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RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT

Looking ahead:

New voices, new priorities and a new year

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COLLEGE **NEWS IN BRIEF**

Upcoming College elections

Members, Fellows and Specialist Associates are invited to participate in the 2026 RCPsych elections, both by nominating themselves for positions and by taking part in voting. In addition to electing a new President, there will be elections to committee and leadership roles across the College, as well as a spring election to appoint the next Dean.

President:

The race is now on to choose RCPsych's next President, who will succeed Dr Lade Smith CBE. The President serves a three-year term, acting as the College's public voice, chairing Council and the Board of Trustees, and helping set the strategic vision for psychiatry in the UK.

Nominations open on 23 January 2026 and close at noon on 13 February. Voting will run from 18 March to noon on 15 April, with results declared on 16 April.

Committees and Council:

Nominations are currently open for committee roles in divisions, devolved nations, international divisions, faculties, special interest groups and the Psychiatric Resident Doctors' Committee, closing at noon on 6 February 2026. Voting will run from 18 March to 15 April. There is also a vacancy for the elected member of Council, following the same election timetable as for the president.

Dean:

Nominations for the five-year role as Dean open on 17 April 2026 and close at noon on 8 May. Voting will run from 27 May until noon on 10 June.

For more information on the roles, how to apply and the voting process, go to: **www.rcpsych.ac.uk/elections**. Stay tuned for details of candidate announcements, hustings and voting instructions.

2025 Seni Lewis Award

The Seni Lewis Award, a partnership between the Royal College of Psychiatrists, the Metropolitan Police, and South London and Maudsley NHS Foundation Trust, recognises work that strengthens collaboration between mental health services and the police, reduces restrictive practices, and ensures care is delivered with dignity and respect.

The 2025 award went to the Tees Crisis Triage and Assessment Hub (Tees Esk and Wear Valleys NHS Foundation Trust) for their outstanding support of people in mental health crisis, which was presented at an event hosted by the College on 15 December. The evening also featured the President's Lecture on Community Mental Health by Sir Graham Thornicroft, presentations from the three shortlisted teams, a panel discussion, and a reception attended by members of Seni Lewis's family.

The Tees team impressed the panel with their innovative crisis triage and assessment hub, which improves safety, reduces restrictive interventions, and actively involves patients and carers in shaping services.

The two other finalists were also commended: From Streets to Safety (Sheffield Health Partnership University NHS Foundation Trust and South Yorkshire Police) and NHS 111 option 2/Section 136 police advice line (South London and Maudsley NHS Foundation Trust).

RCPsych in the news

The College has maintained a strong media presence over the past quarter as it has continued to raise the profile of some of the most pressing issues currently impacting psychiatry and mental healthcare. Some highlights are outlined below.

In October, RCPsych President Dr Lade Smith CBE took part in an exclusive interview with *The Sunday Times* in which she spoke about how cannabis use in young people is putting them at risk of experiencing anxiety, depression and psychotic episodes. She called on the UK Government to do more to educate parents and young people on these dangers. The story was featured on the outlet's front page and was also covered by other national media outlets including *The Daily Telegraph* and *The i Paper.*

In November, in collaboration with the *Health Service Journal*, the College voiced concerns over the condition of mental health and learning disability buildings. It was reported that the cost of fixing high-risk maintenance problems has more than doubled to £158m in 2024/25. Dr Smith commented: "People's environments can either enhance or worsen their health, and no one should have to be seen in decrepit and potentially unsafe buildings that are not fit for purpose."

More recently, in December, Dr Smith responded publicly to the UK Government's announcement of an independent review into the rising demand for mental health, ADHD and autism support. While she welcomed the review, she emphasised the importance of fully considering the many complex reasons for the increased demand, identifying gaps in care and exploring effective treatment methods. She took part in TV interviews with BBC News and Sky News, and her comments were widely reported across national media.

Dr Jessica Eccles, Chair of the RCPsych Neurodevelopmental Special Interest Group, also took part in interviews with BBC Radio 4 and BBC Radio 5 Live in which she highlighted the extent of the unmet need for support.

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President's message

Welcome to this winter issue of *Insight* magazine. I want to thank you for all your work over 2025, another year of both successes and challenges. The end of the year can be incredibly busy, but I hope you can find moments to rest and recharge.

In this issue, we explore recent work addressing some of the most pressing issues affecting the profession. Topics include the Staying Safe from Suicide guidance from NHSE, which highlights the need to move away from tick-box risk assessment towards a more person-centred, relational approach.

We also examine an approach put forward by RCPsych in Scotland to better meet the needs of people with neurodevelopmental disorders and ease pressures on mental health services – an issue with relevance across the UK.

Another notable feature highlights the need for a cultural shift in recognising women's hormonal health and menopause in mental healthcare, supported by an upcoming College position statement.

We also take the opportunity to celebrate the work of individual members and teams by reflecting on the RCPsych Awards, which I had the pleasure of hosting in November. Congratulations to all the winners and nominees, who demonstrate true excellence in the field.

Looking to the new year, I look forward to building on our progress through continued collaboration.

Dr Lade Smith CBE

Staying safe from suicide

For too long, there has been an over-reliance on tick-box risk tools to assess individuals' suicide risk. A new strategy focused on individualised safety plans and relational practice rather than risk stratification aims to save lives by ending this unreliable practice.

Philip Pirie's son Tom died by suicide just one day after being assessed as being low-risk for suicide. "At first, I thought he was one of the unlucky ones, one of the few who'd been wrongly assessed. But I was utterly shocked to discover that Tom was not the exception to the rule. He was the rule," Mr Pirie told delegates at the RCPsych International Conference in June.

His shock turned to anger when he found out that out of the 17 people who die by suicide a day in the UK, five will have been in contact with mental health services and four of those will have been assessed as low or no risk of suicide at their last clinical contact. What is even more shocking is that this 'low-risk paradox' has been known about for more than 25 years, and yet these types of assessment have continued to be used.

"Involving a trusted ally is such an important part of keeping someone safe"

Mr Pirie has since campaigned for better suicide prevention strategies and he was co-chair alongside Dr Adrian Whittington of the working group for the development of new NHS England (NHSE) guidance *Staying Safe from Suicide*, published last April, which is now being adopted by trusts, and the private and voluntary sector in England.

The guidance was co-produced with over 120 researchers, clinicians, mental health professionals and lived experience experts, with representatives from over 20 professional organisations, including RCPsych.

The old approach, which relies on brief queries to assess risk as low, medium or high – in Tom's case, three scripted questions – has been deeply embedded into routine practice despite the lack of evidence to support it. As far back as 2011, NICE recommended that clinicians stop using risk stratification tools to predict suicide risk and the new guidance says that this unvalidated practice is unacceptable and should be eliminated.

Chair of RCPsych's General Adult Psychiatry Faculty Dr Jon Van Niekerk contributed to the guidance as part of the working group. He says: "Results from the tools are little better than chance. They give a false sense of security to clinicians and they increase distress and distrust among service users by making them feel unseen and reduced to a score."

A fear of litigation may also have contributed to the continued use of these tools, combined with a mistaken belief that their use minimises liability. "A lot of organisations wrongly assumed legal liability was protected if a patient had been formally assessed as low risk," says Mr Pirie.

The impact of a patient's death by suicide is profoundly traumatic for healthcare staff as well as for families. "When clinicians have been looking after someone on a regular basis who then dies by suicide, there is a grave impact and they go through a grief cycle in response" says Dr Jeya Balakrishna, the College's Special Adviser for Patient Safety and Suicide Awareness, who was also part of the working group. This can be heightened by moral injury when clinicians have been compelled to use risk stratification tools they know are inadequate, provoking guilt and burnout.

"Psychiatrists can't predict risk," says Dr Balakrishna, "but what we can try to do is reduce risk; that is more realistic. The focus should be on safety, and we need to establish a trusting relationship with someone who is vulnerable and maintain conversations that encourage them to disclose what is going on in their minds."

The new guidance underpins a major shift away from risk prediction to a person-centred model that builds safety through human connections, involving family and friends and co-producing collaborative individualised safety plans. The approach is based on strong therapeutic relationships and focuses on understanding rather than categorising. Highlighting this work is part of a wider promotion of trauma-informed care and biopsychosocial approaches by the College, which will be supported by a new psychiatric formulation template currently in development.

Dr Van Niekerk sees this approach as a renewal of psychiatric practice. "We used to work like this before becoming obsessed with risk tools. It challenges the therapeutic nihilism that has led to a reliance on these tools."

The guidance has been designed to be accessible and applicable to different settings. It is broken down into three steps: safety assessment, safety formulation, and safety management and planning.

The first two elements, safety assessment and formulation, involve listening to the patient, validating their experience and having an open collaborative conversation, exploring suicidal impulses, acting on immediate concerns and identifying biopsychosocial factors that influence safety. This therapeutic stage should be approached with empathy and sensitivity, fostering realistic hope for the future.

It is recommended, as a minimum, to identify three 'P's – the presenting problem; protective factors, such as relationships and special interests; and precipitating factors, such as loneliness or adverse events. Two more 'P's are mentioned: predisposing factors, such as past trauma, and perpetuating factors, such as ongoing addictions.

The third element, safety management and planning, involves creating a co-produced strategy. "The plan is done *with* the person, not *to* them," says Dr Van Niekerk, "looking at what actually helps them feel safe. It relies on the principles of maintaining connection, instilling hope and giving service users agency."

Co-production makes it more likely that the individual will engage in their ongoing care and safety. It can be part of a wider therapeutic care plan and can consider warning signs, coping strategies, ways to distract by connecting with people or activities and how to access support. Ideally the plan would be shared or developed with family or significant others and would be an empowering way for individuals to understand what makes their distress fluctuate. "Involving a trusted ally is such an important part of keeping someone safe," says Dr Balakrishna.

The guidance also covers the use of language, confidentiality and the law, and includes links to studies that support the approach. There is also an accompanying e-learning course, 'Staying Safe from Suicide: Best practice guidance'.

Using this approach is recommended for all NHS-commissioned services and, although produced by NHSE, it is hoped that its principles will spread to the rest of the UK and beyond.

Implementation is a challenge, but Dr Van Niekerk says, following successful transitions by early adopters, that the momentum for change is there, but is reliant on buy-in from senior teams to overturn the years of inertia. "It should not be underestimated what a big cultural shift this is. There is a great need for training and leaders must model trust in their professionals and faith in relational practice and let go of the old ineffective tools," he says.

The guidance is backed by mental health minister Baroness Merron who has written to senior health teams, regulators and the Chief Coroner urging its uptake. There have also been extensive efforts from the College and NHSE to publicise the approach and to offer support and shared learning from trusts who have already implemented change.

The guidance marks a transformation in the way we respond to suicide, and it is hoped that it will save lives and protect families from the pain of experiencing loss through suicide. The next phase of Mr Pirie's suicide prevention work will involve a public heath media campaign to reduce the stigma of seeking help and a summit on men's mental health in February 2026 in collaboration with the College. For now, his message to psychiatrists is clear: "Words on a page will not make a difference; this approach has got to be implemented. There is a stop and a start: *Stop* predicting or stratifying risk, and *start* developing a better therapeutic alliance to understand your patient."

You can read the full *Staying Safe from Suicide* guidance on the NHSE website: **www.england.nhs.uk/long-read/staying-safe-from-suicide/**

The accompanying eLearning course can be accessed from: **www.minded.org.uk/Component/Details/849008**

A sharper focus on menopause

The College is calling for action across the board to enhance awareness, inform best practices and improve healthcare responses for women experiencing menopause who use mental health services.

A lack of awareness, training and research about the link between women's reproductive hormones and mental health has meant that many women are not receiving the care they need during menopause. RCPsych's forthcoming landmark position statement on menopause and mental health will recommend embedding menopause awareness into training, national policy and routine practice to improve women's mental healthcare during this stage of their lives.

The hormonal changes of perimenopause mark the beginning of a physical, social and psychological transition during which women experience a shift in identity. These changes can affect mood, anxiety levels, sleep quality and cognition and may be accompanied by feelings of grief and loss. Perimenopause can precipitate new mental health disorders, exacerbate pre-existing conditions and even reduce the effectiveness of medications. It has also been observed to 'unmask' neurodivergence and disrupt established coping mechanisms.

Not every woman will experience psychological difficulties during menopause. Some will find it empowering and for women with conditions, such as PMDD or endometriosis, menopause can even relieve symptoms. Every woman's experience will be unique – a product of their biopsychosocial circumstances.

The College's statement, which will be published in the new year, was partly prompted by calls from the Health Services Safety Investigations Body for menopause to be considered during mental health assessments for women. This followed the death by suicide of a woman whose overlooked perimenopause issues were considered a contributing factor. The statement has been co-produced with clinicians and patient representatives and includes quotes from women with lived experience throughout.

Veryan Richards is a patient representative and contributor in the working group for the development of the position statement. She describes experiencing a period of depression in her early 40s, having previously also had two episodes of post-natal depression years earlier. "I had heightened anxiety, very low mood, dissociation at times, low self-worth, an inability to concentrate, fatigue and migraines. I was not aware of the effects of perimenopause and this episode should have been an opportunity for my GP and psychiatrist, who knew my previous history, to consider and inform me about the ways hormonal changes could affect my mental health during menopausal transition, and suggest hormone replacement therapy (HRT) as an evidence-based treatment option – but at no stage did that happen."

This was a common experience among the patient representatives who felt their symptoms were dismissed and they had to struggle in silence. Consultant forensic psychiatrist Dr Catherine Durkin is one of RCPsych's Presidential Leads for Women and Mental Health, alongside Dr Philippa Greenfield. She says: "We need to listen to women who have been told there is nothing wrong with them or there isn't an association between menopause and mental health. Psychiatrists have a real opportunity to ask the right questions and listen to what women are telling us. We need to use our clinical curiosity to have conversations to gain greater understanding of the women we work with."

Dr Sophie Behrman, a consultant general adult psychiatrist who also runs a menopause and menstrual mental health clinic at Oxford Health NHS Foundation Trust, significantly contributed to the development of the statement. She says that it is also important for psychiatrists to be proactive in supporting women through this transition, particularly with women who may not be aware of its effects or may find it more difficult to access healthcare.

"There is evidence that women with severe mental illness (SMI), such as schizophrenia and bipolar disorder, are less likely to have any menopause care or be prescribed HRT compared with people without mental illness." Menopause symptoms will often be solely attributed to a mental health diagnosis, she says, and this diagnostic overshadowing can result in women receiving inappropriate treatment.

The statement, therefore, calls for equitable access to personalised support and biological or relational interventions, particularly for women who might experience more barriers to accessing support, such as women with SMI, neurodivergence or disabilities; living in poverty; from minoritised ethnic groups, and those who are LGBTQ+.

The College also wants psychiatrists to be supported to take a central role in the provision of holistic, integrated care that focuses on biopsychosocial factors and the wider context of women's lives. By driving culture change and taking a person-centred, trauma-informed approach in psychiatry and providing joined-up services, it is hoped that women's mental health concerns during menopause will not be dismissed or overlooked.

Dr Sophie Behrman

An individualised approach to assessments and treatment plans is essential. The College is recommending that routine assessments include menstrual and reproductive health history, including menopause, for all women accessing mental health services. "It is important to understand the individual's experience of menopause. We are not trying to over-pathologise or medicalise it – we are just asking questions in a holistic way," says Dr Durkin. The position statement also emphasises that the timing of menopause cannot be assumed or predicted and that clinicians should be mindful of the impact of early, surgical or medically induced menopause.

As part of a drive to gather more empirical evidence about the effects of menopause, the College is calling for more research into the complex interactions between hormones and mental health in areas such as the impact on conditions, such as bipolar disorder, and on medication and treatment resistance. It is hoped that the College's commitment to the issue can be used to support funding applications.

The College's 2024 survey of members' attitudes towards women's mental health showed that 41% of members lacked confidence when responding to the hormonal health of women, including menopause. Dr Behrman reports that there is an appetite to rectify this and learn more about menopause. Training events are well attended but some psychiatrists – particularly men – have expressed concerns about how to discuss it with women. "As clinicians, we need to ask so many difficult questions," says Dr Behrman. "This is no different. It is a straightforward physical thing and you just need to ask."

Understanding the impact menopause can have on mental health should be everyone's business, says Dr Durkin. "It's not just a niche area for those interested in women's health. Women make up half the patients we see and we need a culture shift. It is important that all psychiatrists understand the link between the menopause and poorer mental health outcomes for some women and why it is important to ask about it."

Training for psychiatrists and medical students, based on evidence from those with lived experience, alongside action from governments and national health services, could help make discussions about menopause a routine part of assessments and help integrate hormonal and mental health into care pathways, building clinician confidence and reducing hesitancy to explore hormonal health concerns with patients.

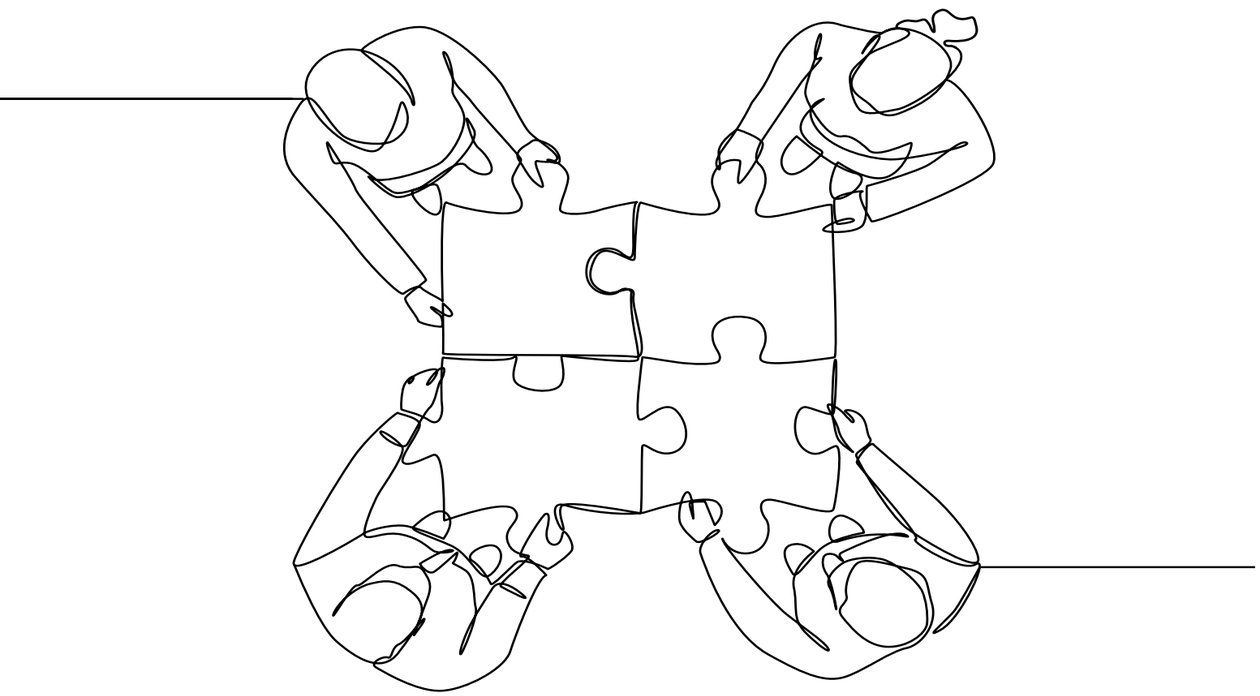
RCPsych's position statement calls for action from a range of stakeholders, including psychiatrists, policymakers, teaching leads, employers and the College itself, and emphasises that to contribute to effective change, the psychiatric workforce requires adequate policy and resources.

This work is a step towards a culture change in which menopause awareness in mental healthcare and psychiatric practice is considered essential, not optional. This approach aims to ensure women's needs during this time of transition are more effectively met. As one of the patient representatives quoted in the statement says: "Menopause can be a painful and lonely time, but with help, support and guidance, there's no need to struggle in silence."

Find out more

RCPsych's position statement on menopause will be out in early 2026.

Key contributor Dr Sophie Behrman has also edited an RCPsych book, *Menopause, Menstrual Cycles and Mental Health*, which will be published by Cambridge University Press in 2026.



Collaboration that counts

The College is strengthening its commitment to co-production by developing new guidance and tools for mental health providers. Dr Jon Van Niekerk and Raf Hamaizia, the driving forces behind this move, outline how genuine collaboration and power-sharing can transform care.

When Jacqui Jameson, carer representative of RCPsych's General Adult Psychiatry Faculty, recommended including co-production in the Faculty's strategy, Dr Jon Van Niekerk knew the work had to start with lived experience leadership. He turned to Raf Hamaizia, Expert by Experience Lead at Cygnet, and together they assembled a steering group and co-production network that brought together voices from across the mental health ecosystem.

Their first challenge was agreeing on what co-production actually meant. "There was no one unified definition that everyone agreed on in mental health," says Dr Van Niekerk, the Faculty's Chair and Group Clinical Director at Cygnet. Yet through conversations, a shared understanding began to take shape: "It's when people from all walks of life come together right from the start and work in a collaborative way, sharing power equally for a shared goal."

Dr Jon Van Niekerk

For Hamaizia, who draws on his lived experience as a former inpatient to lead national co-production projects, these principles challenge entrenched hierarchies. "Historically, mental health services have been quite coercive," he says. "Forcible medication, the loss of autonomy, even the experience of walking into a ward round or a Mental Health Tribunal to fight for your freedom. That's a big part of the power imbalance."

Co-production, he says, moves services away from 'doing *to*,' through 'doing *for*,' towards genuinely 'doing *with*.' Compromise, he says, is key. "It's about understanding there are different agendas, and it's not only about the service user. It's about family, carers, staff, communities." Crucially, it means "creating an environment where people feel comfortable and empowered from the beginning."

That starting point is essential. "Governments are very good at consultation and engagement, but often, by this point, the decision has already been made," Hamaizia says. "Whereas, involving people from the beginning safeguards against that."

"You can't start doing something and then parachute people in and then claim it was co-produced," Dr Van Niekerk agrees. "This is especially true when working with sensitive issues – you either do it properly from the beginning and are open to the prospect of your mind being changed, or you shouldn't do it at all, because it can actually be retraumatising for those with lived experience."

Dr Van Niekerk has now led the College's co-production network for more than four years. In that time, the network has gathered examples of co-production across NHS, independent, and voluntary-sector services; interviewed experts by experience and clinical leaders; and compiled a repository of videos and case studies to understand real-world challenges and success factors. Dr Van Niekerk also completed an academic literature review on co-production and its implementation.

One key finding was the importance of senior leadership buy-in. "The senior leadership needs to do more than just support it; I think they really have to lead it in terms of being the example that you want to see on the wards," Dr Van Niekerk says. "When the senior leadership invests, gives resources, supports, and is open to new things, then that's when the magic happens."

But leadership alone isn't enough. Co-production must be embedded in organisational structures. "What you don't want is a sort of flash in the pan and then things disappear," Dr Van Niekerk explains. Where there is senior commitment, recurrent funding, training, mentoring, and embedded feedback systems, the impact is striking. "Incidents are reduced, relationships improve, whistleblowing goes down, staff love their job more, turnover goes down," he says. "Care quality and safety improve because there is more trust." That trust shifts culture. "Staff get hungry for more… it's part of our DNA now," he continues. "But as Raf Hamaizia says, you have to almost guard this progress, so you don't slip back."

For Hamaizia, the link between co-production and safety is clear. "We bring something to the table in terms of lived experience insight," he says. "Although staff might be doing 12-hour shifts, we are there 24 hours a day." This is why lived experience leadership must be service-line specific, he argues. "In the context of inpatient services, it's not so much the experience of a diagnosis, but the experience of being detained, of being in a hospital. Those experiences are super unique to someone who's lost their freedom – maybe ending up in a seclusion room, being restrained."

His inspection work showed that service user feedback often remained siloed. "I've done over 150 CQC inspections. For the most part, there were community meetings on each ward, but the information rarely got shared around the hospital."

Embedded feedback loops help address this. At Cygnet, The People's Council is a co-produced forum giving service users, residents, and family carers a voice across the organisation. "We've made it feed directly into governance structures," Hamaizia explains. "It happens at every single one of our services on a monthly basis and it's mandatory for management to attend. That is part of the humbling power-sharing relationship."

The People's Council's success stories include flexibility around e-cigarette use, allowing service users to use safety-tested devices in their bedrooms on a risk-assessed basis. Pilots showed reduced tobacco dependency and incidents of violence and aggression. Other projects include recording studios and music projects, recovery-focused spaces that feel less restrictive, improved food menus, and social hubs with gaming and lounge areas co-designed and installed by staff and patients.

"It enables a different kind of relationship with staff," Hamaizia says. "If you're on close observations, you'll have a staff member watching you outside your bedroom, whereas this is a dynamic where you can go down to the social hub and actually engage with each other."

Co-production is embedded in the College's value of collaboration and its strategic priorities, recognising that excellent mental healthcare depends on meaningful lived experience involvement. Yet implementation remains uneven.

To help with this, the College is now developing a cross-faculty position statement on co-production alongside an implementation toolkit based on best practice. The statement will provide clear guidance on systematic implementation and establish key research questions. There are also plans for a digital platform and potentially a conference.

For Dr Van Niekerk, the push for co-production reflects a broader cultural shift. "If you look at the rest of modern society, everyone wants personalisation. We want to be a part of the service or the products that we consume." In industry, "they would never design a product without the consumer's involvement, so why would you design mental health services without service users, carers and patients?"

Hamaizia emphasises that psychiatrists are not being asked to shoulder this responsibility alone. "Everyone is on board with co-production, with positive risk-taking, with the least restrictive practice possible."

"Yes, it can take time and effort and it may involve stepping into the unknown, but those risks can lead to meaningful results – it's short-term pain for long-term gain," he continues. "Everybody has something to bring to the table. Some people may need more support than others, but ultimately, everyone has something to offer."

Raf Hamaizia

A call for society-wide solutions

Waiting lists in Scotland for neurodevelopmental assessments threaten to stretch into the next decade. RCPsych in Scotland has responded by putting forward a multi-system, cross-societal approach, which will shift focus from addressing waiting lists to practically meeting people's needs.

Demand in Scotland for assessments and support for neurodevelopmental conditions (NDCs) such as autism and ADHD has grown exponentially. With no specialist services available, people are being referred to mental health services regardless of whether they have a mental illness – an approach that is putting strain on a system already under pressure. As of March, more than 42,000 children and 20,000 adults were waiting for a neurodevelopmental assessment. If nothing changes, waiting times could soon exceed 10 years.

The Royal College of Psychiatrists in Scotland (RCPsychiS) has responded with a report that reframes the situation and the solution. *Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland* sets out a public health based approach designed to tackle the issue from multiple angles. Developed over the course of 18 months, the report was launched in October at a Scottish Parliamentary event attended by MSPs from all major political parties and the Minister for Social Care and Mental Wellbeing.

The report's authors – Dr Pavan Srireddy and Dr Jim Crabb, Vice Chair and Policy Lead of RCPsychiS respectively – argue that individual, incremental fixes will not meet the scale of need. "In the space of less than ten years," says Dr Crabb, "we've gone from neurodevelopmental conditions among adults being more of a niche diagnosis to a situation where up to one in five people in the UK might be considered to have some form of neurodivergence. The reasons for this increase are complex and not yet fully understood."

Development of the recommendations in the report involved extensive engagement across RCPsychiS's membership, including workshops, virtual drop-ins and close collaboration with RCPsychiS's adult ADHD working group – a comprehensive process reflecting the complexity of the issue.

"We really wanted to understand the problems in the system," says Dr Crabb. Psychiatrists, he notes, have a distinct vantage point working across the life course and across systems – from schools and universities to primary care, the criminal justice system and fitness-to-work tribunals. "Our members can tell us what help people are asking for and what the difficulties are in them getting that help. And, of course, many of our members are neurodivergent themselves."

In terms of finding a way forward, it was clear that the issue would never be solved in one fell swoop and needs a multi-faceted approach. "It could seem very easy to say, 'we'll have a waiting list initiative', 'we'll have more assessments', 'we'll run more clinics'," Dr Crabb says. "But that kind of thinking never works for complex problems like this."

So, rather than offer a single, linear solution, the report takes what is known as a 'wicked problem' approach. In systems-thinking terms, a 'wicked problem' is one where causes overlap, responses interact and no single intervention can resolve the whole. So, by recognising the intricacies of the evolving and interlocking issues, a set of coordinated actions across society can be proposed to move things on to a better place. Similar multi-agency, cross-society approaches have been successful in other public-health challenges, including reducing knife crime in Scotland.

The report is designed as a framework, not a fixed blueprint, acknowledging the complexity of the landscape. It sets out 10 high-level workstreams, which, taken together, aim to deliver more comprehensive results and can adapt as knowledge develops and capacity changes.

The workstreams are deliberately high-level, but the direction is unambiguous. Recommendations include updating autism and ADHD guidelines to reflect current needs and practice, commissioning a public-health-informed review into factors that might influence concentration and attention; and securing dedicated funding for approaches that shift NDCs away from the domain of acute psychiatry and into public mental health and primary care. The intention is to distribute responsibility across the systems people already regularly rely on – schools, universities, workplaces and community services – rather than funnelling everyone through a single, overloaded route.

"It's a needs-based approach," says Dr Crabb. "There's not going to be one approach that will to work for everyone in all situations. It's very much about being open-minded and listening and collaborating."

Dr Pavan Srireddy (Photo: Martin Shields)

Dr Jim Crabb (Photo: Mike Wilkinson)

One key recommended intervention would allow support and reasonable adjustments to be offered on the basis of demonstrable need rather than waiting for a diagnostic label. As Dr Crabb points out, many people pursue assessment simply to unlock basic accommodations in education, employment or when navigating the benefits system. Often, only small, straightforward adjustments are required.

With assessment waiting lists stretching years long, enabling needs-led support could reduce pressure on services and prevent people from falling out of education or work. In practice, this means making simple changes – flexible deadlines, clearer communication, environmental tweaks – available when they are evidently helpful, rather waiting for a confirmed diagnosis that might be very far off.

The report makes it clear that sufficient NDC support should be a national priority. The benefits extend beyond individual outcomes: better support can improve lives, reduce preventable deaths and deliver long term economic and social gains. Although Scotland is the focus of the report, many of the challenges it addresses are mirrored across the UK, where rising demand for NDC care meets systems not yet designed to respond at scale.

"What we're presenting in this report is not a set of instructions – we're not dictating what should be done," says Dr Srireddy. "It's a starting point – a proposal for a framework that invites collaboration from Scottish Government policy leads, multidisciplinary colleagues, people with lived experience and the wider systems that shape daily life, including education and employers." In other words, this is not only a suggested plan for what the Scottish Government should do, it is an invitation to coordinate efforts across the places where neurodivergent people learn, work and live.

Engagement and delivery are the next phase of work, and both Dr Crabb and Dr Srireddy feel they are pushing at an open door in that respect. The report has been welcomed by the Scottish Government and by all major political parties, and its recommendations chime with NHS England's ADHD Task Force, which published its final report in November. Such alignment matters: it indicates a growing consensus around the need for coordinated, cross-sector solutions that recognise NDCs as a mainstream public health issue and not a niche concern.

That said, consensus does not guarantee progress. The scale of need requires sustained action and advocacy. "We're calling on psychiatrists in Scotland to help advocate, influence and to pull every lever they can," says Dr Crabb – "for example, by contacting their MSP to recommend that delivery begins, so the report does not remain aspirational."

Read the report

Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland is available on the College website: **www.rcpsych.ac.uk/NDCreport**

Support the manifesto

You can help by writing to your MSP to show your support for the RCPsychiS manifesto, which includes a commitment to the NCD strategy outlined in this article. It only takes three easy steps and RCPsychiS has created a template to make it easy: **www.rcpsych.ac.uk/writetomsps**

Members of the CNWL Young Adult Ambassadors Group accepting their ‘Patient Contributor of the Year’ award

Honouring achievement

Celebrating excellence across psychiatry, the 2025 RCPsych Awards honoured outstanding individuals and teams, with further recognition through the President’s Medals for exceptional contributions to education and public impact. The College also welcomed five new Honorary Fellows, acknowledged for their influential work in mental health.

The annual RCPsych Awards returned to the College’s London headquarters in November, offering a moment to celebrate excellence, creativity and compassion in psychiatry. The ceremony, presented by RCPsych President Dr Lade Smith CBE, recognised individuals and teams whose work over the past year has advanced patient care, research and public understanding, with categories covering psychiatrists of all grades, as well as non-medical professionals working in the field.

This year’s Lifetime Achievement Award went to Professor Sir Robin Murray, celebrated for a career that transformed modern understanding of schizophrenia and psychosis. His groundbreaking research and generous mentorship have influenced generations of clinicians and scientists. (You can read more about him and his work on pages 18–19.)

The ceremony also saw consultant addiction psychiatrist Dr Emily Finch named Psychiatrist of the Year, recognised for her leadership, advocacy and lifelong commitment to supporting some of the most vulnerable and stigmatised patients in the NHS. Judges described her as a “compassionate and highly respected leader,” commending her national contributions to addiction policy, education, and training, as well as her dedication as a clinician, colleague and mentor. A clinical director at South London and Maudsley NHS Foundation Trust and current Chair of the College’s Addictions Faculty, Dr Finch has championed harm-reduction approaches, evidence-based care, and equitable access to treatment throughout her career. She has also helped shape national guidance, including by co-authoring the College’s *CoSum* report to support psychiatrists across specialties in managing co-occurring substance use and mental health disorders.

Accepting the award, Dr Finch thanked her colleagues, saying: “If I am Psychiatrist of the Year 2025, it’s because of those colleagues.” She also said she would continue advocating for people affected by addiction and for their services not to be cut, highlighting that too often such individuals can be viewed as “not worth providing for”.

The Psychiatric Educator of the Year award went to Dr Agnes Ayton, recognised for her transformative work in psychiatric education. In 2024, she led the development of the UK’s first Credential in Eating Disorders, a landmark postgraduate programme delivered through a hybrid model, combining online learning, mentoring, and in-person simulation. Building on her long-standing commitment to improving medical education, patient safety, and workforce training, she also spearheaded the AoMRC national guidance, formally recognising eating disorders as a core competency for all medical professionals. Highlighting these contributions, the judges praised her “inclusive leadership, innovation and national impact”.

Also recognising the work of individuals at the beginning of their psychiatric careers, the Core Resident Doctor of the Year, Dr Stephen Naulls, was commended for combining rigorous research with policy engagement. His pioneering MRI-based study examining how chemsex affects the brain, alongside his work as a Parliamentary Fellow, impressed judges for its scientific depth and social relevance. They described him as “a clinician-researcher whose empathy and intellect mark him as a future leader of the profession”.

Team achievements were celebrated with equal enthusiasm. The ‘Psychiatric Team of the Year: Older-age adults’ award went to the Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) mental health services for older people (MHSOP) Clinical Network, which was recognised for co-producing dementia and delirium pathways with patients and carers. The dementia care pathway now follows a flexible, person-centred approach aligned with the Dementia 100 self-assessment tool, while the delirium pathway has been simplified into a clear one-page guide to support early recognition and faster intervention.

Other winners included the recipients of the ‘Patient Contributor of the Year’ award, which went to the Young Adult Ambassadors Group, a team of young experts by experience, aged 16–25, who support the Young Adult Pathway of the Central and North West London (CNWL) NHS Foundation Trust. The judges made specific mention of their work in setting up the Discovery College, which offers recovery-focused mental health workshops for young people.

In addition to the category awards, the President’s Medals were presented to nine individuals whose contributions extend beyond clinical practice – recognising exceptional service in education, policy, and advocacy. Among those honoured were Professor Nusrat Husain, for his contributions to research, training, and equitable, evidence-based care on an international scale, and Dr Elaine Lockhart, who has spent her career improving mental healthcare provision for children and young people, strengthening specialist services, promoting equality and inclusion and placing young people and their families at the heart of care.

Featured here are just some of the winners who were recognised at this year’s RCPsych Awards, alongside the nominees for each category. All are examples of mental health care at its very best.

To see the full list of all the winners, go to: **www.rcpsych.ac.uk/awards**

Welcoming five new Honorary Fellows

This year, the College welcomed five new Honorary Fellows. The award recognises individuals who have made an exceptional contribution to psychiatry or related disciplines, or who have advanced public understanding of mental health in ways that benefit society.

The College can appoint a total of five Honorary Fellows each year and they may come from many walks of life. Some come from medicine or related disciplines and bring scientific leadership, service innovation and deep expertise that support the College’s mission. Others come from areas such as the arts, public life or advocacy, helping the College reach wider audiences and shape public understanding of mental health. Together, they offer perspectives that enrich, and extend the reach of, College work and strengthen its relationships across sectors.

This year’s Honorary Fellows are:

- Dr Richard Wilson, a respected psychiatrist and former College Vice President whose leadership in Northern Ireland has strengthened strategy, equality and service development.
- Davina McCall MBE, a leading broadcaster and women’s health advocate, whose campaigning has opened national conversations on menopause, addiction and wellbeing.
- Professor Peter Fonagy CBE, an internationally renowned clinical psychologist whose work on early attachment and personality disorder has reshaped modern mental health practice
- Sir Grayson Perry, the Turner Prize-winning artist whose work uses creativity, humour and cultural commentary to illuminate identity, emotion and psychological experience.
- Dr Altha Stewart, a pioneering American psychiatrist who became the first Black president of the American Psychiatric Association, known globally for her advocacy for young people and communities affected by trauma and inequality.

Together, they bring scientific insight, creative vision, public influence and community leadership – broadening the reach and voice of mental health far beyond the clinical sphere.

Working on workforce

In responding to a Department of Health and Social Care call for evidence to inform a new workforce plan, the College has stressed the dual priorities of recruitment and retention.

Pushing UK governments for greater investment in the psychiatric workforce is, in many ways, a challenging mission. “When there is a significant resource constraint, which the NHS is under, anyone asking for more resource can seem a bit churlish,” says Professor Dave, the College’s Dean and a consultant liaison psychiatrist at Derbyshire Healthcare NHS Foundation Trust.

Equally, however, he is confident that psychiatry has a strong case to make. He argues the specialty has been demonstrably marginalised “both metaphorically and literally”.

“There has been a definite chronic underinvestment in the workforce. No-one wants to hear the word ‘underinvestment’, but I do think that is the bottom line.”

It’s a point stressed in a recent College submission to the Department for Health and Social Care (DHSC). Designed to inform the Department’s work on a new NHS workforce plan for England, the College’s evidence sets out the situation in stark numbers. It highlights that only 268 full-time equivalent (FTE) consultant psychiatrists joined the English NHS workforce in the eight years until March 2024, against a target of 1,040; that as of July 2025 there was a shortfall of 634 FTE consultant psychiatrists; and that in the quarter ending June 2025, the medical vacancy rate in mental health trusts was 12.6% compared with only 5.7% in acute trusts.

“There has been a definite chronic underinvestment in the workforce. No one wants to hear the word 'underinvestment', but I do think that is the bottom line”

While the submission relates specifically to England, these workforce pressures are mirrored across the UK. The most recent College workforce census, capturing the position in March 2023, showed that 15% of consultant psychiatrist roles were vacant in Scotland and 16% in Northern Ireland. Vacancies extend to more junior roles too. Where roles are filled, it is often by locums.

Professor Dave says numbers are “a key issue” in building a strong psychiatry workforce that can meet patient need.

“We have to think of the workforce skill mix, and of workforce wellbeing. We’re recruiting, and that’s good, but how do we retain all the people we’re recruiting? I think that’s a significant challenge.”

Accordingly, the submission to the DHSC has a dual focus – the need to have more psychiatrists at all levels, but also the need to hold on to more of those who are in a post.

On the former, previous investment in training places has been “really welcomed”, says College policy and influencing manager Safiya Jones. “But essentially the problem we’ve got is that we see bottlenecks in medical training pathways, with resident doctors unable to progress in their NHS careers.”

Those bottlenecks are present both in moving from foundation to core training, and when moving beyond core training. “We need an adequate number of posts at core and higher training levels,” says Professor Dave. “The College has also been asking for revision of the eligibility rules in core training and has commissioned a review of whether the Multi-Specialty Recruitment Assessment (MSRA) is the best tool to select core residents in psychiatry.”

As College specialist advisor for workforce Professor Helen Crimlisk puts it: “We’re losing out on the capacity of bright, enthusiastic doctors and psychiatrists who are not being developed to make full use of their abilities.”

That inability to progress can affect job satisfaction and, therefore, retention. Another reason psychiatrists are leaving: mental health and wellbeing needs. “You’ve got staff experiencing burnout due to high workloads caused by the scale of demand, administrative pressures and time pressures, all leading to poor work–life balance,” says Ms Jones.

Having more staff – both recruited and retained – will clearly help in meeting that demand. But, as the submission

acknowledges, it isn’t the solution in of itself. There is a need to think about what services should look like for a society with a longer life expectancy, more comorbidities and, therefore, greater need.

“I think it’s really important to recognise that with the increasing demand on mental health services, we cannot fund our way out of this problem,” stresses Professor Crimlisk, who, alongside her College role, is a consultant adult psychiatrist and associate medical director for innovation, research and development at Sheffield Health Partnership University NHS Foundation Trust. “We cannot simply grow in the same way and continue to do the same things in the same way.”

Indeed, the context of DHSC’s work on a new workforce plan is that of an evolving approach to health and care services. It is seen as complementing the 10 Year Health Plan for England, which aims to institute three key “shifts”: from hospital to community, analogue to digital, and sickness to prevention. “All these shifts will require psychiatrists to work differently in the future, but they will still very much be needed,” stresses Professor Crimlisk.

DHSC’s call for evidence asked for examples of work on these shifts and the College’s submission details several. This includes its community mental health framework for adults and older adults; its public mental health leadership course; and the potential applications of ambient voice technology in care settings.

Professor Crimlisk has been specifically involved in the pilots of 24/7 neighbourhood mental health centres across England. “These are focusing on care closer to home, working with the local voluntary sector, who understand the particular needs and strengths of communities,” she explains. “We believe that the majority of care can be delivered in that more generalist way.”

“I do feel now that we need to move from asking ‘What is wrong?’ to ‘Why is it wrong?’ and then to thinking ‘How do you fix it?’,” adds Professor Dave. “In the submission we have, as a College, produced a whole set of solutions that we feel will help, in the short, medium and longer terms.”

These solutions are being developed and promoted as part of the College’s wider work on workforce issues – the submission represents only one part of work in this area. Ms Jones speaks of workforce as “a core policy area that the College has been influencing on for years, both nationally and locally,” and points to examples including efforts to tackle racism and discrimination; the College’s retention charter; the Thrive in Psychiatry initiative; and efforts to ensure reasonable adjustments are more available to staff. She says that once DHSC publish England’s workforce plan, there will be work to address effective implementation. “We’ll want to assess the plan and ensure any commitments that could support our workforce, and therefore patients, are effectively implemented and properly resourced and funded.”

In October, meanwhile, Professor Dave spoke at a meeting of the All-Party Parliamentary Group on Mental Health, focusing specifically on the issue of clinician wellbeing. He is also running a pilot in the Midlands to consider, with system leaders, how data might help inform workforce planning tailored to the needs of the local community.

“Action on workforce is not all necessarily just asking for more investment,” he concludes. “Some of it is about being clever and thinking smarter.”

Dr Ian Hall

New Treasurer

A few months into his tenure as Treasurer, Dr Ian Hall is finding his footing in a role that combines detailed financial oversight with an understanding of what members need from their College.

With a long-standing history of involvement in RCPsych work and a clinical background in psychiatry of intellectual disability behind him, Dr Hall took up the 5-year term as Treasurer in the summer.

"It's been really great talking to members and hearing what their priorities are," he says, reflecting on his time so far in post. Some of the most useful insights come not only in formal meetings but also in "those frank moments between meetings" that can give a more unfiltered sense of members' concerns. Officers' Question Time, he adds, remains a useful forum for members to have a closer dialogue with the College's Officers, although he also keeps an eye on social media to understand the broader mood and what issues are resonating.

Ensuring the College remains focused on its core purpose – maintaining standards, supporting training, promoting research and influencing mental health policy – is central to his thinking. Sound financial management, he says, must reinforce those aims rather than divert the organisation's attention.

Dr Hall is clear that membership and exam fees should only rise when absolutely necessary, and to this end most recently there was a sub-inflation rise in membership fees and a 0.5% increase in exam fees. Both were introduced to maintain the College's financial stability without placing unnecessary strain on members, particularly resident doctors.

He emphasises that securing external income streams plays a key role in keeping costs down for members. The National Collaborating Centre for Mental Health (NCCMH) and the College Centre for Quality Improvement (CCQI) are long-standing examples of contracted work that brings in revenue to support the College's activities. The College's publishing arm, responsible for books and journals, also generates income via its partnership with Cambridge University Press. He also cites Dyfodol, RCPsych in Wales's joint project with NHS Wales to help redesign and improve mental health services for people with SMI, which secured funding from the Welsh Government. Taken together, these funded or income-generating activities can contribute to financial sustainability and support the College's impact.

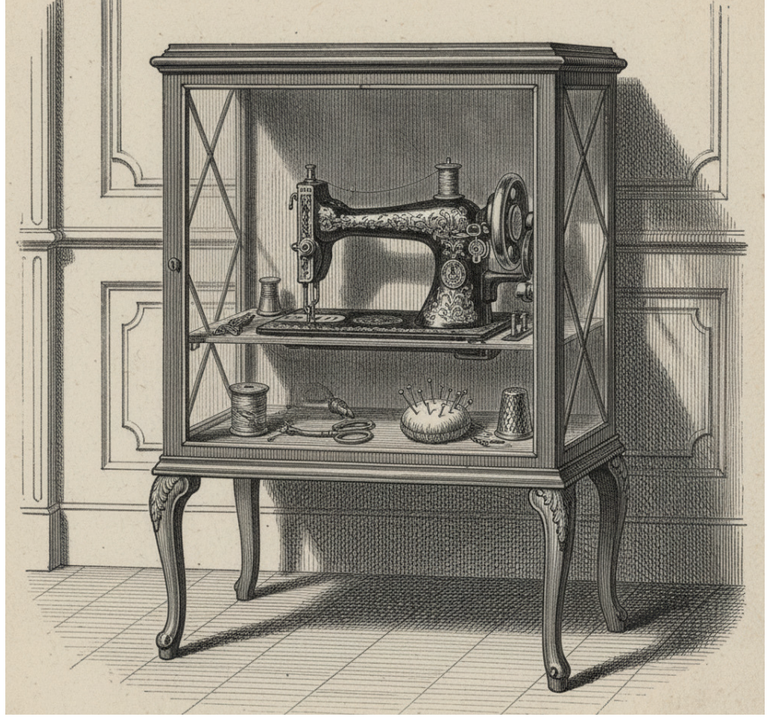
A continuing priority for Dr Hall is ensuring that members fully understand the value of their College membership. Training portfolio and CPD support, policy influence, quality improvement programmes and publications are all part of what the College provides, but he notes that the visibility of this work varies. Making the full picture clearer, he argues, is important, particularly when members face increasing demands on both time and resources.

His clinical background shapes his understanding of the diversity within the profession. "I'm always interacting with psychiatrists working in different specialties – liaison, general adult, old age, forensic, child and adolescent," he says. Working in learning disability services places him at a point of frequent cross-specialty contact, giving him a sense of the varied pressures facing different parts of the workforce. That breadth, he believes, is essential when considering the financial needs of faculties, divisions and special interest groups.

Risk management is another area he has highlighted early on. Cyber attacks, he notes, pose an increasing threat to institutions of all kinds. Strengthening the College's protection against such risks is, in his view, a core responsibility: safeguarding data, systems and assets is fundamental to ensuring organisational resilience and maintaining trust.

He is also committed to sustaining the College's work with experts by experience. "It's quite rightly a big priority for the College" he says. Paying patient and carer representatives appropriately is essential, and while this carries costs, he believes the insight it provides is critical to the College's work. The task ahead is ensuring that involvement remains consistent, effective and well supported.

Across all these areas, Dr Hall returns to the importance of aligning resources with purpose. "Listening to members really informs the way we approach things," he says. In a period of continued pressure across mental health services, his focus on stability, sustainability and clarity provides a steady framework for the years ahead. He encourages any members to reach out to continue the conversation: **treasurer@rcpsych.ac.uk**



Cabinet of Curiosities

The College's mini exhibition of historical objects aims to spark interest in the profession's past and raise questions about present-day practice.

RCPsych's Cabinet of Curiosities is small enough to miss if you hurry through the foyer of the College's London office. But if you pause, you will notice a miniature museum in the form of a cabinet that uses humble objects to open up big questions about psychiatry's past and present.

Curated by Honorary Archivist Dr Claire Hilton and Library and Archives Manager Fiona Watson, the Cabinet draws on items from the College's collections as well as member loans. Each month, an object is placed on display and photographed for an online version, allowing members to browse the mini collection wherever they are. The objects are modest: a hand-painted door plate from a mid-20th-century psychiatric unit; a 3½-inch floppy disk containing the manuscript of *Psychotherapy of Psychosis* (1997). Yet these small artefacts capture snapshots of psychiatric practice – its spaces, tools, habits and evolving ideas.

"It's an easy gateway into psychiatric history," Watson says. "Nothing too exhaustive or academic, but something you might spend a couple of minutes considering if you're waiting at the foyer, which might spark a curiosity to explore further." The online archive serves the same purpose: browseable, light-touch, but capable of pulling you deeper. Some entries link to longer blog posts that follow the object's story more fully through the history of the profession.

For Dr Hilton, the narrative behind each object matters more than its physical form. The door plate from Dr Kitching's Manchester office, for example, prompts reflection on the environments in which psychiatrists once worked. The floppy disk gestures to a lost world of emerging technologies and shifting methods of clinical communication. These objects help paint a picture of how psychiatry has been experienced in hospitals, clinics, private practice and beyond.

"The idea is to link the 'then' to the 'now'," Dr Hilton explains, "to stimulate questions about the present and the future. The past becomes far more interesting when it has a bearing on the decisions you're currently making."

One object that makes this link especially vivid is a replica of a mosquito jar once used in malaria therapy – a now-historical treatment for 'general paralysis of the insane' – a late-stage manifestation of syphilis affecting the brain. Fevers induced by malaria could kill the underlying bacteria responsible for hallucinations, delusions and profound changes in mood and judgement. To modern minds, the treatment seems extreme, but it offered the only real chance of survival. "Drastic illnesses have drastic remedies," Dr Hilton notes, drawing comparisons with modern-day medical treatments, such as chemotherapy, which perhaps will seem unthinkably extreme to future generations.

Malaria therapy eventually gave way to antibiotics, but its legacy endures. It also demonstrated that mental illnesses could have biological causes, challenging the boundaries between medical disciplines. "It emphasised the need to work across medical specialties," Dr Hilton says.

The Cabinet's current item, on display until the end of January, is a small analogue sewing machine once used in occupational therapy for patients with intellectual disability to teach practical life skills and prepare them for domestic life or potential employment. The sewing machine reminds us that efforts were made to prepare patients for discharge, challenging a common modern-day assumption that long-term hospitalisation was inevitable in the past. Dr Hilton says its presence in the Cabinet also raises a contemporary question: "Where is occupational therapy now?" she asks.

Taken together, the Cabinet's objects serve as a reminder that psychiatry has never been static. Practices shift, technologies change and treatments once seen as cutting edge can become historical footnotes. At the same time, many of the field's dilemmas – how to balance biology and psychology, how to work across disciplines, how to support autonomy and dignity – persist.

To see the catalogue of items exhibited so far, go to: ***www.rcpsych.ac.uk/COC***

Lend a curiosity

We welcome low-value vintage or no-longer-used objects relating to psychiatry and mental healthcare – whether rescued items or curiosities you couldn't quite throw away. Loans last for a month, and each piece is photographed for the digital archive.

Contact: **infoservices@rcpsych.ac.uk**

The legacy of a schoolboy's decision

Professor Sir Robin Murray's research has transformed our understanding of psychosis, inspired and nurtured a huge number of academic psychiatrists and gained the respect of peers and patients alike. Here, we celebrate his career and find out what he's currently working on.

Professor Sir Robin Murray with his dog

One of the most influential academic psychiatrists of his generation, Professor Sir Robin Murray has spent his career researching psychosis and his ground-breaking work contributed to a paradigm shift which saw schizophrenia become recognised as a developmental disorder rather than an adult-onset brain disease. His investigations into environmental and social factors that influence its development, including obstetric complications, childhood trauma, cannabis use, and migration have broadened understanding of psychosis and transformed its treatment.

Having published over 1,500 papers, he is one of the most cited researchers in the field of psychosis. Equally significant has been his commitment to nurturing junior psychiatrists, inspiring many to remain in academia and shaping a new generation of leaders in the field.

Professor Murray recently received the RCPsych Lifetime Achievement Award which recognises his influence, not just his longevity. At the awards ceremony, psychiatrists that he mentored commented on his "unstoppable enthusiasm", his kindness and approachability, and his genuine interest in their ideas. Professor Mary Cannon described him as "the David Attenborough of psychosis research" and the affection in the room was palpable. Former RCPsych president Professor Sir Simon Wessely, who was once one of his students, describes him as "incapable of being pompous, aloof or rude," and praises his "razor-sharp intellect, great personal charm and complete integrity," adding that he is both respected and liked by peers and patients.

"Being a psychiatrist is the best job in the world"

Professor Murray's interest in psychiatry began at an early age. He grew up in a village in the Scottish Borders, where his parents were the only teachers. He went on to be a boarder at a single-sex grammar school in Edinburgh, something he did not enjoy. But it was there that he found solace in reading Freud: "The mixture of philosophy and sex was appealing to an adolescent confined to a boarding house and I decided there and then to become a psychiatrist," he says.

He studied medicine in Glasgow where he had his first professional experience of people with addiction. There, he set up a clinic for women who had an addiction to Askit Powders, over-the-counter analgesics, causing them kidney damage. The social conditions in Glasgow in the 1960s shocked him and he became involved in politics as a result. This social consciousness and awareness of the effect of deprivation on health has been a part of his work ever since.

He graduated in 1968 and arrived in London four years later, in 1972. With the exception of spending a year at the National Institute of Mental Health in the United States, he has spent his clinical career at the South London and Maudsley NHS Foundation Trust (SLAM). There, over decades, he rose from clinician to institutional figure, eventually becoming Dean – and later Professor – at the Institute of Psychiatry, Psychology and Neuroscience at King's College London.

In 1976, Professor Murray wrote a thesis on psychiatric illness in doctors which resulted in him treating many doctors with alcohol addiction. He describes it as a rewarding experience, "despite doctors often making terrible patients". A couple of years later, he became Secretary of RCPsych's newly formed Dependence/Addiction Group (which, through several transformations went on to become today's Faculty of Addictions Psychiatry) and contributed to a report calling for alcohol to have higher taxation to try to reduce consumption. He laughs, noting its lack of influence at the time: "Nothing happened for 30 years until the Scottish Government introduced minimum unit pricing," he says.

South London has a very high prevalence of psychosis, so it is no surprise that working there sparked his interest in the field. It took a while for the influence of social factors on psychosis to be accepted and this is something he regrets. "For the first 20 years of my career, we thought social factors could cause relapse of psychosis, but we didn't realise they could cause it. We thought childhood trauma could result in personality disorder, addiction, depression and anxiety, but not that it could cause psychosis. Now we know it is a big factor."

In 2016, he wrote *Mistakes I Have Made in My Research Career*, an article urging other psychiatrists to value curiosity and be willing to challenge prevailing assumptions. "It's good to be a bit contrary," he says as someone who highly values debate among colleagues.

Professor Murray is most proud of his research into the effects of cannabis in causing psychosis and how it has changed public perception, so much so that the link is now widely acknowledged. He began investigating this area after finding himself repeatedly meeting parents of young men with psychosis who highlighted the extent of their sons' cannabis use.

As cannabis has become more potent, with higher levels of THC, its use carries a greater risk of psychosis. He fears that we are at the beginning of an epidemic of psychosis. Establishing this link enabled the development of a new treatment pathway that addresses both cannabis addiction and psychosis together.

Professor Murray now works alongside his wife, Professor Marta Di Forti, in the UK's first and only cannabis and psychosis clinic at SLAM, and says that similar clinics are needed throughout the country.

Now 81, Professor Murray works part time and is researching how genetic predisposition interacts with social factors. He still sees patients and is keen to see the impact of a new combination drug for psychosis, xanomeline and trospium chloride, the first to not block dopamine receptors, that is being used in the US.

Professor Murray is an advocate of fostering good relationships with colleagues. "It's worthwhile getting on with people. Research is collaborative and if no-one wants to collaborate with you, you'll be at a great disadvantage." And he loves the process. "Doing research is like being a detective. When you do figure it out and you and your colleagues know something that nobody else knows, it's fantastic."

He says that one of the greatest contributors to his success has been his ability to identify and nurture brilliant young people. He has supervised 83 PhDs and 13 MD theses, at least 45 of his students have become full professors, and three have been RCPsych presidents, including Dr Lade Smith.

His son, Dr Graham Murray, is Clinical Professor of Psychiatry and Neuroscience at the University of Cambridge, while his daughter Claire works for an environmental charity. He is also the proud grandad of four grandchildren.

Professor Murray is one of very few psychiatrists to have been made a fellow of the Royal Society. In 2011, he was awarded a knighthood, and in 2023 he received the World Psychiatric Association's Jean Delay prize.

Looking back, he remains very pleased with the decision he made at school. "Being a psychiatrist is the best job in the world," he says. "And being an academic psychiatrist is even better." Given the influence he has had on the profession and the many young researchers he inspired who are now academics, as well as the improvements in the understanding and treatment of psychosis, the legacy of that schoolboy's decision is unmistakeable.

Matt Brown (far left) with Anne-Marie Lawrence (front row, second from right)

Breaking the cycle

Engaging boys and young men in meaningful conversations about trauma, shame and abuse, and encouraging them to take responsibility for their healing can prove transformative in confronting gender-based violence.

"**Your** childhood trauma wasn't your fault, but your healing now is your responsibility." These are the words of Matt Brown, barber, public speaker, author and survivor of childhood domestic abuse. Matt had grown up wanting to be a different kind of man than his father – one who did not let his trauma inform how he related to women and his family, and who could help other men to do the same.

Wanting to create a space where men could speak about their experiences, he opened his own barbershop out of a shed in the back garden of his New Zealand home. "I thought if I could combine a great haircut with a good listening ear, then maybe something special would happen," he says. Speaking with his clients, many of whom had similar life stories, he found that by sharing with each other, they could help one another heal and feel less alone in their pain.

The success of this work led him to co-found an anti-violence movement, She Is Not Your Rehab (SINYR), with his wife Sarah in 2019, which encourages men to take responsibility for their healing so that they can transform their pain instead of transmitting it onto those around them.

In 2022, while working for the children's charity Plan International UK in Wales, Anne-Marie Lawrence stumbled across Matt's story, and it chimed with her own work. She, too, had been trying to create spaces where boys and young men could open up about their feelings and discuss what it means to be a man, aiming to help break the cycles of violence against women and girls. But she had been grappling with the fact that boys were generally not accessing support through formal services, and in many cases were turning elsewhere for answers, such as harmful, misogynistic online content. "If young people aren't getting the education they need from their parents or in school, they're going to turn to their own ways of finding things out," she says.

She knew she had found a better approach in Matt's work, so she obtained funding from the Welsh Government's international learning exchange programme, Taith, and invited SINYR to tour in Wales.

Matt delivered a series of talks to young people in schools and other community spaces as part of the tour, emphasising the importance of positive masculinity and the impact it can have on women, girls and families. The response was staggering: after every event, completely unprompted, many schoolboys would send messages to Matt, thanking him and speaking about the profound impact his words had on them.

Anne-Marie once asked a group of boys why they were proactively reaching out to Matt, "this guy from the other side of the world", rather than accessing the support that their school was providing and paying for, in the form of psychologists and counsellors. They replied: "Because they don't understand my life."

"If we want to be serious about prevention," she says, "we need to stop expecting boys to step into systems that weren't built for them and start building spaces that meet them where they are."

Anne-Marie is now working to encourage professionals to think differently. This is something she spoke about during her presentation at the College's International Congress in June and at a recent conference of mental health professionals working in prisons. "There were tears," she says of the latter. "Some of them mine."

Practitioners need support too. And many adults struggle when the conversation turns to gender or harm; personal experiences can sit close to the surface. To help, Anne-Marie points to 'Create the Conditions', a set of guided exercises she helped develop with Plan International UK and SINYR, designed to help professionals hold such sensitive conversations safely and effectively with young people.

Anne-Marie is continuing her work through Our Voice Our Journey, a community-empowerment organisation she founded. "We're rolling out boys' support groups across five local authority areas in Wales," she says. "The ultimate aim is to redress violence against women and girls, but we're not pitching it as that, or even talking about that, at this stage. Because, first of all, boys need to feel safe to come into the room and speak about their experiences. Once they do, hopefully we'll take them on a journey."

Useful links:

- **SheIsNotYourRehab.com**
- **OurVoiceOurJourney.org.uk**
- 'Create the Conditions' resources: **plan-uk.org/create-the-conditions**