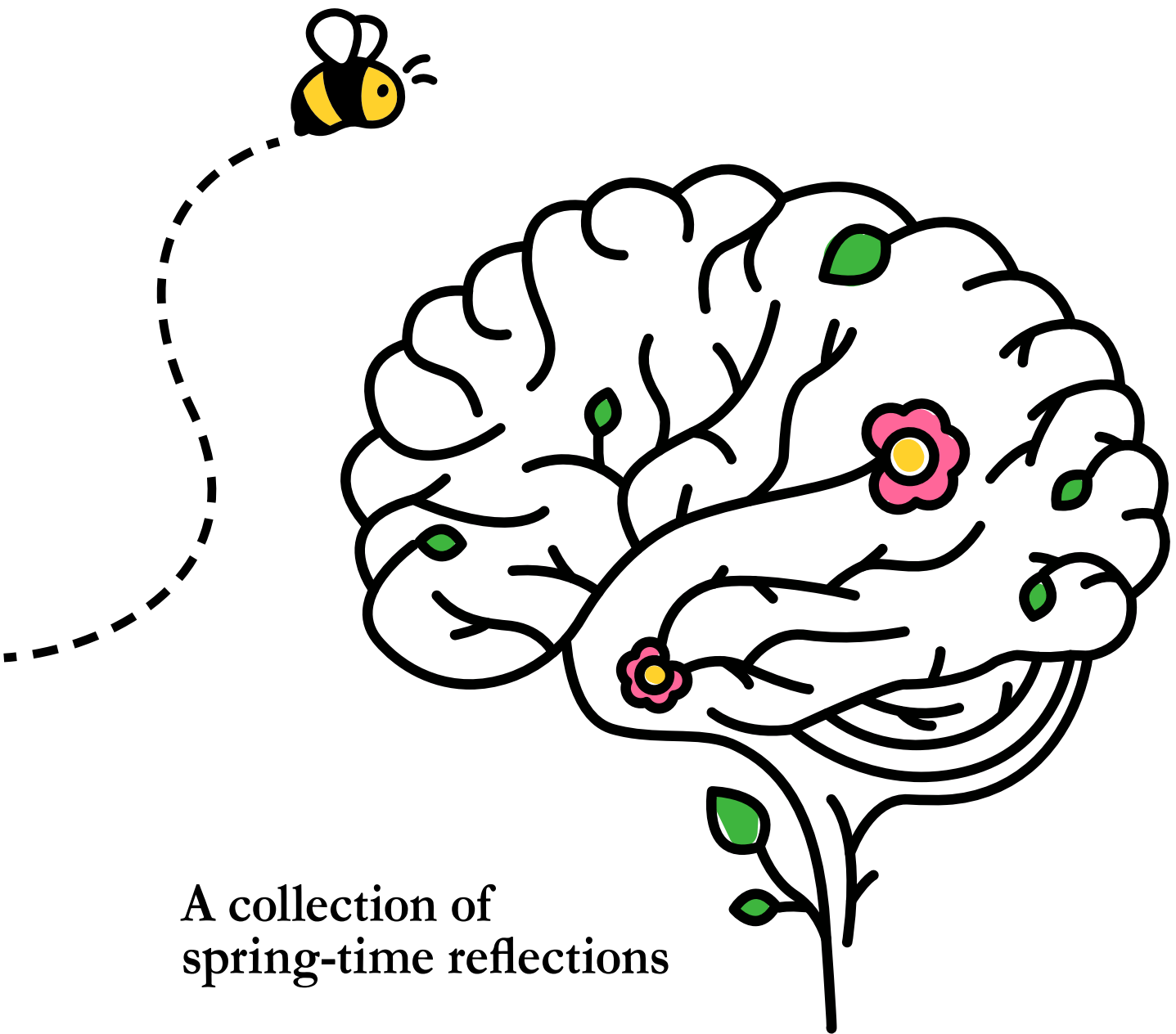


theRegistrar

Magazine of the
Psychiatric Trainees' Committee
Spring 2024



A collection of
spring-time reflections

Editor's introduction



Dr Asilay Seker, Editor of the Registrar

Welcome everyone to this spring issue!

The start of the year has gone by in such a hurry that it still feels like I should still be wishing you a happy new year.

It is such a pleasure to come back to you with another issue of *the Registrar*. For our first issue this year, we have decided to forego a fixed theme and encouraged trainees to come forward with whatever topics or reflections they would like to share at this time. We have collected some brilliant writing from trainees from all over the UK, capturing a range of diverse experiences.

Here is a summary of what you can expect on the following pages:

We start with updates from the PTC executives – the PTC have been actively involved in trainee-led projects as well as critical issues impacting on all doctors and psychiatrists, including concerns regarding the role of Physician Associates in psychiatry. The PTC are always keen to hear views and about experiences regarding all matters that involve trainees, and all trainees are welcome to contact their local representatives and/or the PTC directly to voice any concerns.

Not only did January pass by quickly, it was also very warm. In fact, according to the EU Copernicus Climate Change Service, it was the hottest January on record. Aptly, on

pages 10–11 Dr Philippa Clery summarises the impact of the climate crisis on mental health and different ways of taking action that trainees can explore.

February has now also passed, a month which marks the start of higher training for many. It is indeed a good time to read Dr Shreena Thakaria's and Dr Mana Doyama's interview with the higher trainees in London about their choice of specialty and experiences of training in London.

Choosing a specialty in psychiatry might often mean you will now need to decide on your subspecialty; Dr Roopa Rudrappa's reflections on pages 8–9 on her route to become a neuropsychiatrist may inspire trainees to personalise their subspecialty pathway.

Speaking of personalising your training experience, there are many ways you can add to your standard training; writing chapters in a textbook is one example. On pages 12–13, Dr Laith Alexander and Dr Mary-Ellen Lynall discuss the textbook they co-authored, the "Neuroscience for Psychiatrists", which touches on why neuroscience is critical for psychiatric training. Note that all RCPsych members get a 30% discount on *Neuroscience for Psychiatrists*!

The final article of this issue is from Dr Unsa Athar, who writes about her experience of moving the UK from abroad to train as a psychiatrist – the difficulties she shares likely affect many, but are rarely voiced so bravely and candidly. I take this opportunity to also remind all trainees that RCPsych offers a free and confidential [Psychiatrists' Support Service](#) to psychiatrists of all grades who may be experiencing personal or work-related difficulties. The PTC are also here to support all trainees who reach out.

I hope you enjoy the articles – and the well-deserved spring!

As always, please feel free to let us know of your thoughts and feedback by dropping us a line at: ptcsupport@rcpsych.ac.uk.

*Best,
Asilay*



Leeds city centre

Next Generation: This year's National Trainees' Conference

One of the PTC's most exciting projects is its National Trainees' Conference. This year it will be hosted in the dynamic city of Leeds at Cloth Hall in Leeds University from 25–26 April. The title of the conference is 'Next Generation', and it will consider the evolving role of psychiatrists, as well as the future of mental health care for patients.

There will be a variety of keynotes and interactive workshops showcasing innovations in psychiatry, emerging sub-specialties and research informing patient care. Importantly, there will be training focussed sessions including advice on portfolios.

Potential ways to promote sustainability in psychiatry will also be discussed, with sessions considering nature-based interventions as well as how to navigate a dynamic, diverse, and sustainable career in the profession.

There will be plenty of opportunities for networking and socialising with other trainees from across the country, and there will also be a series of wellbeing activities on offer.

Each of the sessions will be linked to High-Level Learning Outcomes which will make it easy to evidence learning on your portfolio (and to help convince your TPD they should approve your study leave!).

All of this is possible thanks to the hard work of two of our fantastic PTC representatives, Dr Rebecca Long and Dr Gwen Colin and we extend our thanks to them.

Book now!

If you'd like to attend the National Trainees' Conference 'Next Generation' in Leeds on **25–26 April 2024**, [find out more information and book now](#) before tickets sell out.

You can also learn more about applying to present your poster at the conference. The deadline for poster submissions is **Thursday 28 March**.

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Dr Laura Thorn, PTC Chair



Dr Chiara Cattri, PTC Vice-Chair



Dr Daniela Almeida Borges, PTC Secretary

Introduction:

PTC's welcome

Our PTC executives provide an update on trainee-relevant College activity and explain how your concerns are being taken forward and work is being done to improve the profession and trainee experiences.

As it always does, time has flown by, and we are now well into our terms as your Psychiatric Trainee Committee (PTC) executives. As a PTC, we have been busy advocating for trainees across all aspects of the College but have also been working hard on projects which we hope will benefit trainees and improve the experience of training in psychiatry.

We have heard many concerns from trainees about the possible implications of Physician

Associates in psychiatry and continue to value any feedback trainees have to give. We are grateful to our President, Dr Lade Smith CBE, and our Dean, Professor Subodh Dave, who are listening to our concerns and have facilitated a review to explore this issue. As chair of the PTC, Laura will be involved in this, along with another PTC representative. Working collaboratively with stakeholders, the comprehensive review aims to create guidance on how Physician Associates can support mental health care, whilst ensuring high-quality training for

psychiatry trainees and safe and effective patient care.

As trainees, we can all relate to the pressures surrounding exams. We are delighted to have appointed a new co-opted examinations representative to the PTC, Dr Joanne Hew, who will work with the exams committee to represent trainees' views. We would like to extend a huge thanks to Dr Stephanie Ewan, our outgoing examinations representative, for her tireless work advocating for trainees, and for being our fountain of knowledge on all things exam related. We know that revising for exams can be stressful and we have listened to feedback concerning revision materials. We are working closely with the examinations committee and Professor Subodh Dave to explore new resources which can guide trainees on how best to revise.

One of our most exciting projects is our National Trainees' Conference, as discussed on the previous page,

which takes place in the dynamic city of Leeds between 25–26 April and is entitled 'Next Generation', and it will consider the evolving role of psychiatrists as well as the future of mental health care for patients. The event was sold out last year so book early to avoid disappointment!

In other areas of the College, we have been working with the International Advisory Committee, exploring different opportunities for trainees in the College's international work. We have been exploring and developing strategies to improve representation of Less-Than-Full-Time (LTFT) trainees on our committee and Laura has continued to be involved with projects enhancing the training and working lives of LTFT doctors throughout the College.

Dr Chiara Cattri and Laura have been working with the neurodiversity working group to consider how to make improvements to training

and the working lives of psychiatrists. We have hosted a Twitter Takeover and have another coming up in March. The theme will be 'Next Generation' to complement our national trainees' conference. It would be great to engage with you there. You can follow us [@rcpsychTrainees](https://twitter.com/rcpsychTrainees) to get involved.

Chiara and Dr Daniela Almeida Borges have also been working on many exciting and strategic projects that we hope will benefit all doctors in psychiatry training.

Chiara has been exploring how to improve the experience of trainees attending the CASC exam and, as part of this, has created a video filmed at the exam centre in Sheffield to help trainees familiarise themselves with the exam environment in advance. She has also been exploring the reasonable adjustments application process for exams and is working with the exams department to create a dedicated guidance resource.

Daniela Borges has been presenting the outcomes of the national study leave survey of different stakeholders within the College, which showed geographical disparities in access and experience of trainees which is something we hope to improve. We hope to finalise the plan to address some of the concerns and views gathered from trainees and publish the final report soon.

Daniela is also working on another project with the Planetary Health and Sustainability Committee to help make resources available for trainees about the development of sustainability skills during training.

As always, we would love to hear from you if you have any questions or concerns. You can reach out to your local PTC representative (their name will be on the [RCPsych PTC webpage](https://www.rcpsych.ac.uk/ptcwebpage)) or you can email us at ptcsupport@rcpsych.ac.uk.

ST4 Applications:

Choosing a subspecialty

Dr Shreena and Dr Mana speak with a handful of London-based registrars who share their reflections and advice on subspecialties and the application process.



About the authors:

Dr Shreena Thakaria and Dr Mana Doyama are both core trainees working in London. Dr Shreena is currently working in Learning Disabilities in Central and North West London NHS Trust and Dr Mana is currently working in CAMHS in West London NHS Trust.

Dr Shreena Thakaria

Dr Mana Doyama



1. Why did you choose your subspecialty?

Zeenat, ST7 in older adult psychiatry

"I particularly wanted to specialise in older adult psychiatry as I have loved my placements so much. The MDT approach, the care, the clients are all wonderful and really lovely to work with."

Rebecca, ST6 in general adult psychiatry

"I chose this specialty because I was interested in seeing a bit of everything!"

Michael, ST4 in general adult psychiatry

"I enjoy the feeling of seeing people across life's stages."

Brandon, ST4 in liaison psychiatry

"I do sometimes miss the physical-health aspects of medicine, so I hope to pursue liaison psychiatry as it specialises in the interface between physical and mental health."

Parvinder ST6 in general adult rehabilitation

"I worked in CAMHS for nearly three years before entering registrar training because I found CAMHS flexible. I ended up choosing general adult rehabilitation as my subspecialty and feel it is the bread and butter of psychiatry – it incorporates a lot of different sub-specialties under one umbrella."

I once did a film project in a rehab unit on my first rotation, and I think General Adult Rehabilitation allows opportunities to really get involved in other projects and make it what you want it to be. It allows for room to grow and develop in the way I want to as a person."

Hassan ST5 in older adult psychiatry

"Older adult psychiatry can involve more physical health expertise than many of the other psychiatric specialties. I hope to practise psychiatry in different parts of the world, including my hometown of Karachi."

2. What is your best advice for core trainees wanting to apply for ST4?

Zeenat

"My advice is to practise, practise, practise interview techniques with your supervisors and people who have recently been through the interview process."

Michael

"You'll possibly find that the interview counts for more than you might think and the CASC for less than you might think."

Brandon

"Try to find projects in your CT years that you are genuinely interested in that also count towards the ST applications and stay curious during your training."

Parvinder

"Be really clear what your goals are and think long term. For example, if you want to apply to CAMHS, start thinking about QI projects in CAMHS. In terms of picking a subspecialty, a taster day or week would be helpful. Also, contact consultants within different departments and ask them what it's like day to day because registrar training goes incredibly quickly, more so than core training, I think."

Hassan

"What truly separates trainees in their final application score is the interview. Crush this interview and the points are there for the taking. It's about 15 minutes of your best performance on the day. Use all the tips and tricks you've learnt in your CASC."

3. As a London-based trainee, what is your advice for trainees applying for ST4 in London specifically?

Rebecca

"Being in London means that you work with people – both patients and colleagues – who come from a wide range of backgrounds and bring with them an array of different experiences, which I have learnt so much from. You will already have a lot of skills and knowledge by the time you apply for ST4. Try to let it be an opportunity so show this."

We would like to thank the registrars for their interviews. Their answers are reminders that each patient interaction and lesson learned is a step forward in our growth as psychiatrists.

Neuropsychiatry:

Forging a path

Currently there is no training pathway for trainees to evolve as neuropsychiatrists.

Dr Roopa Rudrappa discusses how she is carving out her own path to become a neuropsychiatrist.



Dr Roopa Rudrappa

About the author:

Dr Roopa Rudrappa is a specialty registrar (dual GA and OA trainee), currently working in the liaison team and Tertiary Pilot Neuropsychiatry Service at Derbyshire healthcare NHS Foundation Trust. She is LNC representative for HST at Derby and certified QSIR practitioner. She is pursuing Leadership and Management fellow scheme by Royal College of Psychiatrist. She has interest in neuropsychiatry, liaison psychiatry and dementia including working age dementia.

Currently, trainees who dream of becoming a neuropsychiatrist need to plan and make their own way to get the necessary training in neuropsychiatry. I would like to share my experience of getting into neuropsychiatry early on in my training journey.

As a core trainee, I often thought there could be more bedside teaching, discussion of and references to neuroscience and/or the neurobiological reasoning behind brain disorders/psychiatric conditions incorporated into training.

I found that the neurobiological part of the biopsychosocial model could have been further emphasised in my training rotations. This fuelled my curiosity to learn and understand more about brain symptoms and disorders. This interest was further reinforced by my interest in neuroanatomy. I decided to work on this further to equip myself with the necessary knowledge and skills of a neuropsychiatrist.

For a few weeks when I was a core trainee (during old age

placements), I attended a neurology clinic led by a neurologist who specialised in movement disorders. This improved my confidence in identifying patients with such disorders and referring them on to have a neurological review.

I then volunteered to attend an ECT clinic in a hospital neighbouring my placement to gain further exposure of the procedure.

Partly inspired by my neuropsychiatry experience, I chose to enter dual general adult and old age psychiatry training following my membership exams. As an ST4, I further followed up on this interest by pursuing an MSc in clinical neuropsychiatry from Birmingham University. I took up the course part time and, although studying for it required more time than special interest sessions did, I feel it was still worth the extra effort, and the course is doable if you get good support from your supervisor and family. Other options include obtaining a PGCert or a Diploma

in neuropsychiatry, depending on one's interest.

I completed my MSc in clinical neuropsychiatry in 2023 as an ST6. Clinically, I found that working in liaison psychiatry allowed me to make use of the knowledge and skills from both neuropsychiatry and psychiatry training. In addition to attending the ECT and Parkinson's clinics, I worked in the BRIGHtMIND trial to develop skills to use Repetitive Transcranial Magnetic Stimulation (rTMS) for depression in bipolar disorder. This helped me to learn

about and improve my understanding of the importance of neuromodulation in psychiatric conditions.

All the clinical experience and academic degrees I have gained as a result of my interest in neuropsychiatry during my training led me to obtain an endorsement in liaison psychiatry.

Currently, I am working as an ST7 in liaison psychiatry, awaiting CCT in July 2024. In my current post, I have had the opportunity to attend and work in a neuropsychiatry clinic, which is a pilot service led

by the mental health liaison team of the Derbyshire Healthcare NHS Foundation Trust. I have also had the chance to be involved in a service evaluation project looking at setting up a specialist tertiary neuropsychiatry service. These activities align perfectly with my long-term goal of becoming a consultant liaison neuropsychiatrist.

My experience in neuropsychiatry reinforced my strong belief that this subject should be made an integral part of psychiatric training. I am therefore very glad to see that this need is also recognised by the Royal

College of Psychiatrists and that neuroscience and neuropsychiatry have been included in the core training curriculum.

It goes without saying that the scope for neuropsychiatry in the near future is huge and there will be well-established neuropsychiatry services nationwide providing the essential training for aspiring trainees. I hope my journey can inspire other psychiatric trainees to pursue their interests from both an academic and a clinical perspective, to become a fully equipped specialist in their field.





Green scholars:

Supporting sustainability



Dr Philippa Clery on the importance of promoting sustainability in psychiatry and how trainees can take action.

Climate change and mental ill health are arguably two of the greatest public health challenges of our time. They are also deeply interconnected; the climate and ecological emergency is a mental health emergency, and both patients and practitioners can be affected by its direct and indirect effects.

Climate change is associated with new cases of mental illness, as well as increased morbidity and mortality in those with pre-existing mental health conditions¹. In recent summers, it has been hard to escape images of floods, heatwaves and wildfires across the globe. The resultant destruction of property, separation of communities, housing insecurity and forced migration are compounding traumas that may cause significant

distress and exacerbate inequalities often experienced by our patients².

Witnessing this can be distressing, especially in the face of political inaction. Young people, in particular, are experiencing increased rates of distress and poorer mental health and wellbeing in response, which is often described as eco-anxiety or eco-distress³. Whilst this may be an appropriate response and should not automatically be pathologised, it is possible for an informed practitioner to recognise when a mental health concern may be present, and to distinguish between the two.

RCPsych recognises the relevance of the climate crisis and encourages us to understand why it is important for our patients and

About the author:

Dr Clery is a core psychiatry trainee in North Central London, clinical co-lead for her trust's Sustainability and Green Plan, and is the education lead for the RCPsych Planetary Health and Sustainability Committee.

work. As reflected in the College's [position statement](#) and the new curriculum's [sustainability learning objective](#), we should be knowledgeable about these topics and incorporate planetary health and sustainability principles into our practice.

So, what can we do as psychiatrists? Listed below are some of the ways psychiatrists can take action to address the climate crisis. (You can also explore RCPsych's [sustainability webpages](#) and this [climate change article](#) to find out more.)

1. SusQI

The NHS contributes about 5% of the UK's carbon emissions⁴, so we are well-positioned to make changes to be part of the solution. More climate-conscious practice also promotes better health. Examples include: active travel, i.e., cycling or walking; nature-based interventions; plant-based meals for patients and staff; reducing

over-prescribing; patient education and empowerment; shared decision-making; a focus on prevention; less restrictive practice; and digital technologies. You could take any of these ideas and turn them into a Sustainable Quality Improvement (SusQI) project. Speak to your QI team to get their input, and ask if they've heard of SusQI. [Susqi.org](#) has great resources and this [SusQI course](#) provides in-depth learning. You could ask your trust's QI team to attend the course with you to spread the learning to future QI projects. Examples of [previous projects](#) may also pique your interest.

2. Green plans and groups

Under the Greener NHS plan for net-zero, all trusts are mandated to have their own [Green Plan](#) which outlines their aims and strategy for reducing carbon emissions. Getting hold of a copy of your trust's Green Plan and finding out who is involved in it is a great way to get started and could lead you to meet other people who are passionate about working on this.

Some trusts also have a sustainability group, which aim to make

the organisation more environmentally friendly, and which you can likely get involved with.

3. Nature-based practice

Biodiversity loss associated with climate change can be detrimental to mental health and wellbeing. Evidence shows having a connection to nature is important for general wellbeing and reducing symptoms of mental illness⁵. Nature-based practice can be a simple, inexpensive, yet effective and fulfilling way to advocate for the mental wellbeing of our patients. You could create more [green spaces](#) in your area of work, promote [Green Walking](#), start gardening groups or an [NHS forest](#), and provide [Nature On Prescription](#). An invaluable network of professionals to connect with is [Eco-CAMHS](#), and a highly recommended course is [Nature-Based Training for Psychiatrists](#), developed in collaboration with the RCPsych Planetary Health and Sustainability Committee.

4. RCPsych Sustainability Scholars

You could apply to be a [Sustainability Scholar](#), meaning you would spend your special interest day working with the RCPsych Sustainability and Planetary Health Committee. The role emphasises advocacy, leadership and practical change, with opportunity to develop these skills with mentorship and dedicated funding. Here, two former Sustainability Scholars comment on their experiences in the role:

5. Networks and advocacy

"I don't think that, before receiving this award, I had realised that I could combine so many things that I feel passionately about and call it work"

– Dr Kathryn Speedy, Green Scholar 2020–21

"The principles of sustainable healthcare align with how I want to be as a clinician so it seemed like the perfect place to focus my special interest. I had already begun a gardening project and made connections in my local trust which had been positive and I wanted to be able to continue this."

I think it is a great way of developing an understanding of the field, meeting lots of engaged and interesting people, and having the opportunities to be part of things you might not necessarily find in your day-to-day work."

A particularly memorable moment was after a presentation I delivered to members of the forensic network at CCQI. Someone approached me to say she hadn't planned on attending the talk as she felt it was not relevant to her work, but that my presentation had completely changed her mind."

– Dr Jessica Ball, Green Scholar 2022–23

Working on projects can be deeply fulfilling, and can even help you to cope with your own climate distress. However, it can be overwhelming if you feel like you're trying to make change on your own.

Activism and advocacy groups can be an invaluable source of support and collaboration both in and outside of work. [PsychDeclares](#) is a UK-based group of mental health professionals who are taking action to address the climate crisis, but there are also many [other groups](#) you could check out.

Contact philippa.clery1@nhs.net with any comments or questions.

Neuropsychiatry:

Making neuropsychiatry accessible

Dr Laith Alexander and Dr Mary-Ellen Lynall discuss the growing need for psychiatrists to be better educated in neuroscience and the dedicated neuroscience textbook for psychiatrists they have helped to develop to make this more achievable.

About the authors:



Dr Laith Alexander is an Academic Clinical Fellow in Translational Psychiatry at King's College London. His research interests include the neural mechanisms of emotion and antidepressant action.



Dr Mary-Ellen Lynall is a Clinical Lecturer in Psychiatry at the University of Cambridge. Her research uses genetics and cellular phenotyping to investigate the causal role of the immune system in depression and psychosis.



We have an increasingly in-depth understanding of the biological basis of psychiatric problems. Through studying the brain, we gain insights into the underlying causes of psychiatric disorders and develop more effective treatments. Over the past century there has been an exponential growth in our understanding of how the brain works. While much of this understanding has yet to be translated into better outcomes for patients, this is set to change. In the past decade or so, we have seen an emerging group of therapies derived directly from preclinical neuroscience research which have proven to be effective in patients.

Traditionally, psychiatry has been concerned with disorders of the brain with unknown aetiology. Disorders with a known aetiology or clear pathological markers have typically shifted to the province of neurology once some 'biology' – such as an underlying lesion, a monogenic cause, or a causative

microorganism – is discovered.

Modern neuroscience directly challenges this status quo. There are clearly biological changes driving symptoms in psychiatry, albeit more complex, multifactorial, and intertwined with our psychosocial environment and experiences. Psychiatry is becoming a specialty where genetics, neural circuits, connectivity, and physiology are playing critical roles in our understanding of disease pathogenesis.

It has become clear that many 'causes', circuit alterations and biomarkers transcend traditional diagnostic boundaries – for example, many genetic variants are risk factors for multiple psychiatric disorders. In this vein, strategies have been developed to better link subjective symptom experience and underlying neural substrates. One example is the Research Domain Criteria (RDoC), a framework from the US National Institute of Mental Health which encourages researchers to focus on understanding basic biological and cognitive processes (e.g.

brain circuit dysfunction) rather than focusing on diagnostic categories.

Integrating knowledge of contemporary neuroscience with clinical skills will be key for future psychiatrists, as the number of diagnostic tools is rapidly expanding. For example, anti-brain antibody testing and neuroimaging are increasingly used in clinical practice, and genetic panels for genomic deletions, as well as polygenic risk scores to capture an individual's risk of any given disorder, will likely come into clinical use over the next decade. Brain imaging, genetics, neurophysiology, neuropharmacology, risk prediction tools, and neuropsychology will become increasingly important in the assessment and treatment of patients. These tools enable a better understanding of how subjective experiences link to the 'neural substrates' underlying psychiatric symptoms. Greater use of biomarkers could also allow more personalised treatment strategies, where treatments are targeted at identified, rather than presumed,

pathological changes. A detailed understanding of how these diagnostic tools work will be important when explaining results to patients.

Understanding the relationships between genes, neurons, circuits, behaviour and the environment will be also key when formulating the aetiology of mental illness, and psychiatrists will need to explain how any identified biological factors may reflect or interact with social and environmental exposures to lead to symptoms.

In terms of treatment, novel neuroscience-based strategies are already approved, for example, transcranial magnetic stimulation for depression and brexanolone (a GABA-modulating progesterone-derived neurosteroid) for post-partum depression. Others have shown clinical efficacy and are close to approval, such as the M1/M4 modulator xanomeline trospium (KarXT) for schizophrenia. Psychiatrists will need to understand the biological basis of a growing number of novel treatments and be able to explain this accessibly to patients.

The growing importance of neuroscience education for psychiatrists has been recognised by the Royal College of Psychiatrists, the Gatsby Foundation and the Wellcome Trust, who came together to develop the UK Neuroscience Initiative and define a new neuroscience curriculum for psychiatrists.

The imperative for psychiatrists to understand modern neuroscience was made clear, but the challenge for busy clinicians to keep up with this complex and rapidly evolving specialty was also recognised. Another drive for this effort was to stimulate better mental health research – if patient priorities and the most pressing clinical problems are to be addressed, clinically active psychiatrists need training in the latest research techniques so that they can drive research to address these key questions.

Having generated this new curriculum, the question that remained was how to make the relevant knowledge accessible to busy trainees and psychiatrists. There are many neuroscience textbooks, but most do not focus on

what psychiatrists need to know. To fill this gap, we (and 88 other authors) created The Cambridge Textbook of Neuroscience for Psychiatrists: a one-stop shop aiming to comprehensively cover the neuroscience relevant to psychiatric practice in a succinct way.

The book was written by a team of neuroscientists, psychiatrists, neurologists, neurosurgeons, endocrinologists, psychologists and geneticists, to bring together the cutting edge of translational neuroscience relevant to current and future psychiatric practice. It is aimed at clinicians who want to stay up-to-date with the latest developments in this field, and is also particularly useful for psychiatry core trainees looking to sit MRCPsych Paper A. Neuroscience is only one of the many areas of innovation and understanding relevant to modern psychiatry, and psychiatric training will always rightfully include a broad array of perspectives on mental health. But clearly neuroscience can enrich our appreciation of the complexity of mental health and will be a key route to better patient care over the decades to come.



Adjusting to life in the UK:

A ‘thank you’ letter to psychiatry

Dr Unsa Athar recounts her experience of moving to the UK for psychiatry training, and contemplates how being a part of the psychiatry training programme helped her to adjust.

About the author:

Dr Unsa Athar is currently working as a specialty registrar run through in intellectual disability, under the North West School of Psychiatry. Her deeply rooted love for psychiatry brought her to the United Kingdom in the February of 2023. She loves to read and sometimes write. She hopes that she may be able to use these tools to de-stigmatize mental illnesses.

“The act of writing itself also helped. Putting words on a page – whatever they are – means there are fewer of them jangling around inside your head.”

This is what Adam Kay writes in his new book ‘Undoctored – The Story of a Medic Who Ran Out of Patients.’

I have learnt that as doctors we need both humour and rationalisation to deal with the harsh realities of our line of work, and there are many ways we can try to do this. For example, I am a psychiatric trainee, new to the United Kingdom, who feels like a fish out of water – and writing this article is one way I am



Dr Unsa Athar

able to make sense of the world around me.

Another thing I have learnt is that when you are sitting in your room and trying to pack your entire life in two bags (weighing 23 kgs and 7 kgs respectively) to head to a new country, the weight is going to double by the time you land. This

is because at the airport before you leave, your luggage will be further weighed down by the tears of your mother; a mother who is extremely joyful about your success, but also heartbroken at seeing her life’s hard work moving away.

When you arrive in this new country (perhaps for the first time in your life, if you never travelled abroad as a child or young person), you see people of all races and creeds roaming around so comfortably. Your shoulders start hurting with the expectation of blending in. You feel if you do not blend in fast enough, you will be an inconvenience to the system that did you a favour by inviting you in.

And you spend day after day thinking that you are the only one experiencing all these feelings. Your other ‘BAME’ friends tell you it is normal. And that they went through the same thing when they came here years ago. But you feel that the void inside is too big for anyone to understand. It is not until a British man sitting in an occupational health

office tells you that it is okay to feel that way, that you feel validated.

“I see you,” said the senior occupational health practitioner. And if you are anything like me, you will know how impactful those words can be. I thought to myself: “They see me. The pain of immigration is real.”

And while I sit here and write about this, I wonder if accessing help would have been that easy if I had not chosen psychiatry.

You cannot express to a consultant psychiatrist that you are depressed (or possibly have adjustment disorder) and expect them to say “Well, that is not real”.

The training scheme is kind. The psychiatry fraternity is kinder.

In my previous job before becoming a trainee, I was once the only person of colour during a multidisciplinary meeting for a service user. Imposter syndrome or not, you start internalising that you would stand out like a sore thumb in most rooms.

But then I started training. For me, this began as a tick box exercise: attend teaching, present a case, go to a Balint group. But the more I tried to achieve the High-Level Learning Outcomes, the more settled I felt in myself. I first felt a true sense of camaraderie on the day of my case presentation when my Balint peers and I had an in-depth conversation regarding my skills. I felt seen yet again. “I am important enough to be listened to.” It was surreal.

As a specialty, psychiatry rarely operates with the same sense of urgency that might haunt an emergency room. And this atmosphere is reflected in its training programme as well.

The psychiatry training programme deeply appreciates the importance of differential attainment. As psychiatrists, we understand the importance of cultural psychiatry. And psychiatry training programmes place great importance on ensuring that International Medical Graduates gel with the system whilst maintaining their own individualised identity.

I am not aware of other deaneries, but the Northwest has commendable diversity in its workforce. I would have lost my sanity before I could even put this down in writing if it were not for the Director of Medical Education at Mersey Care, Dr Indira Vinjamuri, who talked to me one on one and was able to bring a first-hand experience of the issues that were affecting me.

A sense of accomplishment in its purest form came to me when we had an asylum seeker – from my country – on the ward as a patient. He was struggling to understand his new reality. I was able to build a strong rapport with him because we shared a similar (yet still very different) kind of despair – our inner children were resisting the metamorphosis of immigration. Having this sense of community helped me build a stronger therapeutic relationship with patients. My struggle brought meaning to my work.

In the world of psychiatry, our individual life experience builds bridges between us and our patients. So, I say this to all the immigrant doctors wanting to dip their toes into the sea of psychiatry: You will feel welcomed here.

[#ChoosePsychiatry](#)