

Issue 25 | Autumn 2023



# RCPsych INSIGHT

Highlighting the lifelong  
importance of early  
childhood mental health



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# COLLEGE NEWS IN BRIEF

## Act Against Racism

Act Against Racism is the title of the campaign launched by the College in July, which calls on mental health employers to do exactly that. It also hopes to address some of the recruitment and retention challenges in mental health services.

Since being launched, the campaign and its accompanying guidance, Tackling Racism in the Workplace, have garnered widespread attention in the media. Meanwhile thousands have visited the College's Act Against Racism hub online, viewed the guidance, actions and case studies, and downloaded the guidance to their devices.

The campaign is currently rolled out in England, where eight mental health organisations have already signed up to the 15 actions outlined in the guidance, with others set to follow. In the coming months, the campaign will be rolled out across Wales, Scotland and Northern Ireland. Additionally, medical directors and leaders from various healthcare trusts have reached out to the College to express their support.

Members can learn more about the campaign and how to support it on the RCPsych website: [www.rcpsych.ac.uk/improving-care/act-against-racism](http://www.rcpsych.ac.uk/improving-care/act-against-racism)

## Media impact

The College's media team has been working hard to gain coverage of mental health issues and important College activities – securing 3,000 items mentioning the College in the past quarter.

For example, RCPsych's Act Against Racism campaign was launched at Congress in July by Dr Adrian James in his final speech as president. The College's media team secured over 250 mentions of the speech and campaign across most national newspapers, including *The Guardian*, *The Times*, *The Telegraph*, *Independent*, *Metro UK*, *Daily Mail*, *The Mirror* and *Daily Express*, as well as regional papers, online news sites, radio and television shows, with *LBC Radio* devoting an hour to discussing racism experienced by NHS staff.

In late July, the concerns of President

Dr Lade Smith CBE about police plans to stop attending mental health callouts were aired on *BBC Radio 4 Today*, *GB News*, *LBC Radio*, *BBC Look North*, and published in over 200 media outlets including *The Guardian*.

College Registrar Dr Trudi Seneviratne told *BBC Radio 4 – Woman's Hour* in August that the College wanted to replace the current 'cliff edge' in specialist care for young people who are no longer eligible for treatment under CAMHS teams in favour of a more flexible approach tailored to the individual.

In early September, Dr Elaine Lockhart, chair of the Child and Adolescent Faculty, highlighted the damage caused to children's mental health by living in temporary accommodation and under threat of homelessness. Her message featured in *The Independent* and 185 other news outlets.

## Share your *Insight*

If you're a frequent reader of *Insight*, or even an occasional skimmer, we'd love to hear what you think about this magazine. *Insight's* editorial team will be holding short, informal interviews with

readers to learn more about their preferences, and to ensure the magazine is as engaging and valuable to College members as possible. If you'd like to take part, contact: [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk)



Read about how the Choose Psychiatry campaign is promoting options like dual training on pages 18-19

## Final call for applications to lead *BJPsych Advances*

The application window for the new Editor-in-Chief of *BJPsych Advances*, the College's prestigious CPD journal, will soon be closing.

Members have until 6 October to apply to take over the role, which is currently filled by Professor Patricia Casey, who will be standing down at the end of November. Those who feel they have the drive and vision to continue her

important work and ensure the continued growth of this much-loved journal should apply as soon as possible.

If you would like to discuss the position in more detail, please contact either Anna Munks, *BJPsych Advances* Managing Editor, or Professor Gin Malhi, College Editor, at [bjpadvances@rcpsych.ac.uk](mailto:bjpadvances@rcpsych.ac.uk). For a description of the role, visit [bit.ly/3ZmfUZ2](http://bit.ly/3ZmfUZ2)

## Seeking spokespeople

RCPsych's External Affairs team is looking to expand its expert group of spokespeople. These individuals play an important role as influential voices in the media – helping to raise awareness

and understanding of psychiatry, and break down the stigma of mental illness.

To express interest, please contact Sal Lalji, Head of External Affairs: [press@rcpsych.ac.uk](mailto:press@rcpsych.ac.uk)



## President's update

I am very excited to be addressing you all for the first time in *Insight* magazine as President of RCPsych. My first three months in the role have been incredibly busy, but rewarding as well – and I have learned so much about all the activity the College is involved in, some of which is featured right here.

I believe it's important that you are not only informed about the College's workstreams but that you have a better understanding of how the organisation functions. On the next page, I am sharing the first steps as to how I intend to make things more transparent for you.

This magazine also explores the complex issue that has been making headlines recently about the police's intention to withdraw from mental health callouts. While reducing police involvement is an aim to be welcomed, we are concerned about the specifics of the new arrangements, and the pressures they will cause elsewhere.

Another highlight in this issue is the influencing work the College has done on the Illegal Migration Act to establish some important concessions from the government – but there is more still to be done to mitigate against possible harm.

We also speak to College Editor Professor Gin Malhi. Like me, he is new to an officer-level role, and here he shares his vision for the College's prestigious academic journals.

I hope you enjoy the read.

Dr Lade Smith CBE

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To send us your insights, email  
[magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk) or  
tweet using #RCPsychInsight

Your comments on *Insight*  
issues 23 and 24:

"I have immensely enjoyed reading the interviews with the incoming and outgoing RCPsych presidents, respectively, in issues 23 and 24.

I was pleased to know that President Dr Shubulade Smith has first-hand experience of growing up in inner Manchester as I, myself, lived in a deprived area of Liverpool for two years during my core psychiatry training. It was an enlightening experience for me and helped me be in touch with the pulse of our marginalised communities. Whenever I see a patient who says: 'You could not possibly understand my living circumstances', I can see the image of my experiences with my children living in deprived areas. It helped me to understand their perspective of their difficulties. I can see where her vision will take her, and I fully support her on this journey.

Also, reading about immediate past president Dr Adrian James, I acknowledge his efforts in dispelling the stigma of mental illness, bringing psychiatry to the fore of the future of patient care and working towards equality, diversity and inclusion as significant contributions to the College. He will be sorely missed as his optimism did not go unnoticed. He said, 'without optimism you can't take people with you, and you can't get the momentum to change things'. He did exactly that and that is why he will be remembered."

Dr Sadaf Asif



RCPsych President Dr Lade Smith CBE

# My vision for clarity

RCPsych President Dr Lade Smith CBE on improving how members are kept in the loop of College activity, and ensuring decision-making processes are made more transparent.

**I**'m not even three months into my role as RCPsych President, and in this time I've realised – and am continuing to realise – just how many amazing workstreams and projects are going on at the College. And I'm saying this as someone who has previously held senior College positions prior to this one, and yet, there exist whole areas of endeavour that were still news to me.

In addition to not having had a full grasp of the extent of the breadth and depth of all this activity, I also found myself uncertain as to how some of the decisions are made within the College.

**"I am making it my mission to improve our engagement with you all"**

How do College campaigns get decided? Who decides which projects suggested by members receive College support? If I want to organise a course or conference, how do I get that rolling?

What was certain to me, though, was

that if I was unclear on some of these things, that many of you out there would be in the same boat. Indeed, during the Presidential election, I was told by many of you that you didn't have a clear understanding of what was happening at the College, or how decisions are made. While many of our members have said that we have come a long way in this area, they also said we could do better.

So, I am making it my mission to improve our engagement with you all, to demystify our processes and for you to be able to come to me and the Officers – Dean, Professor Subodh Dave, Registrar, Dr Trudi Seneviratne OBE and Treasurer, Dr John Crichton – with your questions.

Stepping into this role, I inherited a solid foundation to build upon – the College was already sending out bi-monthly newsletters by email, providing a concise snapshot of the highlights. But while updating you on key issues

is important, I want to go much further than this and have real conversations with you as members – not just make one-way announcements. Therefore, we are introducing a regular programme of engagement. One of the things I am pleased to announce is a new initiative to help you stay up to date with the decisions the College is making and why, as well as giving you the opportunity to influence the work the College does.

We're introducing a new monthly webinar called 'Question Time with the Officers', which will enable you, as members and affiliates, to have your questions answered, put forward suggestions about how to improve things in mental healthcare, and to learn more about the College and what it does.

Each month, I will host this online event with one or more of the College Officers also attending. You can come to us with your questions – submitted

a week or more in advance – and we will endeavour to answer them as best we can. We will also share our ideas and showcase things we are working on.

I am also introducing twice yearly 'Presidential debates' at which members will get the opportunity to discuss key issues affecting psychiatrists – topics that you really care about – and we're making sure that we are providing a platform for you to do that.

As a membership organisation with over 21,000 members, naturally we will not all see eye to eye on every possible issue. But the key is to encourage open, respectful discourse. So, we will be canvassing for views as to the key questions that you, our members, want to see discussed.

Ultimately, I believe you will have the most meaningful interactions with the College when you better understand how its cogs turn. Stay tuned over the coming months, as we find more ways to achieve this.

After all, you, the membership, are at the heart of what we do. So, while I am proud and excited to lead the College with our fantastic Officers, we will not be able to do this alone. Only together, as a united College, will we be able to really improve mental healthcare, the working lives of psychiatrists and, above all, the lives of people with mental health problems.

## Question Time with the Officers

To join in or find out more about this monthly event, go to:  
[www.rcpsych.ac.uk/members/question-time-with-the-officers](http://www.rcpsych.ac.uk/members/question-time-with-the-officers)  
(you will need to log in to attend or submit a question in advance)

The first session is taking place from **11–11.30am on Friday 29 September**.



# A new chapter

Meet Professor Gin Malhi, the newly appointed RCPsych College Editor and Editor-in-Chief of *BJPsych*. Here, he considers his vision for the College's family of journals and reflects on his experiences as clinician, researcher and Ali-G impersonator.

**I**t would be hard to find someone more suited to take over the role of RCPsych's College Editor and Editor-in-Chief of the *British Journal of Psychiatry* (*BJPsych*) than

Professor Gin Malhi. His enthusiasm for the written word, research, communication and the pursuit of knowledge and debate is palpable. He recently took over from Professor Kam Bhui CBE who took the journals from strength to strength over the past 10 years. The two men have worked together on them, and Professor Malhi describes his predecessor's "unwavering commitment" as inspirational.

Professor Malhi is an internationally renowned expert in mood disorders, Professor at The University of Sydney and Visiting Professor at the University of Oxford. He also heads up the Clinical Assessment and Diagnostic Evaluation Clinic (CADE – named after John Cade, the Australian pioneer of lithium) at Royal North Shore Hospital – treating people with complex mood disorders across New South Wales.

He became involved in publishing from an early point in his career. In addition to papers, he wrote three books when he was completing his specialist training in psychiatry at the Maudsley and Bethlem Hospitals from 1996 to 1999, and two examination aides for psychiatrists sitting their membership exams. Some of these publications are still in circulation and are regarded affectionately, which he was recently reminded of when asked to sign two doctors' treasured copies at a talk in Malaysia.

## "No subject will be off the table"

His love of language was nurtured when he was a boy. He describes his father's well-thumbed copy of the Oxford English Dictionary and his habit of muting the television to discuss the meaning of an interesting word that had cropped up (even if it was during the denouement of *Doctor Who*).

Born in Punjab into a Sikh family, Professor Malhi came to England when he was five. The family moved around the country several times, as his father, who had been an engineer in India, pursued a job that was commensurate with his abilities (eventually taking a second Master's degree in England so his qualifications could not be ignored). Having lived in Slough, Southall, Smethwick, West Bromwich, and Worcester, the family moved to Walthamstow in East London which Professor Malhi considers his UK home.

There was never any question that he would be a doctor. He remembers setting up a GP practice at home and diagnosing his parents' pretend ailments when he was about seven. He studied Medicine and Pharmacology in Manchester and then took a succession of positions in academic centres such as Cambridge and the Institute of Psychiatry in London,

researching the pathophysiology of mood disorders and their treatment using imaging, genetics and neurosurgical techniques as he completed his specialist training.

Reading and producing research always came easily to him and he has personally published more than 800 articles and is one of the world's most highly cited academics. He thrives in an academic environment and feels lucky to have worked with some of psychiatry's leading researchers. "It was inculcated into my practice very early on," he says.

He married and had two daughters in the 1990s and then, on the cusp of gaining his consultancy, his wife Simrit (a leading paediatric dentist) landed a job in Sydney, Australia. Professor Malhi had vowed to support Simrit's career and, fortunately, a well-timed speculative phone call landed him a lecturer position in Sydney and they have stayed there ever since.

Professor Malhi's interests and enthusiasms are wide-reaching – extending to maths, physics, ethics, philosophy and music. This will be

reflected in the journals. "No subject will be off the table," he says. He feels honoured to take on the editorship of *BJPsych* and has much experience to bring to the role having edited and curated journals for more than 20 years, beginning as a guest editor for special issues and then reviving an ailing journal *Acta Neuropsychiatrica* – filling it with alliteration, such as 'Brain Bytes' and 'Pictures and Prose'.

For more than a decade, he ran the *Australian and New Zealand Journal of Psychiatry*, rebranding it as the *ANZJP* and increasing its reach, and he is President of the International Society for Bipolar Disorders and Editor-in-Chief of its leading journal *Bipolar Disorders*. He has also chaired the development of mood disorders guidelines and co-edited books on psychiatric diagnoses and the therapeutic use of lithium.

He will also, no doubt, draw on the experience of one of his first pre-medicine jobs as a window dresser for Hamleys (from which he learned the art of drawing in an audience) and his sometimes off-the-wall

approach to education, illustrated by his delivery of an introductory lecture to second-year medical students in the early 2000s dressed as 'Malhi-G', Sacha Baron Cohen's lesser-known academic cousin.

He sees the journals as a 'family' of titles, but with separate identities that he wants to carve out and define. "*BJPsych International* should be the lighthouse, beaming light around the world, saying this is the gold standard and then bringing the best of research from around the world back to British psychiatrists – a model of exchange and discussion, both broadcasting and receiving," he says.

*BJPsych Bulletin* covers day-to-day issues, interesting case studies and peer review for practising clinicians, he says. *BJPsych Advances* provides knowledge that ensures clinical proficiency, exam success and professional development. And *BJPsych* is "the premier research journal of the College. It sets the standard for science in clinical psychiatry and addresses the contentious issues the field faces". *BJPsych Open* mirrors these

ambitions and provides a presence in the US. This is what he will build on.

His vision is for the journals to be provocative and unafraid of tackling the harder questions that face the profession. He has been outspoken about the need to re-examine diagnoses that are in the DSM-5 and ICD-11 that don't reflect reality but inexplicably persist. "It will annoy some people, but it will generate discussion," he says.

"I am concerned about where psychiatry is headed. For instance, the word 'cure' has been effectively erased from our psychiatric lexicon, which is appalling," he says. "What excites most people is contentions and debate, and research that can have clinical application and be meaningful for people's lives. We can't be self-satisfied. We have not advanced to where we should be or could be. We can't afford to be complacent," he says.

So, as he prepares to write his first editorials in his new role, expect the unexpected but always expect to be intellectually stimulated.

Professor Gin Malhi





## Shaping the **strategy**

From January, the College will be working towards a new, far-reaching programme of work.

**W**ith new President Dr Lade Smith CBE now firmly in place, the process has begun of devising RCPsych's next three-year strategy. Due to be published in January, it will consist of a set of meaningful goals for the College and will cover the period 2024–26.

"The new strategy will set out a far-reaching and exciting programme of work for RCPsych," says Lade. "It will ensure we promote a strong psychiatric specialty and well-supported, sustainable mental health services, underpinned by a strong research culture and evidence-based approach – putting us at the forefront of healthcare, with fairness for all, while working to ensure psychiatrists are nurtured and supported."

Once developed, the new strategy will build on the current strategy, *Excellent patient care in a changing world*, which runs until the end of 2023 and was devised

under immediate past President Dr Adrian James. His priorities of workforce wellbeing and parity of esteem, in particular, will continue to be the foundational themes in College work.

With three months left in the period covered by the current strategy, around 85% of its 150 goals, which sit under 11 objectives, have been met. In January, it will then be replaced with the new three-year strategy, which will be written up following a robust and transparent development process. Once it is in place, there will be opportunities built in to assess that it is successfully supporting the needs of psychiatrists, mental healthcare staff and College employees.

Part of the strategy's development process will involve Lade chairing a 'Strategy Day' in mid-October at the College's London headquarters at 21 Prescot Street. All parts of the College will be represented by those attending: Faculty

Chairs, Division Chairs, Devolved Nation Chairs, as well others, including the Chairs of the PTC and SAS Doctors Committee, Presidential Leads and the nationally elected members of Council and Trustees, as well as the Senior Management Team.

Together they will shape the future objectives and priorities for the College for the coming three years. "I am really looking forward to working with colleagues, from right across the College, to devise our new strategy," says Lade.

To prepare for the Strategy Day and help shape the conversation, Lade has chaired a workshop involving the Presidential Leads. The College's eight Presidential Leads each play an important role in supporting and advising the President and College Officers and leading on a specific area of the College's work – either jointly or solely. Between them they lead on equity and equality (Dr Raj Mohan and Dr Amrit Sachar); women and mental health (Dr Philippa Greenfield and Dr Catherine Durkin); compassionate and relational care (Dr Russell Razzaque); physical health (Dr Ed Beveridge); wellbeing and retention (Dr Ananta Dave); and global mental health (Professor Mohammed Al-Uzri).

The Joint Presidential Leads for Women and Mental Health, Dr Greenfield and Dr Durkin, share their thoughts on their key considerations when approaching the upcoming discussions;

"Overall, women are more likely to experience mental ill health. These rates are increasing but women's health outcomes are not improving. We will therefore be suggesting actions needed to address existing research and data gaps and the unmet training needs of our workforce – with the aim of equipping practitioners to both provide therapeutic responses that meet the specific needs of women and create a workforce in which women can thrive."

The other Presidential Leads will be bringing a similar focus and commitment when making suggestions related to their specific areas as the strategy is developed.

Lade's priorities for her term as President, as expressed in her election manifesto, will also be brought to the fore in the new strategy: "We will fight for resources to ensure that psychiatrists and other members of the MDT can address the treatment gap and deliver excellent therapeutic care – at the same time internally we will ensure excellent membership engagement and communications and that the College remains a place where, no matter who you are, you will be able to thrive at work."



## A movement **on migration**

**P**rofessor Cornelius Katona has seen a lot during his 20 years specialising in mental health and forced migration. But never before has he seen a legislative landscape that is moving so swiftly – and so harmfully.

In March 2023, the government published its Illegal Migration Bill. Passed into law in July, it renders inadmissible any asylum claim from someone who entered the UK illegally.

"Your claim won't be considered on the basis of how strong your protection need is. It will be dismissed simply because of your means of entry," says Professor Katona, the College's Lead on Mental Health and Forced Migration. "It is just in another league of potential mental health harm."

The government's contention is that anyone arriving illegally will be quickly deported. But the ability to act swiftly is likely to be severely limited. There is insufficient immigration detention capacity, and the legality of the plan to relocate forced migrants to Rwanda is still to be determined by the Supreme Court.

"That means more and more people will be stuck in immigration detention for much longer," says Professor Katona. "And being in any environment in which you're actively impeded from integrating into society is bad for mental health."

Lobbying on the act is therefore a key College priority. This has included work to build a cross-party network of concerned parliamentarians, including some who sit as part of the governing party.

Peter Hand – the College's Public Affairs and Stakeholder Manager – says the briefing on the bill has been among

Lobbying by the College has helped force concessions on the Illegal Migration Act – but there is more to do to mitigate its harm.

### **"More and more people will be stuck in immigration detention for much longer"**

the most successful the team has ever produced.

This work, as well as joining with other concerned organisations as part of a broad coalition led by Together with Refugees, has helped force some government concessions. There was initially an intention for the act to be retrospective – so its provisions would apply to anyone who had already entered the UK without permission. That has been dropped.

"But while we've achieved one relatively big concession and a few much smaller ones, it is still a terrible act," stresses Professor Katona. And so, as he puts it, "the fight's going to continue".

That will involve thinking about the impact of the act – both on individuals and on mental health services. ("What will psychiatrists need to do? What training will they need to have? How can service

capacity be raised and be made more appropriate for other cultures?")

He hopes individual psychiatrists will consider taking action alongside the College – lobbying their MPs, or seeking to bolster mental health care for forced immigrants. A forthcoming report from The Commission on the Integration of Refugees, of which Professor Katona is a member, plans to highlight some examples of best practice.

And given that next year will bring a general election, the College is particularly focused on influencing the parties' manifesto pledges – including on forced migration.

"We're engaging with shadow ministers and senior backbenchers, but also with parliamentary candidates," explains Peter Hand. "We want them to know about what our concerns are."

Whatever the result of the election, the issue of forced migration will remain a pressing one.

"The question is how any government will address the undoubted problem of forced migration," says Professor Katona. "The fundamental issue is that more and more people are being displaced. The world has to do something about that. Europe has to do something about that. And the UK has to do something about that."



# Appropriate **force**

Reducing inappropriate police involvement in mental health crises is a laudable aim, but the current plans to achieve it are cause for concern.

**A**s a consultant liaison psychiatrist within a busy emergency department, Dr Alex Thomson has long been accustomed to police involvement in the care of his patients.

"We see a lot of people who have been brought to hospital by police officers, or who have had some involvement from the police in their emergency mental health care," he says.

If new national plans proceed as envisaged, however, that will become a much less common state of affairs.

It has been announced that all police forces in England and Wales are to implement a model known as Right Care, Right Person. In part, the aim of this model is to significantly reduce the number of mental health emergencies to which officers respond.

The concept – embodied in a national partnership agreement between the government, police and NHS – is that the police will only be involved in mental health-related emergency calls if there is a risk to life, a danger to the public, or a crime is believed to be taking place.

In principle, it is a laudable aim. It would mean the police only respond to the mental health emergencies with which they are uniquely placed to assist – only they have the legal power to convey a person to hospital for emergency mental health assessment, for instance. At present, forces are responding to a much broader range of such emergencies. That is where problems can emerge, both for police officers, who have less

**"But we cannot expect College members to pick this up without any support... Everyone is already at capacity"**

time to focus on their 'core' work, and for people in crisis who don't always receive appropriate support.

"There are undoubtedly people who are alive today because the police have intervened at a very bad point," stresses Dr Thomson, who chairs the College's working group on mental health and policing. "That both includes situations where only the police could have intervened and situations where only the police were able or willing to intervene."

"But there are also many people alive today who will never forget the trauma of police involvement when they were in crisis. People who have been handcuffed, taken to a police cell, stripped naked, put in a paper suit – all these things are humiliating and very frightening."

"So, we agree that anyone who is having a health-related crisis or emergency should receive a health-led response."

The problem, he says, is that the capacity and knowledge to provide that

response is not yet widely in place. While much is made of the lack of training police receive in supporting those experiencing a mental health emergency, the same could be said for many psychiatrists and psychiatric nurses. "We don't get training in pre-hospital support, or emergency department support, partly because so few of us currently do that work."

Changing that would take time. But time is what is feared to be lacking from the current plans. The commissioner of the Metropolitan Police, for example, has indicated his force will implement Right Care, Right Person from the end of this October. Yet in Humberside, where the model originated from, its implementation was a three-year programme of work involving partners in ambulance, mental health, acute hospital and social services.

"It was a long-term piece of work," says Dr Thomson. "And now a three-year timescale for changing approaches to partnership working has potentially been seized upon as a solution to reduce police

involvement in mental healthcare."

He points out that the National Police Chiefs' Council estimates the police could save around a million hours of work each year by stepping back from the majority of mental health incidents. "We would welcome a proposal to expand the NHS workforce to take on this volume of work," he says.

"But we cannot expect College members to pick this up without any support and in addition to all their other responsibilities. Everyone is already at capacity. There's a risk that a precipitous withdrawal of police may lead to a vacuum where no service is able or willing to respond to an emergency."

It is a concern shared by Emma McAllister, the lived experience representative of the RCPsych Liaison Psychiatry Faculty Executive Committee. Emma says the approach of Right Care, Right Person as currently described "does not feel safe".

"I'm worried people with mental health needs will be let down, harmed, and may

die unless the approach to Right Care, Right Person is driven by a consideration of what is needed by people in mental health crisis."

This would inevitably lead to less police involvement in mental health emergencies than is seen at present. "But it will not be safely achieved by unilateral withdrawal without safety nets. It needs the expansion of mental health services into the space policing is currently occupying, not the withdrawal and abandonment of people at high risk."

Emma's own experience of over-policing of mental illness involved her being arrested and prosecuted. She was charged with breaching the peace and wasting police time while in the midst of a mental health crisis, "even though there was no one else in danger and no disruption to the public". She was denied access to mental health care before being prosecuted, and her health significantly worsened during the process itself.

"The over-policing was ultimately very punitive towards me. There was no

curiosity or consideration that a health service could be failing me."

The resulting harm has been profound. "The prosecution and lack of mental health care contributed to permanent injury and me losing my job. I also have a continued fear of police, of how policing and criminal justice are sometimes misused by mental health services, and also of being unable to contact police if I am the victim of a crime."

That experience is why she is so concerned about the plans for Right Care, Right Person, and so keen that professionals who share that concern speak out about it.

"Support in mental health crisis – including self-harm help and suicide prevention – is core psychiatry," says Emma. "All psychiatrists, whatever their area of work, should care about this. If what's happening now isn't the type of response to mental illness they want to see in our society, they need to get involved. Psychiatrists have the power to influence and change this."







(Illustration: Gemma Mulreany)

# The importance of early childhood

A powerful new College report, to be published in October, highlights the importance of every child having the best start in life and makes the case for action to prevent childhood distress becoming adult mental ill health.

**T**he mental health needs of babies and very young children are often overlooked. But to have the best chance of preventing mental illness in later life, we need to start at the very beginning. Dr Clare Lamb, who previously held the position of College Lead for Under 5s Mental Health, explains why.

“Research clearly demonstrates,” she says, “that from conception to five years is a period of rapid brain

**“The nought-to-five space is an area where psychiatrists need to engage”**

development and a critical time for establishing enduring relationship patterns and psychological and cognitive functioning. Those are all foundations

for healthy development, which can confer protection against mental health conditions.”

There is also a growing body of evidence that mental health conditions among babies and infants are more common than many realise. One meta-analysis of international studies found the prevalence among children aged from one to seven years to be more than one in five. A survey in England of a narrower age range (two- to four-year-olds) found that 5.5% had mental health conditions,

including behavioural, emotional and hyperactivity disorders. Other studies have demonstrated a clear link between childhood trauma and adult mental illness.

In recent years, policymakers have launched a series of initiatives aimed at improving the mental wellbeing of under-fives. The recommendations of the 1001 Critical Days report, which was commissioned by the Prime Minister in 2020 and covers the period from conception to the child's second birthday, are being put into effect in England. The Scottish Government is investing up to £3m annually in infant mental health. And across the UK, the numbers of specialist health visitors in perinatal and infant mental health are increasing. But service provision remains patchy and fragmented, with only a minority of under-fives with mental health conditions being identified or treated. That's why the College has produced a novel report that sets out a strategy for meeting the mental health needs of all babies and young children under the age of five.

*Infant and Early Childhood Mental Health: the case for action*, which will be published in October, is a detailed, co-

produced, long-term plan for tackling infant mental illness in all four nations of the UK. Its origins lie in a pledge made by College Registrar Dr Trudi Seneviratne early in her term of office. Elected in 2020, and a perinatal and adult liaison psychiatrist by training, she identified a gap in College policy. “We didn't have a policy document around the early years,” she says. However, before that gap could be filled, the pandemic intervened, and it wasn't until spring last year that work could begin to make good on her pledge.

Instigated by Dr Seneviratne, a working group was set up, chaired by Dr Lamb and including representatives from faculties across the College and three lived-experience contributors. Dr Jonathan Campion, the Clinical and Strategic Co-Director of RCPsych's Public Mental Health Implementation Centre, has co-authored the report with Dr Lamb.

“It was important to involve a wide range of stakeholders to ensure there was broad agreement with the report's content across many sectors”, says Dr Lamb. “We sent out a draft early this year and received valuable feedback, most of which we incorporated. A near-final draft went out in the summer, and since then we've had numerous offers of written support or endorsement from stakeholders.”

The report has also been shared with the Royal Foundation Centre for Early Childhood, established in 2020 by HRH the Princess of Wales. Dr Seneviratne has worked with the Princess for several years and became an advisor to the Centre this year. “Getting it right for children in the early years is very important to the Princess,” says Dr Seneviratne. “She compares it to tackling the climate crisis.”

The report takes a human-rights approach to infant mental health and is strongly evidence-based. “We've divided the interventions that we're recommending into those that have robust evidence to support them,” says Dr Lamb, “and those where there's some good evidence, but we think there should be more.” To that end, one of the report's nine recommendations calls for further research, including ‘how to support improved implementation of evidence-based interventions to identify and treat infant mental health conditions’. Another

recommendation calls for government funding for ‘routine data collection on the mental health and wellbeing of under 5s and their families, and on the level of provision of public mental health interventions’.

Not all children are at equal risk of developing mental health conditions. The report identifies three stress factors that can increase the risk: ‘biological stressors (malnutrition, infectious disease, physical trauma), psychosocial stressors (poverty, neglect and/or abuse) and relational stressors (impaired relationships with primary caregivers)’. And so, the report calls for a multi-agency approach to ‘promote wellbeing and resilience [by] proportionately targeting higher risk groups’.

Training is crucial to the success of the report's strategy, and it's here that College members are specifically addressed. The training curriculum is to be revised to ensure that all trainee psychiatrists obtain the necessary knowledge and skills with regards to the mental health of babies and young children. An online training programme in infant and family mental health for consultants and SAS psychiatrists is to be launched, which will also be accessible to other practitioners such as GPs, health visitors and social workers.

“We want all psychiatrists, wherever they're working, to consider whether any of their patients is the parent of a baby or young child or has the potential to become a parent,” says Dr Lamb. “One in four adults has a mental health condition. So, it's important that everybody is involved – primary care, pre-pregnancy services and psychiatrists – to ensure that a patient's mental health is optimised both at the time of becoming a parent and when caring for their young child.”

Dr Seneviratne agrees. “We must recognise that the nought-to-five space is an area where psychiatrists need to engage,” she says. “I also want our members to think about working in this space for research – we need much more research in this area – as well as supporting education about the mental health of very young children. If we can do that, it will be a major step forward.”



**E**arly in July, Liverpool played host to the biggest event in the College's calendar – RCPsych's annual International Congress.

Over the course of the four-day event, scores of speakers and over 2,330 delegates came together from 53 different countries and all corners of the UK to learn from each other and share their research, clinical knowledge and, in some cases, lived experience.

One of the 15 globally acclaimed keynote speakers who made a lasting impression was expert in nutritional psychiatry Professor Felice Jacka. In her presentation, she highlighted the extensive evidence for diet quality as an independent risk factor for common mental health problems and the consequent and overlooked opportunity for nutrition-focused mental health interventions.

On a radically different topic, but also highly rated by delegates, was Professor Allan Young's keynote on the treatment of mood disorders, in which he considered the implications of technological change and the future of developing combinatorial treatment approaches.

Professor Donal O'Shea's session on the sensitive and often difficult-to-navigate subject of weight and weight gain was also very well received. Touching on the mechanisms underpinning the body's regulation of weight, and the influence medication has upon it, he discussed how our improved understanding of these factors, and the intersection between them, can aid clinicians in empathetically raising the subject of weight with patients and supporting them in setting realistic goals and combating self-stigmatisation.

For anyone who was unable to attend talks such as these, or who would like to see them again, this year's sessions can be watched online (see the box on the opposite page for more information).

Also part of this year's International Congress was the official presidential handover from Dr Adrian James to Dr Lade Smith CBE, marking a significant moment in RCPsych's history. As RCPsych's leader, Lade is the first Black woman to be president of any UK medical royal college.

In her inaugural speech, she highlighted some of the significant challenges psychiatry faces in and outside of the UK, including treatment gaps, limited resources and funding, and issues pertaining to



Professor Donal O'Shea



# Congress retrospective

RCPsych's International Congress 2023 served as a platform for pivotal moments in the College's history, including the inauguration of President Dr Lade Smith CBE and the launch of the new *BJPsych Journals* app.



Professor Felice Jacka

equality, diversity and inclusion. She also outlined the workstreams the College will launch or continue to champion under her leadership to address these issues, such as the College Engagement Network, the Act Against Racism Campaign and plans to encourage employers to better support psychiatrists in the workplace.

A noteworthy innovation that was unveiled at this year's event is the newly developed *BJPsych Journals* app, which gives all members and affiliates access to the College's world-leading journal content via an additional new route:

their smartphones. Delegates were encouraged to download the app and follow along as a tutorial video played, guiding them through the app's easy-to-use features. "This is a fantastic initiation," commented one delegate.

The social side of such large-scale events can sometimes be just as important as the professional element. To that end, this year's extensive social programme included breakfasts, lunches, a range of recreational and wellbeing activities, a party and drinks reception, and the return of the College's 'Mindmasters' quiz which draws heavy inspiration for its format from the TV show *University Challenge*. Fringe sessions and activities that were especially popular included a haiku workshop, a session on mindfulness and a talk and panel discussion on research and institutional integrity.

While ensuring Congress provided attendees with an outstanding experience, the College also worked harder than ever before to lower the event's potential environmental impact in line with its position on sustainability. Steps taken to achieve this included replacing single-use plastics with more sustainable options and encouraging attendees to travel to the venue by train, where possible.

Working with this year's event venue, Liverpool's Arena and Convention Centre, RCPsych also measured the emissions and waste produced by the event with the aim of developing a plan to further reduce the environmental impact of Congress in the years to come.

Based on responses from delegates who completed this year's feedback form, 93% said that they felt attending Congress would improve their professional practice. One of the delegates commented: "Excellent content, great speakers, and so happy to see so many colleagues and friends... and we installed an amazing new president! Thank you to everyone involved in organising this event."

Planning is already under way for International Congress 2024, which will be held in Edinburgh from 17–20 June. Join the mailing list to keep up to date with plans as they develop:

[www.rcpsych.ac.uk/events/congress](http://www.rcpsych.ac.uk/events/congress)

*You can help shape the programme for International Congress 2024 by submitting your proposal for a session or masterclass via the College website. (The closing date is Friday 27 October 2023.) For more information, search 'submit your proposal' on [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)*

## Missed out this year?

It's not too late to watch the cutting-edge content from 2023's International Congress. Over 80 sessions were recorded and are accessible from RCPsych's Webinar Library – part of its eLearning hub: [elearninghub.rcpsych.ac.uk](http://elearninghub.rcpsych.ac.uk)

Anyone who purchased a ticket for the whole conference can automatically access the content for no extra charge. Fees apply to anyone else, and vary according to membership type, although anyone who purchased a day ticket will receive a discounted rate. Find out more about pricing on the RCPsych website: [www.rcpsych.ac.uk/events/congress2023/registration/recording-package-registration](http://www.rcpsych.ac.uk/events/congress2023/registration/recording-package-registration)

## BJPsych Journals app

Launched at this year's International Congress, the new *BJPsych Journals* app is an exclusive benefit for all RCPsych members. Offering access to all of the College's world-leading journal content, it can be downloaded onto smart devices through either Google Play or the App Store. For more information, search 'BJPsych Journals app' on [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)





# Capacity-building in Iraq

How the College is working with the Iraqi Red Crescent Society to supervise and train primary-care health workers in Iraq in recognising and treating mental health disorders.

**L**ike many countries, Iraq suffers from a severe lack of psychiatric capacity: with a population of more than 44 million people, the country has fewer than 300 psychiatrists. Not only are there high rates of mental illness, but Iraq's population has specific needs – partly linked to its recent history, in which the country has been profoundly impacted by a series of crises, including invasion, occupation, armed conflict, civil strife and political instability.

“What we see in Iraq”, says consultant forensic psychiatrist Dr Hasanen Al-Taïar, “is something more than post-traumatic stress disorder. It's beyond that – something called ‘enduring personality change after catastrophic experience’.”

For more than 10 years, Dr Al-Taïar, along with other Iraqi psychiatrists in the UK, has been “working with colleagues and patients in Iraq, building capacity, developing skills, doing online training, supervision, and also face-to-face training.”

Over the past 18 months, the College has thrown its weight behind this work, as Professor Mohammed Al-Uzri, RCPsych's Presidential Lead for Global Mental Health, explains: “Through my role, I have oversight of all the international work of the College. When we were approached early last year by

**“In Iraq, there is a big stigma about seeking psychiatric advice or seeking support”**

the Iraqi Red Crescent Society (IRCS) to help with upskilling their primary care doctors in mental health, it seemed like a project we could meaningfully contribute to.”

In collaboration with the Iraqi National Advisor for Mental Health, he designed a week-long training session based on the World Health Organization's (WHO) Mental Health Gap Action Programme (mhGAP). The mhGAP intervention is a tool for managing mental, neurological and substance use disorders and is aimed squarely at non-specialist medical staff. As stated by WHO, nearly one in 10 people has a mental health disorder, but only 1% of the global health workforce provides mental health care.

Dr Al-Taïar goes on to explain that in Iraq, “even where psychiatric services are available, there is a big stigma about seeking advice or

support. The attitude is very much: ‘Oh, I'm not crazy. I'm not going to see a psychiatrist’. Instead, people tend to go to their doctors with physical aches, pains and ailments, which are actually manifestations of psychiatric disorders.”

To help navigate the impact of this stigma, primary care doctors who receive mhGAP training will be able to more confidently pick up on signs of certain mental health concerns, compassionately broach the subject with patients, and signpost them to appropriate services.

Sensitivity to local conditions is a crucial consideration of this training. “We're not trying to replicate the British system in Iraq,” says Dr Al-Taïar. “That would be unrealistic; you can't do it. But there are examples of good practice from the UK that we teach. For example, how not to trivialise the concerns of patients

and carers. And teaching the basics of medical ethics, communication skills, and how to remain calm, resilient and flexible in challenging situations.”

The training was delivered in Baghdad in person between the end of May and early June last year by Professor Al-Uzri and Dr Al-Taïar, and online from the UK by Dr Sophie Thomson, former chair of RCPsych's College Volunteer and International Psychiatry Special Interest Group. “The attendees were doctors from the north, south and middle of the country,” says Dr Al-Taïar, “men and women at all seniority levels, and all linked with the IRCS.”

Already, the training seems to have made a big impact. “We used evaluation forms before and after the training,” says Professor Al-Uzri, “which showed an improvement in confidence and mental health knowledge among participants.

The findings have been written up as a paper and submitted for publication to *BJPsych International*.”

The plan now is that a core group of those who attended the first training session will go on to become trainers themselves. This autumn, with in-person support from Professor Al-Uzri and Dr Al-Taïar, this group will train people from the Iraqi, Egyptian and Jordanian Red Crescent Societies. After that, they will train a group of psychosocial workers in Iraq.

Meanwhile, since August last year, the first cohort of trainees has been offered fortnightly virtual supervision sessions, which have run ever since. Delivered by the College's Volunteer Scheme, the sessions were designed and set up by Professor Al-Uzri “to consolidate the learning from the initial training,” he says. “I am one of the volunteers, as is Dr Al-

Taiar, who organises the sessions.”

Dr Wasan Adeeb, currently training as a histopathologist at Baghdad's Al-Kadhimiya Teaching Hospital, took part in last year's training and attends the supervision sessions as well. “When I was in medical school,” she says, “I was interested in psychiatry and I worked with the IRCS in one of their mobile clinics, which I still do today when I can. The supervision has really helped me to be more empathetic to others and less judgemental. It has helped me to listen more to patients and to go on a journey to find out what their problems are.”

To find out more about the RCPsych Volunteer Scheme and how to get involved in its projects, visit the College website: [www.rcpsych.ac.uk/international/volunteering](http://www.rcpsych.ac.uk/international/volunteering)



The Iraqi Red Crescent Society



# CHOOSE PSYCHIATRY

## – and continue to choose it

This year, the College's recruitment campaign will consolidate its focus on retention by highlighting the opportunities to enhance work-life balance, as well as turning its attention to the specialties that struggle more to gain recruits.

**T**he wildly successful RCPsych campaign to attract medical students to the profession has gone from strength to strength since it was launched in 2017. The figures are a testament to its success and, after reaching a near-100% fill rate for core trainee psychiatry posts in 2020/21, the number of posts has been expanded to ensure that those who are interested in the profession can be welcomed in.

The campaign shifted its focus in 2021 and 2022 to include retention – particularly for core trainees who take a break before higher training – and the message was 'Continue to Choose Psychiatry'. This year's campaign will reinforce this message with the aim of retaining a higher proportion of psychiatrists during the pinch point of the CT3 to ST4 transition, as well as continuing to promote psychiatry as an exciting and varied career.

The campaign also has the goal of achieving full recruitment to all psychiatric specialties. Therefore, attention will be paid to the specialties that have traditionally struggled to do this, particularly child and adolescent, intellectual disability, old age and addiction psychiatry. The aim is to present an authentic picture of what it is like to work in these areas while highlighting the most enjoyable aspects.

This year's campaign will centre on a film of psychiatrists from these specialties that will be promoted on social media and the RCPsych website. Associate Dean for Recruitment Dr Declan Hyland



Dr Declan Hyland

describes the film as featuring "doctors across the lifespan" – including a core trainee, a higher trainee, an SAS doctor and a consultant. Together, they will all talk around a dinner table about their careers and what they love about the stage they are at and the specialty they have chosen. There will also be a patient at the table to talk about how important psychiatry and mental health care has been in their lives. Peter Markham, Head of Digital at RCPsych, describes the film as "the heartbeat of the campaign".

Once again, the campaign is looking to recruit the help of mental health advocates and campaigners to broaden people's knowledge of the #choosepsychiatry message. Last year, it was supported by mental health advocates and campaigners such as Stephen Fry, Alastair Campbell and Dr Alex George. Expect to see the Choose

Psychiatry message across social media during the 7-week campaign which will get under way in October, as it makes full use of YouTube, X (formerly known as Twitter), news media, and blogs and resources on the College website.

For the first time, the College will be taking the campaign to freshers' fairs at universities around the country to promote the Choose Psychiatry message by talking about careers in psychiatry and getting students to sign up to associate memberships. Dr Hyland says it is important for the College to build a relationship with medical students as soon as they express an interest in psychiatry: "Being a member of the College is like being a member of the family – an extended family where we support everyone from student days to retirement," he says.

The psychiatrists' stories that will be shared on social media as part of the campaign will stress the efforts that are being made by the College to support work-life balance. Unique to psychiatry is that it positively supports less-than-full-time training – whereas in other disciplines, it can be looked down upon. There is no pressure to justify your decision, which opens up the opportunity for greater work-life balance to more people. "The campaign will highlight that opting for less-than-full-time does not negatively affect the quality of the training you experience," says Dr Hyland.

Another retention aspect of this year's Choose Psychiatry campaign will focus on

the special interest days given to all higher trainees to pursue a particular interest. This is protected time, consisting of two 4-hour sessions a week away from clinical pressures, to engage in learning opportunities that otherwise might not be available. This aspect of professional development has proved to be very popular among higher trainees and, as Dr Hyland says, "This shows medical students and foundation trainees that being a higher trainee is a really attractive option, as you have these protected days to follow an interest."

The Out-of-Programme option also allows greater flexibility as trainees who want to take time out of training to pursue a particular interest can do so and be assured that they will be welcomed back and supported when they return. Dr Hyland says some trainees take time out to pursue a research project, others for personal reasons, such as travelling to see family after being unable to during the pandemic.

The campaign will also be highlighting the different ways in which a career in psychiatry can offer variety, and will include blog posts and videos from higher trainees who have chosen one of the 'dual training' options – which allow training to be undertaken from an approved list of paired specialties.

This year's campaign ties in closely with the College's recruitment strategy and will highlight some of its initiatives. The positive reinforcement of the message is hoped to have an impact on retention rates and serves as a reminder to those that have already chosen psychiatry what a rich and varied career it can be.

## Specialty spotlight

**Dr Bikramaditya Jaiswal, higher trainee in old age psychiatry, explains why he's taking part in this year's campaign film.**

Dr Bikramaditya Jaiswal is keen to bust a myth about the specialty that he describes as "fascinating", but that he regularly hears being incorrectly dismissed as only involving treating dementia or delirium.

On the contrary, "old age psychiatry sits at the interface between mental and physical health," he says. "Many of our patients have comorbid physical illnesses – meaning we keep the training we receive in medical school fresh. We often do home visits and can see the interactions between family members and what these people are struggling with. This way, we apply all of these learnings to provide holistic treatment using the biopsychosocial model."

He also draws attention to the fact that he commonly deals with patients "who have a mental illness, like an anxiety or mood disorder – things often seen among general adults, but which can be very common in this age group too". But, he says, "they often get neglected in older adults because no one seems to consider how profoundly people can be affected by things like loneliness".

Dr Jaiswal is eager for core trainees to see this kind of depth in this area of work. "Whenever I speak to the core trainees, I

encourage them to come and work with us, even for a week or so, or just to shadow old age psychiatrists, and then see how varied this area really is," he says.

He also highlights the cutting-edge research opportunities in this psychiatric specialty. "A lot of research in psychiatry is focused on illnesses that affect older people, such as Parkinson's, dementia with Lewy bodies or Alzheimer's," he says. "So, if a core trainee, or any doctor, is interested in research – old age psychiatry is the field to be in."

Dr Jaiswal's hope for taking part in the campaign is both optimistic and humble: "If my taking part does anything to encourage more people to take up higher training in old age psychiatry in any way, it will be really helpful because this is such a good field to work in."



Dr Bikramaditya Jaiswal



**C**onsultant forensic psychiatrist Dr Samir Srivastava has the notable distinction of being a Fellow of both the Royal College of Psychiatrists and the Royal Society of Arts. In the past 10 years, he has worked full time as a clinician, been elected as a regional representative to the College's Forensic Psychiatry Faculty and become an RCPsych Equality Champion. At the same time, he has worked on three short films that have, between them, won 617 awards from film festivals around the world. He, himself, has won 55 Best Producer awards.

"When I was a child, I was fascinated by films," says Samir, "and loved English literature." But when it came to choosing a career, he opted for medicine and, in doing so, not only discovered a love for psychiatry, but also laid the foundations for a concurrent career in the arts.

During junior doctor rotations, Samir struck up a friendship with fellow film-enthusiast Shahid Kamal, who went on to become an ear, nose and throat specialist. They initially went on separate career paths, with Shahid acquiring a diploma from the London Film Academy and Samir gaining a Master's in Mental Health Law. When Shahid started work on his short film, *Cinnamon*, he sought input from Samir who, by then, was practising as a consultant psychiatrist.

The film explores how the effects on a child of witnessing, and being subjected to, domestic violence persist into adulthood – a subject close to Samir's heart. "I've seen so many patients in psychiatric units who experienced sexual, physical or emotional abuse or neglect as children. For some, these were significant contributing factors to the development of psychiatric conditions or precipitated personality disorders in later life," he says.

His contribution to the development of the film led to him becoming one of its script consultants, as well as earning him a credit as an executive producer. The film has gone on to win awards in Indonesia, Nigeria, Malaysia, India and Romania for its societal impact, including one from the International Festival of Women, Social Issues and Zero Discrimination.

Since then, the two doctors have worked together on two further short films, both directed by Shahid and produced by Samir. *Take the Chocolate*, a sweet story about sharing, is a hymn to the joys of letting children be children, with astonishing non-verbal performances from three 18-month-old toddlers. "We like to educate and



Dr Samir Srivastava

## Moving pictures

Dr Samir Srivastava successfully juggles parallel careers as a consultant forensic psychiatrist and award-winning filmmaker.

### "When I was a child, I was fascinated by films"

engage children through visual storytelling," says Samir. "In psychiatry, we know that it is important that children are taught good prosocial principles early on in life, such as caring for the feelings of others."

*Matty Boy*, co-written by Samir, is a comedy about a wealthy 'man-child', played by Emmy award-winning producer and actor Vincent De Paul (*The West Wing*, *The Bay* and *Mad Men*), who discovers the hard way that money isn't everything. Samir made sure that the principles of equality and diversity were

central to the making of the film, with a multicultural cast and strong female characters. And to be present during filming, he took only three days of leave from his day job at the South London and Maudsley NHS Foundation Trust.

Samir is currently returning to work following a period of absence due to Long Covid. He is looking forward to resuming his NHS work and various College roles, all of which he is proud to hold. He also plans to co-write and produce a feature film with Shahid. "It will be a psychological thriller," he says, "with a mental health undercurrent and a focus on societal concerns and the power of courage and forgiveness."

You can read more about and watch Dr Samir Srivastava's films at [www.peopleproductions.co.uk](http://www.peopleproductions.co.uk)