Transcultural psychiatry

Special interest group

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

Transcultural Psychiatry Special Interest Group (TSIG)

Newsletter, Spring 2026

TSIG Editorial Team

Content:

Message from the TSIG Chair

Dear all,

It is a privilege to connect with you through our Newsletter of the Transcultural Psychiatry Special Interest Group (TSIG). The Newsletter will be published three times a year—I hope it becomes a vibrant space for sharing ideas, celebrating achievements, and strengthening our collective voice in transcultural psychiatry.

I thank Dr Fabida Aria, former Chair of the Transcultural Psychiatry SIG, whose leadership laid the foundations for the group's growth.

I would like to formally recognise Dr Emmeline Lagunes Cordoba for her exemplary professionalism and dedication as Editor of the TSIG Newsletter. Her attention to detail and commitment have been instrumental in maintaining the publication's high quality and relevance. I would also like to express our sincere appreciation to Gareth Griffiths, Special Interest Groups Coordinator at the Royal College of Psychiatrists, for his outstanding commitment, which has significantly strengthened the SIGs' work.

I'm pleased to share the success of our first joint conference with the Volunteering & International Psychiatry Special Interest Group at the Royal College of Psychiatrists on 4 December 2025, which is featured later in this newsletter. This important collaboration brought together diverse perspectives and fostered meaningful discussions on global mental health and culturally informed practice. We look forward to building on this momentum through future conferences, joint projects, and engaging webinars.

This year marked a significant milestone—100 years since the College received its Royal Charter. Being part of the centenary celebrations was deeply moving and energising, highlighting not only how far psychiatry has developed but also the responsibility we bear in shaping its future. Reconnecting with distinguished leaders and past presidents—including Professor John Cox, Dr Mike Shooter, Professor Sheila, the Baroness Hollins, Dr Adrian James, Professor Simon Wessely, Professor Dinesh Bhugra, and current president Dr Lade Smith—served as a powerful reminder of the importance of mentorship, legacy, and lifelong learning in our profession.

Our work in transcultural psychiatry transcends borders. Reflecting on my journey—from early involvement with the World Association of Cultural Psychiatry and the Pacific Rim College of Psychiatrists to contributing to their first joint conference in Tokyo in September 2025—reminds me that meaningful collaborations often begin with small connections that grow over time. Transcultural psychiatry flourishes through such links.

Looking ahead, I warmly invite all members to contribute to this community. Please share your work, research, publications, creative pieces, artwork, paintings, and achievements for upcoming editions of the newsletter. We are also eager to hear your ideas for webinars, collaborative projects, and future events to enhance our shared learning.

Like every year, we will attend the International Congress in June 2026. Please check the college programme and come to learn more about this group.

Together, let us continue to foster a community that promotes cultural understanding, equity, and global collaboration in mental health. I look forward to working with all of you over the coming year to enhance our collective impact.

With best wishes,

Dr Saima Niaz

Chair, Transcultural Psychiatry SIG

Notes from the editor

It has been a very busy and productive year for the Transcultural Psychiatry special interest groups (TSIG), as last year we not only hold our annual conference, which we it jointly with the Volunteering and International special interest group, but we also said goodbye to our Dr Fabida Aria, welcoming our new TSIG chair, Dr Saima Niaz, who as our past chairs, I`m sure will help lead the TSIG committee, creating new opportunities to take our message further.

Like with past editions, in this TSIG newsletter, you`ll read about past events focused on transcultural psychiatry, including a very comprehensive summary of the main topics discussed during our annual conference, including trauma-informed care, across cultures cultural humility, flexibility, communication, collaborative working, and ethical reasoning, topics which were identified as essential competencies beyond core clinical expertise. You will also read about the first in-person conference of the Association of Black Psychiatrists, at which Dr Mosun Fapohunda was elected its new president. Similarly, you`ll find more about the first-ever Iftar at the RCPsych, organised by British Bangladeshi Psychiatrists Association, such a successful event you can read about in the lovely summary by Dr Anis Ahmed.

As I mentioned before, this has been a particularly productive period for the TSIG members, as you can read Dr Saima Niaz's experience of attending the Pacific Rim College of Psychiatrists and World Association of Cultural Psychiatry joint conference in Japan last year; or Dr Saadia Alvi contributions to the Open Iftar and BAME Women Wellbeing Events. However, I want to draw your attention to the very interesting articles in our section *Culture, thoughts and words,* in which you can read about the impact of migration, including the losses people often face in silence, in the very thoughtful article by Dr Farhana Ashraf. Please don´t miss the opportunity to read Dr Hal Abdullahi´s synopsis about Dr Lambo, a pioneering Nigerian psychiatrist, who helped set the foundations of the Nigerian Psychiatrists in the United Kingdom (NPUK). If you have never read about Dr Nandini Chakraborty`s trips, she has a lovely blog about them, this is a great opportunity to read not only about her trip to Iraq but also about what she learned on that trip about trauma, displacement and resilience in a community who has faced the terrors of war. In this section, you can also read the reflections of Dr Krisha Prakash on the impact of adopting cultural formulations even in extreme settings like PICUs. Finally, you can read the essay by 4th-year medical student Samantha Clare Baiga Nsozi-Njuki, who shared the experience of her veteran uncle to discuss the ACT model.

I hope you find all these pieces not only interesting but also inspiring, as we would love to hear from you, your experiences and your ideas. Whereas you want to contribute with an article, let us know about an event which you attended which made you reflect on transcultural psychiatry, or you want to join our exciting TSIG committee, you will be more than welcome. The message is clear: everyone´s culture matters, so let´s make sure our psychiatric practice reflects that.

Dr Emmeline Lagunes-Cordoba

Past TSIG activities and events

Volunteering & International Psychiatry SIG and Transcultural Psychiatry SIG Joint Annual Conference 2025

The first joint annual conference of the Volunteering & International Psychiatry Special Interest Group (VIPSIG) and the Transcultural Psychiatry Special Interest Group (TSIG) marked a significant milestone for the Royal College of Psychiatrists. Held on 4 December 2025, the event was a resounding success — a testament to the vision and leadership of Dr Mostafa Shalaby, Chair of VIPSIG, and Dr Saima Niaz, Chair of TSIG, who curated an exceptional programme that highlighted global mental health innovation, cultural understanding, and compassionate psychiatric practice.

Plenary and Keynote Highlights

Our distinguished speakers delivered sessions of remarkable depth, insight, and humanity:

• Professor Subodh Dave, Dean of RCPsych, opened the conference with "Turning the World Upside Down – Lessons from Developing the Postgraduate Psychiatry Programme in Zambia." His presentation was a masterclass in innovation, collaboration, and sustainable system strengthening.

• Dr Mustafa Alachakar moved the audience with "Therapy Under the Bombs: Therapeutic Work at Times of War (Gaza)." His reflections highlighted the courage, resilience, and ethical complexity of providing therapy in conflict zones.

• Dr Mostafa Shalaby and Professor Nandini Chakraborty delivered a powerful joint session: "15 Years of War, 15 Years of Survival: A Conversation on Syria's Mental Health Crisis," Offering vital insights into long-term trauma, endurance, and community resilience.

• Dr Chinwe Obinwa, President of the Black Asian Psychiatrists Association, inspired delegates with her session "Embracing Our Power," Exploring identity, empowerment, and leadership within psychiatry.

• Professor Kamaldeep Bhui CBE delivered a brilliant and unifying talk, "What Is Social and Cultural Psychiatry? Contrasts and Shared Spaces," Bridging theory, practice, and cultural narratives in mental health.

• Dr Lade Smith CBE, gave an insightful Presidential Address that reflected on leadership, inclusivity, and shaping the future of psychiatry. Her memorable message — "Be a swan, not a seagull" — encouraged practitioners to embrace grace, confidence, and purposeful action.

• Dr Hasanen Ali Al-Taiar enriched the afternoon programme with "Forensic and Cultural Psychiatry: Recovery, Agency, and Healing Across Contexts," Shedding light on the intersections of culture, justice, and recovery-oriented care. Gratitude is extended to Dr Lachlan Fotheringham, Dr Sophie Thompson, Dr Saadia Alvi, and Dr Santosh Mudholkar for chairing sessions and supporting the smooth delivery of the programme.

Panel Discussion: Global and Cross-Cultural Psychiatry. A dynamic and thought-provoking panel discussion, chaired by Dr Fabida Aria and

Dr Angela Misra, brought together an accomplished group of experts: Dr Patrick Hughes, Dr Suhana Ahmed, Dr Anis Ahmed, Dr Nermeen Ahmed. Professor Kam Bhui, who provided comprehensive insights on international and cross-cultural psychiatric practice, emphasised the significance of culturally responsive and ethically sound mental healthcare.

Key Themes Explored

- *Task-sharing and workforce challenges: Many regions face shortages of psychiatrists; panellists shared experiences of working with non-specialist providers, including those in the voluntary sector.*
- *Trauma-informed care across cultures: Emphasised tailoring trauma-informed approaches to cultural norms, histories, and understandings of distress.*
- *Ethical dilemmas in international work: Included navigating autonomy, safeguarding, cultural expectations, and maintaining ethical standards across settings.*
- *Competencies for global practice: Beyond clinical skills, cultural humility, flexibility, communication, collaboration, and ethical reasoning are key.*
- *Integration with community: Highlighted mutual respect, community leadership, and adapting care to local needs to sustain partnerships.*

Audience Engagement and Contributions.

Delegates actively participated in discussions, showing particular interest in the purpose and value of ethnicity recording, how data can be used to improve equity, access, and outcomes, and sharing experiences from international volunteering. It was noted that several NHS Trusts already provide special leave for volunteering, and a working group will be established to explore broader implementation across the system.

Closing Reflections

In his concluding commentary, Professor Kam Bhui reflected on the complexities of categorisation in psychiatry, emphasising the need for nuance, cultural understanding, and thoughtful interpretation of identity-related data.

Special acknowledgement was given to Dr Fabida Aria, former TSIG Chair, for her leadership in transcultural psychiatry, and to Dr Anis Ahmed, former VIPSIG Chair, for his dedicated contributions to international volunteering and cross-SIG development. We are also deeply grateful to Dr Abdul Rauf, DME and Associate Dean (Advanced Learning), for his ongoing support.

Awards and Recognitions

An appreciation ceremony honoured individuals for their exceptional service: Dr Peter Hughes – Founder and Outstanding Contributor, VIPSIG; Dr Sophia Thompson and Dr Anis Ahmed – VIPSIG Outstanding Contributor Award; Dr Fabida Aria and Professor Kamaldeep Bhui – TSIG Outstanding Contributor Awards

Final Thoughts

This inaugural VIPSIG–TSIG joint conference highlighted collaboration, cultural insight, volunteering, and global mental health leadership. We thank all speakers, participants, volunteers, and colleagues who made the event possible.

Sincere appreciation to the Executive Committee and RCPsych Team for their tireless efforts in creating a seamless, inspiring day that united clinicians, academics, trainees, and volunteers worldwide.

Dr Saima Niaz

ABP-UK: The Next Chapter beckons…

April was a busy and eventful month for colleagues at the Association of Black Psychiatrists (ABP-UK). A successful election marked the emergence of a new Executive Team under the leadership of Dr Mosun Fapohunda, the newly elected President of ABP-UK. This moment provided an opportunity to reflect on the significant milestones achieved by the Inaugural Executive Team led by Dr Chinwe Obinwa, while also looking ahead with renewed hope and ambition.

Conference Highlights

On 11 April 2026, ABP-UK hosted its first in-person conference, following a series of successful virtual events. The day concluded with a celebratory ball. The conference theme, *"Psychiatry in the 21st Century: Innovation, Equity & Professional Evolution,"* set the tone for an engaging and impactful programme.

The event showcased a rich exchange of scientific knowledge, including topics such as ADHD in females and the relationship between urbanicity and the risk of psychosis. There were also opportunities for professional development, with sessions exploring expert witness work, the CESR pathway, lifestyle psychiatry, and digital innovations in the field. Attendees were further enriched by lived-experience contributions, including discussions on music therapy and burnout in psychiatry.

Beyond the academic programme, the conference fostered meaningful networking and collaboration. There was strong representation from the College Diaspora Group, reflecting a shared spirit of partnership and community.

The Future in Focus

Psychiatry in the 21st Century was the theme of the conference; Prof Oyebode opened with a compelling horizon scan of psychiatry, followed by an enlightening panel discussion featuring President-Elect Professor Subodh Dave, Paige Francis (Medical Student), and Ireayo Shonibare (CT1 in Psychiatry).

In summary, while acknowledging current challenges—such as training pressures, uncertainty surrounding artificial intelligence, and the emotional demands of psychiatric practice—the discussions highlighted psychiatry as a field that remains dynamic and full of promise. There is a renewed sense of optimism, driven by the energy and commitment of the next generation of psychiatrists.

Dr Chinwe Obinwa, Consultant Forensic Psychiatrist, Derbyshire Healthcare NHS Foundation Trust. She served as the First President of the Association of Black Psychiatrists (ABP) in the United Kingdom from 2020 to 2026.

Dr Obinwa has dedicated her career to improving mental health services, advancing education, and shaping our profession's future. She has served as an educator, examiner, trainer, Clinical Director, and Lead Clinician, gaining frontline experience and insight into system-level challenges.

BBPA hosts first ever Iftar at RCPsych: A transcultural milestone in bridging faith and community

On Friday 13 March 2026, I had the privilege, as President of the British Bangladeshi Psychiatrists Association (BBPA), to host the first-ever Iftar at the Royal College of Psychiatrists (RCPsych. The event was fully booked, bringing together colleagues from all faiths and none, creating a truly inclusive and transcultural space of reflection, dialogue and hospitality.

For colleagues less familiar with Islamic practice, Iftar is the evening meal that breaks the fast during the holy month of Ramadan. Beyond nourishment, it represents a deeply social and spiritual act—one rooted in generosity, inclusion and community. In Bangladeshi culture, as in many Muslim traditions, Iftar extends beyond the household, with invitations to neighbours, colleagues and people of other faiths. Hosting such an event within the College felt like a meaningful step towards embedding cultural understanding within professional spaces.

The programme featured a distinguished range of speakers. I welcomed attendees on behalf of BBPA, followed by an inaugural address from Dr Lade Smith, President of RCPsych, who expressed her delight at seeing such an event hosted at the College. Professor Subodh Dave (Dean) and Professor Owen Bowden-Jones (Registrar) demonstrated remarkable cultural engagement—Professor Bowden-Jones bringing dates to share at Iftar, and Professor Dave speaking about fasting throughout the day in solidarity with colleagues. These gestures, though simple, reflected a powerful sense of cultural empathy and alignment in practice.

We were also honoured by the presence of past College Presidents, including Dr. Adrian James and Prof. Dinesh Bhugra, whose attendance signalled strong senior support for community-led initiatives. In addition, the open discussion session was attended by Baroness Sheila Hollins, whose longstanding contributions to psychiatry and inclusion added significant depth to the evening.

Community perspectives were enriched by contributions from Junaid Ahmed (Chief Executive Officer, East London Mosque Trust) and Dr Muhammad Abdul Bari, who spoke about the social and spiritual dimensions of Ramadan. The historical role of the East London Mosque—rooted in the London Mosque Fund of 1910 and formally established in 1941—served as a reminder of the longstanding presence and contribution of Muslim communities in Britain. Today, such institutions play an important role not only in religious life but also in providing psychosocial support and community wellbeing services.

A particularly powerful reflection came from Dr Suhana Ahmed, Deputy Chief Medical Officer at West London NHS Trust, who spoke about her upbringing in East London. She described how, as a young adult, she once felt she had to choose between being British and Bangladeshi, but later came to recognise that "true belonging comes from embracing both." Her words resonated deeply and reflect a central theme in transcultural psychiatry—the negotiation of identity, belonging and integration.

We were also pleased to welcome Dr. Peter Hughes, who shared insights from his humanitarian work, including experiences of observing Eid in Bangladesh. His reflections

highlighted how cultural and faith-based practices can provide resilience and psychological support even in resource-limited and crisis settings.

Imam Ajmal Masroor offered an important perspective, highlighting how fasting during Ramadan is not only a physical discipline but also a means of cultivating empathy, self-restraint and communal responsibility. He emphasised that acts such as charity, sharing food and supporting the vulnerable are integral to Islamic practice—principles that closely align with broader public health and mental wellbeing values. As the evening reached sunset, he recited the Adhan (call to prayer), marking the moment of Iftar, after which attendees broke their fast together with dates and water—an experience that brought a profound sense of shared reflection and unity.

A unique feature of the evening was the distribution of books as part of a Sadaqah Jariyah (continuing charity) initiative, generously supported by anonymous donors. In Islamic tradition, Sadaqah Jariyah refers to a form of charity whose benefits continue over time, even after the donor has passed away. Supporting knowledge—through books, education and shared learning—is considered one of its most enduring forms. In this context, the distribution of books at the Iftar was not only symbolic but also a practical way of promoting ongoing benefit through knowledge and reflection.

Copies of *The Sayings of Muhammad* by authored by Abdullah Al-Suhrawardi and forwarded by Mahatma Ghandi were shared with attendees. This small but powerful book carries a remarkable transcultural narrative: authored by a scholar of Bengali heritage, published in London in 1905, and reportedly found in the pocket of Leo Tolstoy at the time of his death in 1910—symbolising the movement of ideas across cultures and time.

Additional donated books included *Islam and the Destiny of Man* and *Remembering God: Reflections on Islam* by Charles Le Gai Eaton, whose writings have long helped bridge Islamic and Western intellectual traditions. The Al Quran Academy also distributed free Quran to attendees. The fact that all copies were taken reflected a strong appetite for knowledge, reflection and cultural understanding alongside clinical dialogue.

An open discussion session introduced the Beyond Words series and the Book Club in a Box initiative. These accessible, wordless resources are widely used in mental health and learning disability contexts to support communication and emotional understanding. We also discussed the development of a new title, *Going to Mosque*, highlighting the importance of culturally relevant tools for mental health literacy.

This is particularly important given that many individuals experiencing distress—especially within minority communities—may first seek support from mosques or faith institutions. Strengthening collaboration between mental health services and these trusted community spaces is essential for improving access, reducing stigma and delivering culturally competent care.

The success of the event was made possible through the invaluable support of College staff, who accommodated requests for an extended

prayer space and facilitated catering that reflected Bangladeshi cultural traditions. I remain deeply grateful to all College colleagues and BBPA members whose collective efforts made this historic event possible.

Feedback from attendees was both encouraging and insightful. Many highlighted the importance of welcoming children, creating a genuinely inclusive and family-friendly atmosphere. Others, including reception staff, commented on the vibrancy of the evening, noting the colourful attire and blending of cultures within the College environment.

From a transcultural psychiatry perspective, this Iftar was more than a symbolic event—it was a lived example of how culture, faith and mental health intersect in meaningful ways. It demonstrated the value of creating shared spaces where professional practice and community experience can meet.

Encouraged by the success of this year's event, I am pleased to share that our next BBPA Iftar at the College is already scheduled for *Friday, 5 March 2027*. We hope to continue building on this momentum, welcoming colleagues, communities and individuals of all faiths and none, and further strengthening the dialogue between mental health, culture and society.

Dr Anis Ahmed
President of the British Bangladeshi Psychiatrists Association (BBPA)

Other events and TSIG members' activities

Joint Conference: Pacific Rim College of Psychiatrists (PRCP) and World Association of Cultural Psychiatry (WACP), 25 to 28 September 2025. Tokyo, Japan

When dots connect, they don't just tell a story — they create a journey worth sharing.

Photo: World Association of Cultural Psychiatry Meeting, 27 September 2025

The World Association of Cultural Psychiatry, established in 2006, is an international academic organisation dedicated to advancing the field of cultural psychiatry. My professional journey in this field began with my membership of the World Association of Cultural Psychiatry. Soon afterwards, I established a connection with the Pacific Rim College of Psychiatrists, not yet recognising the significant role these affiliations would play in shaping my career.

In 2020, I was honoured to be named a Distinguished Fellow of the PRCP. Building on this trajectory, I joined the Transcultural Psychiatry Special Interest Group (TSIG) of the Royal College of Psychiatrists as an Executive Member in 2023. I must acknowledge Dr Fabida Aria for encouraging me to join the TSIG. Each of these milestones represented a meaningful step forward within what had otherwise been a relatively quiet professional life. What began years ago has come full circle, culminating in this moment of sharing, connecting, and growing together.

Photo: Pacific Rim College of Psychiatrists Meeting, 28 September 2025

I felt truly honoured to be invited to contribute to the first Joint conference of the World Association of Cultural Psychiatry and the Pacific Rim College of Psychiatrists — held in Tokyo in September 2025.

Dr Saima Niaz
Chair, Transcultural Psychiatry SIG

'The Power of Giving Back: Community Work that Makes a Difference'

Community initiatives contribute to social harmony, cultural understanding, charity, and stronger community relationships in the UK. They reflect the inclusive values of British multicultural society. As an active member of the community, I have been involved in various community activities, such as organising Open Iftar events and contributing to the BAME Women Wellbeing Event, the 'Breaking Barrier Project' through the platform of the Pakistan Community Centre - Northeast Lincolnshire.

Open Iftar events invite people of all faiths and backgrounds to share the evening meal during Ramadan. This helps break down cultural and religious barriers, encourages interaction between Muslims and non-Muslims, and builds mutual respect and understanding.

When members of the wider community experience Ramadan traditions firsthand, they gain a clearer understanding of Muslim practices. This helps challenge stereotypes and reduce prejudice against Muslims in the UK. Community work linked to Open Iftar also includes food distribution, charity fundraising, supporting the homeless, and assisting refugees, low-income families and other vulnerable people. These activities promote a culture of volunteering and social responsibility.

At the Open Iftar, we invited leaders and members from different faith communities. This promotes dialogue between Muslims, Christians, Sikhs, Hindus, Buddhists, and other groups, and strengthens interfaith cooperation.

BAME Women Wellbeing events organised by The Health Gospel CIC, in collaboration with Humberside PCC, provide a safe space for women to learn, share experiences, and access support on important health, wellbeing, and safety issues. These events have allowed me to raise awareness about mental health in some of the most neglected parts of the community, such as asylum seekers, refugees, and women from ethnic minority backgrounds.

More recently, I organised a charity Iftar and raised £5500 for the Rehmat Education Foundation, a school for street children in Pakistan, and for the Medical Students' Aid project of Punjab Medical College Alumni UK.

My contribution to the community has been recognised by the Pakistan Community Centre - Northeast Lincolnshire, and I was awarded a Certificate of Appreciation. The certificate was presented to me by the Mayor of Grimsby, Councillor Janet Goodwin, at a ceremony held on 28/02/26.

Dr Saadia Alvi
Consultant Psychiatrist, Humber Teaching NHS Foundation Trust

Open invitation

We welcome the work done by diaspora organisations, and we hope to have member from more diaspora organisations to share summaries of their events. We would love to add them to our newsletter to help promote the excellent work they do in the UK and abroad and help inspire our readers and learn more about transcultural psychiatry.

Culture, thoughts and words

The Unspoken Grief of Migration: A Clinical Reflection for Transcultural Psychiatry

"She keeps saying she's tired."
The GP referral was concise: low mood, poor sleep, and intermittent tearfulness. No clear biological depression. No active suicidal intent. When I asked when this began, she paused. "After we moved."

She had relocated to the UK three years earlier. Stable marriage. Employment secured. Children thriving in school. "We are fortunate," she added quickly — almost defensively. There was no identifiable trauma. No bereavement. No dramatic rupture. Yet as the assessment unfolded, a persistent sense of internal dislocation emerged. "I feel untethered," she said. "Like I left something behind."

Her symptoms did not fully align with major depressive disorder, nor did they resolve neatly into an adjustment disorder. What seemed most clinically salient was neither mood nor anxiety in isolation, but loss. And yet, grief was not the word initially used.

Migration as Ambiguous Loss

The concept of *ambiguous loss*, developed by Pauline Boss (Boss, 1999), describes losses that lack clear closure or social recognition. Migration fits this framework precisely. The homeland remains. Loved ones remain. Language and rituals remain. What changes is access, continuity, and embodied belonging.
Migration may involve loss of:

- Extended kinship proximity
- Professional identity and status
- Cultural fluency and implicit social competence
- A sense of being known without explanation
- A prior version of the self

Unlike bereavement through death, migration grief has no ritual container. There is no socially sanctioned mourning for diminished familiarity. The loss is real but difficult to legitimise. In clinical practice, this grief often presents indirectly — as fatigue, somatic symptoms, irritability, relational withdrawal, or diffuse anxiety. Without a grief lens, these may be prematurely conceptualised as primary depressive or anxiety disorders.

Acculturation and Identity Recalibration

Acculturation research (Berry, 1997) highlights the psychological strain involved in negotiating cultural integration. Yet in routine NHS assessments, acculturation is often reduced to functional adaptation: language proficiency, employment, and housing. Less attention is given to identity recalibration. Migration requires answering questions that are rarely explicit:
Who am I here?
Who was I there?
Can both versions coexist?

Attachment theory (Bowlby, 1980) reminds us that security is relationally embedded. Displacement from familiar relational networks may destabilise internal working models, even in the absence of overt trauma. For some individuals, this results in chronic low-grade insecurity rather than acute disorder.
Second-generation individuals may carry additional layers. Intergenerational narratives of sacrifice can generate implicit pressure to succeed, to justify migration retrospectively. Distress may then be expressed through perfectionism, shame sensitivity, or emotional inhibition. These phenomena are not pathological in themselves. They represent adaptive responses to transition. However,

when unrecognised, they may accumulate into clinically significant suffering.

The Structural Blind Spot

Modern NHS psychiatry operates under legitimate pressures: risk containment, time efficiency, and governance requirements. Structured assessments are necessary. Yet they shape what is asked — and what is left unexplored.

The Cultural Formulation Interview in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013) encourages exploration of cultural identity, stressors, and explanatory models. In practice, however, time constraints often compress this enquiry. Migration is recorded as demographic data. It is less frequently explored as a psychological event.
The clinical risk is subtle but significant:

- Over-pathologising normative transition distress
- Under-recognising culturally mediated grief
- Fragmenting formulation by isolating symptoms from context

If migration grief is not conceptualised, treatment may focus exclusively on symptom suppression rather than meaning integration.

Between Minimisation and Medicalisation

There is a necessary caution in transcultural psychiatry: not all distress in migrant populations should be attributed to migration. Reductionism risks stereotyping. Yet the inverse risk also warrants attention — normalising distress to the point of invisibility.
Migration is often framed socially as opportunity, resilience, and upward mobility. Patients may therefore feel disloyal expressing longing. Gratitude and grief can coexist, but many struggle to hold both narratives simultaneously. Clinically, naming migration-related loss can be relieving. It reframes distress from personal inadequacy to an understandable transition. This reframing does not preclude pharmacological or psychological treatment; rather, it refines their target.

A Pragmatic Approach for Busy Services

Incorporating migration grief into routine practice need not extend assessment dramatically. Small shifts in enquiry can deepen formulation:

- "What changed emotionally when you moved?"
- "What do you miss most that you cannot easily replace?"
- "Where do you feel most yourself?"
- "What expectations did you have before arriving, and how have they evolved?"

These questions invite narrative without imposing it.

In supervision and multidisciplinary discussion, it may also be useful to reflect on clinicians' own migration histories or cultural positioning. Countertransference, whether minimising, over-identifying, or rescuing, may shape formulation subtly. Transcultural competence, therefore, is not solely knowledge-based. It requires reflective capacity.

A Reflective Provocation

As global mobility increases, migration may become one of the most common psychological transitions encountered in NHS psychiatry.
Yet it remains conceptually underdeveloped in everyday diagnostic thinking. If psychiatry recognises trauma without recognising transition, bereavement without recognising displacement, we risk narrowing our understanding of loss. Grief does not require death. It can arise from ambition, survival, and hope. Perhaps the task of transcultural psychiatry is not only to address inequality and trauma, but to legitimise the quieter forms of loss that cross borders with our patients. What remains unspoken cannot be formulated. And what is not formulated is unlikely to be fully understood.

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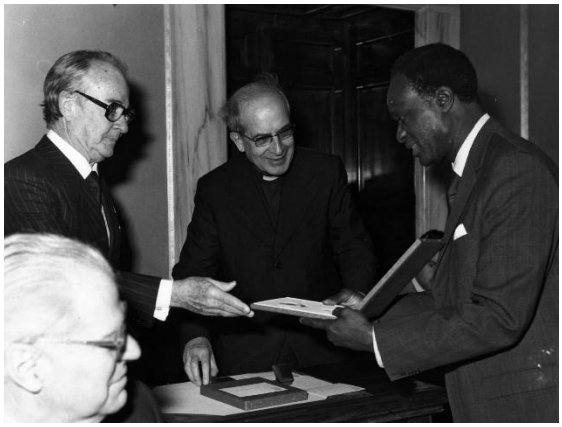
Dr Farhana Ashraf

Nigerian psychiatrists in the UK: Lambo to legacy

The story of psychiatrists of Nigerian heritage in the United Kingdom does not begin with a committee meeting or a founding document. It begins with a young doctor from Nigeria who arrived in post-war Britain with ambitions that neither he nor the profession could yet fully imagine.



Prof. Thomas Adeoye Lambo qualified as a psychiatrist in 1952 and enrolled at the Institute of Psychiatry, King's College London, when the discipline was shedding its custodial past and reaching towards something more conscientious, more humane. He would become the first Nigerian psychiatrist trained in the United Kingdom and one of the most consequential figures the profession has produced anywhere. His work in ethno-psychiatry challenged the assumption that Western diagnostic frameworks could simply be transplanted across cultures. His career eventually took him to the highest levels of global medicine, serving as Deputy Director-General of the World Health Organisation. The questions he asked about culture, context, and the meaning of mental illness are ones psychiatry still continues to answer today.

Lambo was a pioneer, but he was not alone for long. Through the 1970s and 1980s, Nigerian psychiatrists in Britain grew in number and in influence. Trained in one tradition and practising in another, they were cultural navigators as much as clinicians, bridging explanatory models that rarely shared a common language.

By the 1990s, that presence had matured into academic and institutional leadership. Prof. Femi Oyebode's career across those decades exemplified something important: that understanding the human mind demands attention to biography, culture, and narrative, not only to neurotransmitters or neuroanatomy. His landmark work on psychopathology, including his contributions (Sims' Symptoms in the Mind: An Introduction to Descriptive Psychopathology) on the subject, gave clinicians across the world a more precise language for understanding and documenting the phenomenology of mental illness.

The scale of these contributions is now visible in the data. Within psychiatry, practitioners of Nigerian heritage form one of the largest international groups in the specialty. It is within this context that Nigerian Psychiatrists in the United Kingdom (NPUK) was founded. NPUK's establishment has also been warmly welcomed by the Royal College of Psychiatrists' Diaspora Groups Committee. In November 2025, College President Dr Lade Smith, herself of Nigerian heritage, noted that there are over 1,300 members and associates of Nigerian background in the College. Her presidency is not simply a personal achievement. It is the visible culmination of decades of sustained, often unheralded contribution of Nigerians to mental health care in the United Kingdom.

NPUK emerged from the collaborative efforts of its founding committee, convened by Dr Hal Abdullahi. The committee included Dr Raphael Ogbolu, Dr Bawo James, Dr Raliat Akerele, Dr Amana Mazai Sadiq, and Dr Olayiwola Ajileye.

NPUK's mission includes professional advocacy, mentorship, career development and peer support that is culturally competent and informed. Its vision is for psychiatrists of Nigerian heritage to thrive, not despite who they are, but because of it. NPUK exists to ensure it remains that way.

Dr Hal Abdullahi
Consultant in Early Intervention Psychosis
Lancashire and South Cumbria NHS
Foundation Trust
https://www.npuk.org.uk/

The Yazidi story- a tale of trauma, displacement, and resilience

Between 2014 and 2017 Islamic State terrorists carried out the genocide of tens of thousands of Yazidi people in Iraq and Syria[1]. The Yazidis are a Kurdish speaking religious minority with a monotheistic religion having roots in a pre-Zoroastrian Iranic faith.

The world has come to know of the Yazidis through their story of genocide. Lalish temple is their ultimate pilgrimage, their place of spiritual sanctity. In a world currently facing several wars, displacement of peoples and the loss of human life and dignity, the story of the Yazidis is one to be remembered and reflected on in recent times.

A visit to Lalish temple, a personal perspective

In November 2023, it was a Kurdish colleague who asked whether I would like to visit Erbil, Iraqi Kurdistan for a conference in early 2024. I jumped at the idea. More than a few colleagues raised their eyebrows at a planned trip to Iraq right now. My husband, an assistant professor in the University of Leicester medical school was invited as well to talk about innovations in medical student mentoring. Not only did we plan to attend the conference, but we also decided to extend our stay for another two days to travel in the area.

On a sunny early March day, we drove out from Erbil towards historical complexes in the north western areas of Duhok. From Khinnis, the road forked, one going towards the Yazidi temple complex of Lalish, and the other towards Assyrian ruins.

From Khinnis it was another half an hour to the Lalish temple and village complex. We went past the fork and turned towards a sign with the temple drawn on it in outline, the conical roof the Yazidi temple distinctive and unique.

In a nearby mountain the fires of an oil well were burning. There were caves in the mountains. These were the places I might have read about in Nadia Murad's 'The Last Girl'[2], the mountains, and caves where Yazidis had fled when attacked and pursued by ISIS. Today they just seemed to be picnic spots, lovely green areas for people to relax on a beautiful day with blue skies.

The Lalish village was all built of yellow stone. The roads were clean and paved. Guards stood at the entrance, where our identity was vouchsafed. Then we took off our shoes and socks, left them in the car and began the journey towards the main temple barefoot.

Yellow and buff buildings, a combination of smaller temples, accommodations and courtyards rose on either side of us. Intermittently there would be a conical roof rising over a cuboid base. Several families had made the journey. The women wore scarves of the lightest delicate purple, almost white with a purplish sheen. Their long dresses were embroidered and laced with golden borders. Men wore white thobes and red and white keffiyehs around their heads. Children looked excited, running around, jumping. It was a pilgrimage with a family feeling.

We made our way to the main temple. Conical roofs with serrated edges rose from the roof. The doorway was arched and designed with an ornate border with eye shaped motifs lined up with their points hanging down. There were peacocks and sun motifs on the panel, the signs of the Yazidi religion. The sun on the Kurdistan

flag is similar to the Yazidi symbol. There is high panel on the threshold that one has to step over. A man sitting beside the door makes sure of this and tells off anyone who fails.

Next, we stepped into a long hall with pillars down its centre with hundreds of colourful ribbons tied to them. They represent the wishes of people who tied them there. It is here that we were greeted warmly by Luqman, who asked us who we were, where we were from, offered to answer any questions. Luqman was tall and well-built, fair skinned, dark black hair, neatly clipped beard, and moustache. He wore a long white thobe, red and white checked keffiyeh coiled on his head.

Then we turned left, crossed another threshold entering another room, this was smaller, rectangular, high ceiling, plain wall, and a single tomb in the centre. Then we turned into a small vestibule where stairs descended through a small hole into the interior. Left of this, another doorway led into a long row of rooms.

Sheikh Adi ibn Musafir is buried deep in the table, only Yazidis allowed there through the stairs which descended into the heart of the temple. We were directed left, and the rooms leading on from here were long and dark, the floors were made of large stones as were the walls, a slightly oily feel to them. The first room has a wishing stone, a large slab at one end of the room, which had people throwing scarves on them. The legend is that wishes are granted when the scarves touch the stone. They were swishing by the oily stone and gliding to the floor to the frustration of some.

On the side of the rooms there were hundreds of pitchers which hold oil. Ancient, black, stacked on one another. There were blackened lamps at some corners. One was eye shaped, something like a ‘pradeep’. Another interestingly was on a long stem- four eye shaped receptacles at the base and a fifth one on the top. The concept was that of a ‘panchapradeep’, the five stemmed lamp often used in Hindu rituals.

The third room down this dark corridor had another tomb, covered with green velvety fabric.

We walked back into the first lighted room with a tomb and there were five, very pretty teenage girls in traditional Yazidi dress. Luqman was talking with them. He turned to me as I returned and said, ‘These young girls are in school. They will soon be going to university.’ I asked for a picture with them, and they happily complied. That is my poster picture for this trip, me at the centre, three of them to my left and two to the right. Their skins are smooth as alabaster, their eyes charcoal black as the silky dark tresses cascading on to their shoulders. Long sleeved full dresses in white with embroidered borders and light purplish white veils complete their ensemble. Two of them wore flat topped round hats.

Debashis and I emerged into the sun again. The crowds around us had swelled. People were sitting on mats, children running around. It looked like many were getting comfortable and meant to stay here longer than a day, or certainly more than a few hours. We found a trail of stairs leading up to a terrace which gave views over the entire complex. The three cones of the main temple, one large in the centre and two smaller ones flanking it were visible before us. Mountains framed the temple behind them. On the terraces below, people had spread out blankets. There was singing and chanting, and buzzing chatter of a happy crowd.

Here we met a group of young Yazidi boys and girls, possibly in their late teens or early twenties. ‘Can I take a picture?’ asked a young man among them. Debashis gave him his mobile thinking he was volunteering to take a picture of us two, but no he wanted to handle Debashis’ fancy Nikon. Debashis obliged. Then the young man proceeded to take pictures of his friends! One of the girls then prodded him to take our pic. He did, with his female friend joining us. Then he had his pic taken with the Nikon around his neck before returning it to Debashis, rather tenderly. They bid us good day and went on their way.

We made our way down and wandered through the complex around the other buildings. There were stalls selling scarves and beads. Near another building we met Luqman again. He said that we were not allowed within, another area restricted to Yazidis only. Within was a baptism pool where Yazidis brought their children to be baptised to the religion. There was an elderly lady who looked after the reservoir. She brought us handfuls of toffee. 'People hand out candies after their children are baptised,' explained Luqman.

It was midday by the time we finished here. Luqman asked us to wait till 1 pm and join the communal meal, eat with them. That would have been lovely, but we had other places to go. May be another visit, another time.

These are the people who were almost wiped out by ISIS, faced genocide and indescribable atrocities. Yet they survived, stronger and more embedded in their culture. The whole world has now heard about them and Lalish is their heart. I felt very privileged to have walked their streets, entered their temple, touched the stones, spoken to them. If there was just one place, I had to select on this trip to visit, it would have been Lalish.

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2. Murad, N., & Krajeski, J. (2017). *The last girl: my story of captivity, and my fight against the Islamic State.* First Edition. New York, Tim Duggan Books.

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Cultural Formulation in High-Intensity Psychiatry: Reflections from a Psychiatric Intensive Care Unit

Introduction: Culture Under Pressure

Cultural competence in psychiatry is frequently discussed within psychotherapy, community work, and long-term care. Less often examined is its relevance within high intensity environments such as Psychiatric Intensive Care Units (PICU), where acuity, containment, and statutory frameworks dominate clinical attention. Yet crisis does not diminish culture, it intensifies it. In PICU settings, clinicians are required to make rapid decisions regarding detention, medication, and levels of observation. In such contexts, cultural formulation may appear aspirational rather than practical. My experience, however, suggests the opposite: cultural understanding is not an adjunct to risk management; it is integral to it.

When Risk Narratives Intersect with Cultural Meaning

Expressions of distress are culturally mediated. Spiritual idioms may intertwine with persecutory beliefs. Behaviour interpreted as hostility may reflect shame. Refusal of treatment may signify moral conflict rather than oppositionality. In high-acuity settings, there is an understandable tendency to focus on observable behaviours — agitation, aggression, absconding risk. However, behaviour divorced from meaning can lead to misinterpretation and escalation. The DSM-5 Cultural Formulation Interview provides a structured model for exploring identity, explanatory models, and social context. In PICU, the full framework is rarely feasible. The challenge, therefore, is adaptation rather than abandonment. Even brief, intentional inquiry can transform relational dynamics.

Anonymised Clinical Reflection

A young man of South Asian heritage was admitted to PICU following escalating agitation in the community. His presentation included persecutory beliefs with religious themes and strong resistance to medication. Early documentation focused appropriately on behavioural risk and need for containment. However, further discussion revealed a profound fear of bringing dishonour to his family. He described hospital admission not simply as treatment, but as moral exposure. His refusal of medication was framed as spiritual endurance rather than defiance. Contacting relatives without careful explanation intensified his distress, as he experienced this as confirmation of disgrace.

Reframing treatment as a means of restoring strength — rather than correcting weakness — shifted the therapeutic tone. A culturally sensitive approach to family involvement reduced hostility and improved engagement. The legal framework under the Mental Health Act remained unchanged; the relational trajectory did not. This encounter reinforced an important lesson: cultural formulation does not always alter statutory outcomes, but it can significantly modify therapeutic alliance — and alliance is itself a protective factor in risk containment.

Cultural Dimensions of the Mental Health Act

The Mental Health Act is necessarily procedural, grounded in criteria of risk and capacity. Yet the experience of detention is profoundly subjective and culturally filtered.

For some individuals, involuntary admission carries enduring stigma, particularly within communities where mental illness is associated with shame or familial dishonour. For others, hospitalisation may be perceived as a sanctuary or necessary protection. Understanding these interpretations can influence how clinicians frame explanations, involve families, and plan discharge.

In practice, I have found that incorporating three brief questions during MHA assessments can yield disproportionate insight:

What does this situation mean to you and your family?
Are there cultural or spiritual beliefs we should understand when thinking about your care?
Who would you usually turn to in times of distress?
These questions require minutes, not hours. Yet they often illuminate relational pathways that mitigate confrontation and enhance cooperation.

Interpreters, Language, and Power
The use of interpreters in PICU introduces additional complexity. Acute paranoia or trauma may intensify mistrust when a third party is present. Conversely, failure to use an interpreter risks inequity and diagnostic distortion. Pre-briefing interpreters regarding neutrality and confidentiality, and maintaining clear eye contact with the patient rather than the interpreter, can subtly redistribute power back to the service user. Post-assessment debriefing may also reveal culturally nuanced meanings embedded in language. Such practices are small adjustments, yet cumulatively they shape the therapeutic environment.

Staff Culture and Reflective Containment
Cultural formulation is not limited to patient identity. PICUs themselves possess micro-cultures — norms regarding behavioural thresholds, communication styles, and containment strategies. Staff teams are culturally diverse, and implicit biases may influence how behaviours are perceived, particularly when presentations diverge from dominant social expectations.
Structured reflective spaces — including supervision and Balint-style discussions — allow teams to examine assumptions about "non-compliance," "manipulation," or "riskiness." Reframing behaviours within a sociocultural context does not dilute accountability; rather, it promotes proportionate and humane responses. As I transition into higher training, I have become increasingly aware that cultural humility — an ongoing process of self-reflection — is more sustainable than the pursuit of static "competence." In high-intensity psychiatry, humility may be one of our most stabilising tools.

Pragmatic Adaptations in High-Intensity Care
Cultural reflection in PICU need not be elaborate. Practical strategies include: Embedding two or three cultural questions into routine clerking; documenting cultural context explicitly within risk formulation; thoughtful, consent-based family involvement; early engagement of spiritual care services where appropriate; and timely and well-framed interpreter access, all elements which enhance precision without prolonging assessment.

Conclusion: Refining Risk Through Cultural Insight
High-intensity psychiatry tests our capacity to balance structure and sensitivity. In PICU, decisions are often made swiftly and under scrutiny. It is tempting to regard cultural formulation as secondary to containment. My experience suggests otherwise.

Culture shapes meaning. Meaning shapes behaviour. Behaviour shapes risk. Even brief, deliberate cultural inquiry can reduce escalation, strengthen alliance, and refine clinical judgment. As our patient populations become increasingly diverse, embedding cultural reflection into acute and intensive settings is not optional — it is central to ethical and effective care. In environments defined by urgency, cultural understanding does not slow the work; it sharpens it.

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Beyond the symptoms: Understanding the need for cultural competency in Medicine

Introduction

The importance of competence in culture and background is a prevalent underlying theme in my teaching throughout medical school, particularly for clinical placement, in a culturally rich and evolving city like London. I have witnessed multiple incidents relating to this theme, as well as the consequences where it has lacked, since working in a clinical environment. Nevertheless, to delve into this topic, I've chosen to deconstruct an experience of my personal life, that being one of my uncle's.

My Uncle's story

My Uncle had headaches from time to time, like most people, that he never thought too much of. A few years ago, these headaches increased in severity over a few months, but as these often resolved with over-the counter analgesia or by themselves, he paid little attention to them and assumed they were migraines. He began to question the condition of his health when he started to experience back pain and leg twitching, associated with his headaches. Within a few months complete seizures routinely occurred in his life.

The structure I have used to relay my uncle`s symptoms is what we, as medical students, assess in the "presenting and history of presenting complaint" sections of our patient history. Regarding my uncle's headaches, this presenting complaint is the most common symptom reported by the general population in the UK (Latinovic, 2006). Our learning advocates for extensive and thorough history taking to tailor investigations and treatment thereafter, emulating the significance of patient-centered healthcare (Nichol J, 2024).

To add more context to his history, my Uncle was a combat medic for the British Army, who spent a significant amount of time deployed in Afghanistan. The period in which his headaches worsened, and left leg twitching commenced when he was in between his deployment. As per Defense Medical Services guidelines, he sought help with his medical team. Following an unremarkable MRI of his spine, his symptoms were concluded as a musculoskeletal issue due to heavy lifting, which he was told was common and experienced by other members of his team. After leaving his position, he saw his GP about his headaches, which were treated pharmacologically. Finally, a seizure whilst on a trip back home to Uganda, resulted in a scan revealing a space-occupying brain lesion; on return to the UK, my uncle investigated this further through the NHS, leading to the diagnosis of a brain tumor and its subsequent treatment.

Having seen glimpses of this experience through my own eyes, I felt that my Uncle's story was best for this conversation. Although my young and impressionable mind was yet to comprehend the severity of his clinical condition, I could easily translate the unspoken emotions reflected through my parents' interactions with him, following his diagnosis. I distinctly remember my Uncle staying with us for a few weeks, prior to his diagnosis; an atmosphere of fear and confusion was prominent in the house throughout his stay. I witnessed 4 of his seizures, with my mum nursing him back to full consciousness each time. Although my mum was not professionally involved in his care, I felt she carried the responsibility of supporting both his physical and mental health; he heavily relied on her to not fall victim to his depressive episodes following the unexplained deterioration of his health. Reflecting back, I understand this to be my first real understanding of the possible consequences when cultural competency lacks.

I aim to use this emotive foundation as an underlying theme throughout this essay as I believe my personal connection to the story helped to provide a higher degree of comprehension in my own research. In turn, I hope to promote the reader's understanding of the significance of cultural competency in this scenario, as well as motivation to rectify medical scenarios lacking this moving forward. The ACT model (Li S, 2023) was an approach used as the basis for my cultural competency development during this

course, and the foundation of my analysis will be drawn from this.

Introducing the ACT model

The ACT model consists of three different domains titled: Activating consciousness, connect relations and transform to true culturally appropriate service. Each domain has three subheadings highlighting attributes that are necessary for the development of cultural competency. I believe the foundations of many modern academic disciplines could advocate for the improvement of intercultural appreciation, but I have chosen to explore a specific discipline for each respective domain, to start to understand how their specific methods would be helpful.

The first domain, Activating Consciousness, is further split into: *Awareness, Knowledge and Sensitivity*. I felt that this domain related well to the definition of sociology which according to the Department of Sociology at CWRU (CRWU, 2023) is the "*study of social life, social change, the social causes and consequences of human behaviour"*. More descriptively, Northwestern University's Sociology department (NWU, 2021)

'Sociology is distinctive in the social sciences for the special emphasis it places on the importance of social groups in human life. It does not deny that individual's matter. It simply recognises that individuals are not always and everywhere the sole building blocks of human interaction.'

The use of the verb "recognise" in this description, is complementary with the "awareness" found in this domain. I infer both to imply that *knowing* to be culturally competent is primary in *being* culturally competent and finally "sensitivity" provides a sense of delicacy in our actions moving forward.

Our next domain, Connect Relations, divides into: *Personal connectivity, Interprofessional connectivity and Community connectivity*. An academic discipline exemplifying this domain is patient-centred care used in clinical practice. As a medical student, this is the staple of our treatment. A patients' journey from primary to tertiary, for example, is not linear; on admission they may be seen by A&E staff, before being handed to a specific speciality for their care, and the staff can vary from nurses to physiotherapists to registrars etc. The point being, inter-professional work e.g. multidisciplinary teamwork,

order to holistically approach the patient and ensure we are acting in their best interest (SCIE, 2022). The term "patient-centred" advocates for the compassion and individualism necessary for each person we meet. We can connect with patients as individuals, build rapport and adapt to their personal needs, as opposed to paternalistic medicine that preceded this modern discipline. This change, in itself, depicts that the adoption of this discipline is possible and aids in developing competency.

The final domain, Transform to true culturally appropriate service includes: Empowerment, strategies, cultural skills and professional commitments. On initial observation of this domain, I linked this with Media and Journalism. Presenters who travel across the world, integrating themselves in unfamiliar cultures, to give a platform to the stories of the people involved, whilst staying impartial with their thoughts and opinions, are a microcosm for this domain. I believe a real-life example of these ideologies is Christian Amanpour, international anchor for CNN, whose reports from conflict hotspots showed viewers worldwide, first-hand perspectives of the 2003 American-led invasion of Iraq to the 2010 Haitian earthquake and many more (CNN, 2023). She built her competency by consistently visiting global locations, learning from them and documenting her experiences to share; this increases cultural exposure and therefore viewer awareness, which linking to the first domain, is necessary in becoming more competent.

List of references upon request

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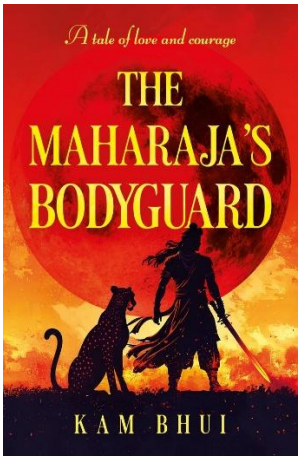
Other publications

The Maharaja's Bodyguard

NEW BOOK: The Maharaja's Bodyguard, published by Troubador



Professor Kam Bhui CBE, a renowned psychiatrist and acclaimed author, is a distinguished academic whose transformative work continues to shape the field of transcultural, social, and cultural psychiatry.

His latest Book, *The Maharaja's Bodyguard* (see https://troubador.co.uk/bookshop/young-adult/the-maharaja-s-bodyguard), although not intended to be about mental illness as such, Bhui weaves a dual-time fantasy, fusing British Indian identities, with a new kind of hero who, having suffered bullying at school, multiple losses, and adversity, is transported to the times of the Raj to become a fearsome warrior. There is a cost; he loses friends and family, and as an all-time warrior or soldier, he risks losing his mind and life. Only when love is put at risk does he try to leave his powers and return to a mortal existence. This is a thrilling, fast-paced novel, the first of a series. See ww.kambhui.com, leave a review if you can.

Bhui's research and approach to tackling mental health problems were recently discussed in two video podcasts, alongside his book (see links)

https://www.youtube.com/watch?v=ji3FR8UuoC4

https://www.madinamerica.com/2026/03/how-our-blindness-to-context-harms-patients-and-breaks-practitioners-a-conversation-with-kamaldeep-bhui/

Article: Survivors of war and conflict need contextualised trauma-informed perinatal care

Women who are refugees and have experienced gender based violence in conflict need trauma-informed perinatal care. Health professionals require knowledge of the lived legacies of war, write Ayesha Ahmad and Rodney Reynolds

https://www.bmj.com/content/bmj/387/bmj.q2838.full.pdf

Ayesha Ahmad is a Reader in Global Health Humanities at City-St. George's University of London, whose work sits at the intersection of culture, conflict, and care. Her current research explores how experiences of war, displacement, and structural inequality shape perinatal mental health, with a particular focus on refugee and asylum-seeking women. Drawing on interdisciplinary methods across the humanities and health sciences, Dr Ahmad examines trauma-informed approaches that are culturally responsive and ethically grounded. She has contributed to research, teaching, and advocacy to improve perinatal care for marginalised populations, including serving as an Expert Witness in immigration cases. In this webinar with the Royal College of Psychiatrists, she will offer critical perspectives and practical insights on delivering trauma-informed perinatal care for refugee women affected by war.

Ayesha Ahmad - Executive Member, Transcultural Psychiatry Special Interest Group of the Royal College of Psychiatrists.

Future events

RCPsych International Congress 2026, June 15th – 18th, Liverpool, UK.
The RCPsych International Congress will go back to Liverpool this year. We hope to see many of our TSIG friends there. Please come and say hello and have some lunch with us at the SIG Hub on Thursday, the 18th, from 13:10 to 14:10. See you there!

British Indian Psychiatric Association Annual Conference
27th & 28th June 2026 (Saturday–Sunday) at De Vere Wokefield Estate, Reading, UK
Registration Link: https://www.bipa.org.uk/event-details/bipa-annual-conference-2026

London Division Spring Online Conference
'Growing up online: Children's mental health in a digital age' on Thursday, 14 May, 2.00 pm – 5.00 pm. Confirmed speakers/topics: Professor Bernadka Dubicka – 'Decline in Mental Health in Youth', Professor Amy Orben – 'Danger of virtual worlds in children's development' and Linda McGurk – Adolescents and Digital/Social Media. Booking link:
https://www.rcpsych.ac.uk/events/conferences/detail/2026/05/14/default-calendar/growing-up-online--children-s-mental-health-in-a-digital-age

London Division Awards 2026 – Nominations Now Open
This is a fantastic opportunity to highlight the individuals and teams making a real difference. The awards ceremony will take place on Wednesday, 24 June, from 5:30–8:00 pm, and everyone is warmly invited to attend. Please submit your nominations by Monday, 11 May 2026, at 5:00 pm.
https://www.rcpsych.ac.uk/members/england/london/london-awards--prizes-and-bursaries/london-division-awards

Commemorative Centenary Pin Badge
To commemorate the 100 years anniversary since the college received a Royal Charter in 1926, the college has released the Royal Charter Centenary Limited Edition Pin Badge, currently available here:
Royal Charter Centenary Limited Edition Pin Badge – RCPsych