the world, it benefits everyone." The DGC also wants to provide more support to specialty and specialist (SAS) doctors, many of whom are IMGs, who may need support to achieve their career ambitions. "We want to continue to spread the word, as well as celebrating achievements, talents and contributions," says Dr Dave.



Your feedback: gender identity feature

Last issue of *Insight* included an extended feature on gender identity. President Dr Adrian James offered his own view, and then provided a platform for sharing different opinions. We then heard from Dr Hilary Cass OBE about the need for open and respectful conversation and, following that, we heard from two psychiatrists with different perspectives from each other, Dr Elinor Hynes and Dr Stephen Westgarth. Below is your feedback.



I feel compelled to comment on RCPsych *Insight's* recent coverage of the complex issue of gender identity and the provision of gender affirming care in young people. I was particularly troubled by the opinion piece written by psychiatrist Dr Stephen Westgarth, who goes beyond the issue of gender-affirming care to argue against the very existence of transgender people in general. In emphasising the “disconnect between their perception and reality”, Dr Westgarth seems to suggest that young people questioning their gender identity are ‘delusional’ or that gender dysphoria is itself a mental disorder (a position which contradicts the ICD-11).

The evidence for the use of puberty blockers and hormones in adolescents is mixed, and I am not necessarily arguing for or against their use in children and young people. However, I had hoped for more measured debate on this issue which is becoming increasingly relevant in clinicians’ everyday practice. Instead, the conversation is steered to if at all, rather than when, to allow people to access gender-affirming interventions. Dr Westgarth goes as far as to argue against the idea of social transition (that is, dressing or naming yourself in the manner you choose without any medical

intervention). I find this to be a particularly oppressive take on a matter of freedom of expression and personal autonomy, reminiscent of psychiatry’s dark past in pathologising sexual minorities.

As is the RCPsych party line, the role of psychiatrists should of course be to treat any concurrent mental health disorders such as anxiety, depression and suicidality which far too often exist in young people questioning their gender identity. However, in doing so, we must not overlook (or even contribute to) the social factors which leave this group feeling isolated, marginalised and misunderstood. Likening gender affirmation to “(affirming) that a person with anorexia is fat” is the kind of unhelpful and careless rhetoric that contributes to the stigmatisation of transgender people. I hope that psychiatry can instead view these people as ‘acceptable’ and worthy of being believed. In a time when this topic has been dragged into the realm of identity politics, it is important that as professionals we are not pulled into the extremes of ever-polarising ideologies but instead consider the individual complexity and humanity of the patient sat in front of us.

Dr Anusha Leonard, Core Trainee



Here’s a welcomed approach [@rcpsych](#) after long time, it appears to be strategy for gender dysphoria and what a lot of clinicians like me have always said that don’t treat it as disorder of MH but treat co-morbidities. [@DrVeisi](#)

I am not a psychiatrist, my wife is. (I am a GP.) I read Dr Westgarth’s recent article on gender ideology and internally whooped in celebration at the common sense and sound reasoning in every line. To him I say: Please speak up more; your voice is much needed.

Name supplied

Thank you for this article ‘Changing the Conversation’ by Dr Hilary Cass, which I read with interest, having worked at GIC for the past 15 years. The work that Dr Cass has been doing is of immeasurable importance and I imagine has taken significant courage and clarity to do.

Providing quality of care for all our patients is of paramount importance.

The concurrent complexities that often accompany patients presenting with gender dysphoria, particularly birth-registered female patients, such as CPTSD and ASD, do have an impact on this patient group and teasing these issues apart and recognising the different ways these conditions can impact upon how a person feels and makes sense of their experience is very important, as is aiming to accurately attribute the origins of distress.

Patients who come to the clinic have often waited 3–4 years since the time of referral. In the meantime, they may have sought private hormonal treatment and have understandably socialised within online trans forums that can give support. However, for the transition to be fully successful, I believe that concurrent complexities need to be fully explored in order to avoid a situation whereby the patient later gains new understanding of their experience and changes their mind having undergone irreversible surgery.

Broadly, patients de-transition for two reasons – either external non-acceptance of their transition or an internal shift in gender identity. The internal shift of identity arises as a re-appraisal of the origins of distress, such as successful recovery from CPTSD caused by childhood trauma, or insight into the impact of ASD, both which may cause chronic distress, anxiety, isolation and have impact upon self-esteem. Again, the risk is that if the patient does not evaluate and resolve these issues before transitioning, this may impact the success of them making a successful and stable transition.

I have always valued working with this patient group and I do believe that increasing awareness, access and funding to treatment for concurrent complexities is of great importance and benefit for our patients seeking treatment in this field.

Dr Andrew J Davies, Consultant Psychiatrist

Thank you for highlighting the issues in the debate about care for gender dysphoric children in *Insight* magazine, both in Dr Cass’s piece and the debate pages that followed. I should be grateful to read more debate about this and other matters that have the potential to divide views amongst members.

It would be interesting for *Insight* to consider the question of priorities in College campaigns. There is a debate to be had about the extent to which the College should involve itself in areas that are being taken forward by other organisations when so many of our most unwell patients are unable to campaign for their own needs to be met and have few voices to speak up for them.

I am also a foundation fellow of the RCPCH and like the emphasis of a college that represents a speciality and its patients rather more than it reflects the interests of specialists.

Name supplied



Excellent articles by Dr Cass and Dr Westgarth on Gender Identity in [#RCPsychInsight](#) Spring 2023 edition. [@JobbingPsych](#)

As a child and adolescent psychiatrist with regular clinical involvement, and also a parent of a young adult transgender child this section was of some interest to me. I found it odd that ASD should be included as a comorbidity in the same sentence as “self-harm” and “emotionally unstable personality disorder”. Surely, we have moved past the point where neurodiversity is defined as psychiatric disorder. The issue is whether there are accompanying psychological symptoms or psychiatric disorders which could benefit from treatment, and ameliorate any difficulties the autistic person has as a result of those symptoms. I prefer the term ‘accompanying’ to ‘co-morbid’ in this instance.

I am of course not relying on clinical trials when I say that the contention that there is a ‘disconnect from reality’ in gender dysphoria is not borne out in my own child, nor their social groups – most of whom are currently asymptomatic with respect to psychiatric disorder in spite of some of the social challenges they occasionally, or even regularly, experience.

I enjoyed observing that each discussant was able to present research evidence to back up their own position – a reminder for us all to remain curious and open, and to be willing to meet our patients where they are in order to begin what may be an important and helpful relationship with them.

Finally, I am curious to know where the evidence is that having an experience of gender incongruence is in itself a psychiatric disorder. Anxiety and depression are clearly disorders with a range of potentially helpful treatments available. These disorders are more likely to appear when there are greater numbers of biopsychosocial factors at play. There seems to be a debate building as to whether the experience of gender incongruence should be accepted as ‘what is’ – and that the psychosocial stresses associated are what need to be mitigated or treated; or whether experiencing gender incongruence is seen as psychopathology – a discrete disorder to be ‘put right’, much as in the past we viewed autism and homosexuality in our profession.

Dr Richard Eyre, Consultant Psychiatrist

Thank you Dr Stephen Westgarth for having the courage to express your opinions on this topic in writing. I am sure you speak for many of us.

I have been dismayed by the Royal College’s stance on this issue and by its connection with Stonewall, a discredited organisation which promotes the concept of gender identity above biological sex thereby threatening the sex-based rights of women and the safeguarding of children. By aligning with Stonewall the Royal College is signalling its agreement with this ideology. I find this incomprehensible for an organisation which represents doctors.

Name supplied



Royal Albert Dock, Liverpool

Congress comes to Liverpool

This summer's International Congress will be hosted in the city of Liverpool, where members can expect to see the return of many popular features from last year's event, and a wide programme of social activities.

RCPsych's International Congress offers an opportunity for members from around the globe to connect, collaborate and network in person and listen to talks at the cutting edge of psychiatry. For the first time in 10 years, it will return to Liverpool – running from 10–13 July at the Arena and Convention Centre (ACC) situated at the heart of the picturesque waterfront near the Royal Albert Dock.

The impressive line-up of 15 keynote speakers will deliver talks across five simultaneous streams. Comprising academics, clinicians, individuals with lived experience and their family members, and influential figures from the social and political arenas, this is a diverse and engaging group.

Sessions and masterclasses will cover a wide range of topics, including psychopharmacology, research, clinical practice, and education and training. All sessions will be recorded and made available to members to catch up on or re-watch later.

Many of the features introduced at last year's event will be returning, including the ePoster Hub – an interactive platform that enables members to browse posters on the latest developments in psychiatric research.

Once again, attendees will be able to socialise with colleagues in a variety of informal settings, such as at a series of lunches and breakfasts, and a range of

wellbeing activities – including group runs, yoga classes and meditation sessions. Also back by popular demand are both the Mindmasters quiz (based on University Challenge) and the Congress party and drinks reception. This year, a Beatles tribute band will be performing at the party.

Finally, an exciting digital offering exclusively for RCPsych members will be launched at the event: the new *BJPsych* journals app, which will provide quick and easy access to all of the College's world-class journals.

This year's International Congress promises to be as informative as it is entertaining. There is still a chance to book your ticket now, if you haven't already.

Keynotes include:

- Sir Robin Murray, Institute of Psychiatry
- Dr Thara Rangaswamy, Vice Chair, Schizophrenia Research Foundation
- Professor Lucy Chappell, DHSC Chief Scientific Advisor and CEO of NIHR
- Ms Laura Dockrill, writer, author and expert by experience
- Professor Harry Kennedy, Professor of Forensic Psychiatry, Trinity College Dublin
- Professor Allan Young, Institute of Psychiatry, Psychology and Neuroscience

Highlighted sessions:

- **Psychopharmacology committee prize symposium: psychosis in people with dementia: origins and safer treatment:** This session will explore the factors that lead to psychosis in dementia and how to treat it. Professor Suzanne Reeve will first speak on antipsychotic drug sensitivity in people with Alzheimer's, and the trial of ondansetron for Parkinson's hallucinations. Dr Emma McLachlan will then discuss cognitive and neuroanatomical basis of psychosis in dementia and cognitive treatment. Finally, Professor Lon Schnieder will examine second-generation antipsychotic drug treatment for psychosis in dementia, and novel agents in Parkinson's psychosis treatment.
- **Valproate in modern psychiatric practice: current benefit: risk and audit of use:** This will provide an up-to-date overview of the benefits and risks of valproate in psychiatric practice, considering evidence supporting its use, the reasons for regulatory concern, and how it is being prescribed and monitored in practice.
- **Innovations in treating compulsive disorders: preventing chronicity and treatment-resistance:** Covering OCD, hair pulling disorder, skin picking disorder and gambling disorder – this symposium will consider what is known of illness duration and chronicity, and how these can be minimised, in some cases by examining novel data and using innovative treatments.
- **The effect of a patient homicide on clinicians and what helps mitigate the impact:** Organised by RCPsych's Working Group on the Effect of Suicide and Homicide on Clinicians, this presentation will discuss responses to the traumatic event of patient homicide and will include the sharing of research and personal experiences, with the aim of encouraging the development of a more supportive and compassionate culture for clinicians.

International Congress 2023 will take place from 10–13 July at the ACC Liverpool. For more information visit www.rcpsych.ac.uk/events/congress