

Issue 9  
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RC  
PSYCH  
ROYAL COLLEGE OF  
PSYCHIATRISTS

# RCPsych INSIGHT



RCPsych  
in Scotland

PRESIDENTIAL ELECTION  
PULL-OUT INSIDE

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# COLLEGE NEWS IN BRIEF



## President's update

Professor **Wendy Burn**

Welcome to this latest edition of *Insight* which heralds in autumn. This year there is more fruit than I can eat or store in my Yorkshire garden and the plums are breaking the branches of the tree.

This issue highlights work by RCPsych in Scotland, which has gone from strength to strength during its 25 years. The development of the devolved council and the extra resource put into the office has hugely improved its ability to influence. Its impact isn't limited to Scotland – the current chair, Professor John Crichton, took his message about safer round-ended knives to a 10 Downing Street summit on tackling youth violence. Let's hope that in these difficult political times they listen to him. Physician associates also feature. Our Choose Psychiatry campaign, together with all your work on recruitment, has increased the numbers going into core training in psychiatry. In the shorter term, the good news is that the number of physician associates working in mental health is growing. Where I have visited services employing physician associates, they make a big difference to the care we provide patients. The College is working to encourage more of them to join us. Sit back and enjoy the read... and let me know if you would like a plum to accompany it.

## Baby steps in Northern Ireland

Service provision for mothers and babies in Northern Ireland will receive a small but welcome boost following months of lobbying by the College.

From this autumn, midwives, health visitors, social workers and psychologists, among other professional staff, will receive specialist training delivered by RCPsych in Northern Ireland working on behalf of the Public Health Agency. For nearly two years, the College's Perinatal Faculty has led calls for urgent investment to be made to establish specialist maternal mental health care across the country. Recent reports show that 80% of women and families in Northern Ireland have no access to support, despite around one in five new mothers having a mental health condition. The lack of provision

means that women who require admission to hospital because of mental illness have to be separated from their baby.

In April, a coalition of health bodies led by RCPsych in Northern Ireland called on senior officials to release the resources necessary to address the 'gross inequality' between specialist perinatal services in Northern Ireland and the rest of the UK.

Dr Julie Anderson, chair of the Perinatal Faculty of RCPsych in Northern Ireland, welcomed the funding but highlighted that there is still a "long way to go if we're to get on track". "It is inexcusable that in Northern Ireland we lag so far behind the rest of the UK in the development of much needed specialist services."



For more on how sleep fits into the government's plans for disease prevention, and its powerful but unexplored role in psychiatric training and practice, turn to pages 14-15.

## Courting psychiatrists

Are you a consultant psychiatrist with at least 20 days a year to offer? Are you interested in becoming a mental health tribunal doctor?

The expertise of psychiatrists is sought to help decide if patients in England who are compulsorily detained in hospitals can be safely discharged, as well as any changes to conditional discharge, guardianship or community treatment orders. Applications to join the First-tier Tribunal, Health Education and Social Care Chamber (Mental Health) open on 13 November. Tribunal panels are made up of three members – one legal, one medical and

one specialist lay member – all of whom participate in the hearing and decision. This is a good opportunity to use your skills in a different setting or after retirement while earning money (the current fee is £497 per day). Former RCPsych President Professor Simon Wessely says: "It's essential that we attract good candidates to this vital job." Consultant psychiatrists who have been in post for at least three years, who are an RCPsych member, fellow or specialist associate and who have unconditional registration with GMC (a licence to practise is not required) can find out more and apply at [www.judicialappointments.gov.uk/vacancies/150](http://www.judicialappointments.gov.uk/vacancies/150)

## Meet the president

Amid all the talk of elections, we can announce that three candidates (Professor Kam Bhui, Dr Adrian James and Professor Pamela Taylor) are standing to become our next president.

Information on the candidates and how to get involved in the election can be found in the insert in this magazine.

For the first time, members will be able to meet the candidates at a hustings event taking place at RCPsych's London HQ on 3 October and from November you can quiz them online.

## Pride of the profession



Professor Femi Oyeboode

This July, in the midst of what was the busiest and most stimulating International Congress yet, RCPsych paused to honour some of its most distinguished members. The 2019 awards ceremony saw five inspirational men and women appointed honorary fellows, and seven awarded the President's Medal.

Among those given honorary fellowship were Professor Femi Oyeboode, whose expertise in psychopathology – as well as his passion and ability to capture an audience – was on display the following day as he delivered his keynote to Congress.

President's medal winners included Diane Goslar for her work on alcohol dependence, neuroscientist Dr Sarah Caddick, and freelance journalist Hannah Betts whose writing has helped to break the stigma associated with depression and antidepressants.

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**Want to contribute or offer feedback?**

Send in your suggestions to [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk)  
#RCPsychInsight

# Your Insight



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

Public concern about the environment has reached record levels in the UK, so it has been good to see discussions on social media about RCPsych's commitment to respect the environment and promote sustainability, which form part of our values. Chair of RCPsych in Scotland, Professor John Crichton, kicked things off by tweeting about our efforts to reduce waste:

**John Crichton**  
@JohnHMCrichton

"Working lunch @RCPsychScot – and NO PLASTIC"



President Wendy Burn confirmed that the College has rid its offices of single-use plastic, which led to this question:

## What about RCPsych's magazines and their plastic wrappers?

This is something that we at *Insight* are working on as part of our efforts to reduce our environmental impact. We have just switched printers to Gloucester-based firm Severn, which takes its environmental responsibilities very seriously. Its entire operation is powered with 100% renewable energy, it has minimised its chemical and water use and seriously reduced waste. It means that the magazine you hold in your hand is greener than ever. We are now looking into the best option to replace the plastic wrap.



Nurse consultant Mary Yates and Dr Emily Finch, vice-chair of RCPsych's Addictions Faculty

# Time to quit

People with severe mental illness are more likely to smoke and more likely to die young than everybody else. But some see a reluctance among psychiatrists to encourage their patients to quit smoking, even though the benefits of going smoke-free are undeniable.

**F**ewer than one in six adults in the UK is a cigarette smoker. Smoking is now at its lowest level since records began. But there is one section of the population where the proportion of smokers has remained stubbornly high. Around 42% of people with severe mental illness (SMI) smoke, a level not seen in the population at large since the 1970s. At the same time, people with SMI die on average 17 years prematurely, with smoking being the largest preventable cause of early death.

## "Our patients see smoking as a burden and they want a way out"

RCPsych has been pushing for concerted national and local action to tackle this glaring inequality. A 2016 report, *The Stolen Years*, published by the College and 26 other

organisations including Action on Smoking and Health, set a target of reducing the rate of smoking among people with SMI to 5% by 2035. The following year, many of the report's recommendations were included in the government's tobacco control plan for England. The latest Prevention Green Paper, published this July, also proposes that resources be focused on reducing smoking rates among those groups most in need, such as people living in mental health institutions. The College continues to press for health services to take the problem seriously. Dr Peter Byrne, consultant liaison psychiatrist at the Royal London Hospital and RCPsych's lead for public mental health, wants to see a "drive to move smoking up the agenda in every clinical interaction. My wish is for clinicians to be asked about their smoking training and practice at appraisals." South London and Maudsley NHS Foundation Trust (SLaM) has had its smoke-free policy in place since 2014. In that time, the rate of smoking among mental health in-patients has declined from 62% to 47%. Staff have quit smoking in even greater numbers, with only 9% of the trust's employees still lighting up.

It hasn't been an easy ride. Nurse consultant Mary Yates, who leads the implementation of SLaM's smoke-free policy, says she encountered "fierce resistance" at first. There was an entrenched belief that smoking was helpful for people with SMI and that pressing them to give up risked provoking violent incidents. However, there has actually been a significant reduction in physical assaults on in-patient wards since the policy was introduced.

So what changed people's minds? "I started recording the amount of time that nurses were spending facilitating smoking," says Mary Yates. "I found that every day in every ward, each nurse was spending 2½ hours helping people to smoke. I said to them: 'Is this what you want to do – help people develop preventable disease and die young?' Making them feel uncomfortable motivated them to change, and I still have nurses saying to me, 'Why didn't we do this sooner?'" "The whole discourse on wards has changed," says consultant psychiatrist Dr Emily Finch, who runs SLaM's addiction services and is vice-chair of RCPsych's Addictions Faculty. "Wards always used to be run around fag breaks, and now they're not. When I was training, people believed that smoking made mental health better

and that patients would get worse if they gave up. We now have good evidence that that's not true. If anything, people's depression and psychosis get better when they stop smoking."

Quitting smoking also saves money. "Our patients are trapped in poverty," says Yates. "They spend about one third of their disposable income on cigarettes. They see smoking as a burden. And they want a way out, which is why about 60% of our patients consent to tackling their smoking while they are with us, even people coming into acute mental health care settings." Dr Finch says that of her patients, those with other addictions have the highest rates of smoking – up to 88% are smokers. "We do a lot of smoking harm-reduction," she says, "which is essentially a concept borrowed from addiction services. Rather than insisting on people quitting, we help them reduce the amount they smoke and change the way they get their nicotine. E-cigarettes (or vapes) are a big part of that. We won't stop everyone smoking, but we are often able to help people use nicotine in a safer way."

Last December, RCPsych published a position statement, authored by Dr Byrne and Dr Andrew Roney, calling on psychiatrists to give more consideration to prescribing varenicline, a medication effective in helping people to stop smoking. E-cigarettes were also recommended as part of a cessation strategy. "Very few psychiatrists are prescribing varenicline," says Dr Byrne, a view borne out by a study published in July by researchers at the universities of Bristol and Bath. It found that smokers with mental health conditions were 31% less likely to be prescribed varenicline than the less effective nicotine-replacement therapy (NRT) compared with those without mental illness. Yates agrees: "I would also like to impress on psychiatrists how important it is to consider varenicline as a treatment option. Its use in the mental health population shouldn't be restricted." Indeed, the broad range of drug and psychological interventions now available make reducing tobacco-related harm among people with SMI an achievable goal.

RCPsych's position statement on varenicline (PS05/18) can be found by searching 'varenicline' at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)



Dr Mayura Deshpande, chair of the College's Professional Practice and Ethics Committee

# Prevent **conflict**

As the government embarks on a review of its flagship counter-terrorism strategy, Prevent, we look at the ethical considerations it presents to psychiatrists.

**E**arlier this year, the government announced its intention to review its flagship counter-terrorism strategy, Prevent, which aims to stop people becoming terrorists or supporting terrorism. Controversial from the start, Prevent has been accused of having a chilling effect on free speech, encouraging discrimination and pressing public sector workers – psychiatrists included – into being unwilling agents of the police and security services. This refers to the duty under Prevent since 2015 for NHS trusts, as well as schools, prisons and local authorities to report concerns about people who may be at risk of turning to extremism. In response, RCPsych published its position on Prevent in 2016, following up with supplementary guidance in 2017 that discusses the ethical dilemmas this duty presents to psychiatrists and how the profession can navigate them. Its lead author, Dr Mayura Deshpande, chair of the College's Professional Practice and Ethics Committee, highlights a key concern for many: the impact of Prevent

on the therapeutic relationship between patient and psychiatrist. "We are only in that space because the patient is unwell and lets us in," she says. "We are then asked to use that therapeutic privilege to alert non-health agencies to concerns of radicalisation." The College's guidance speaks to this concern and in particular the possibility that, under Prevent, psychiatrists may have to breach confidentiality and share information about patients without their consent. It cautions that practitioners must be satisfied that there are significant concerns about public safety and that there is an absolute necessity to disclose information to non-healthcare agencies before breaching confidentiality. Dr Deshpande also has reservations about the lack of evidence for the effectiveness of interventions under the Prevent strategy. She welcomes the comments of Lord Carlisle, appointed in August to lead the review, that he intends to "look at the evidence of what is and isn't working". "If Prevent had some science behind it and was evidenced for interventions," says

Dr Deshpande, "we might find it slightly easier to engage with." The College's guidance reminds psychiatrists that any interventions designed to treat a patient's propensity to commit terrorist acts must be evidence-based and suitably validated. Dr Deshpande also thinks Prevent needs to be "driven and shaped by the experience of those affected". There is widespread criticism that the strategy disproportionately affects people of Muslim faith or background. Concerns related to Islamist extremism make up the highest proportion of referrals to Prevent, although the number of people referred over concerns about far-right activity has risen by more than a third. The risk of stigmatising whole communities, not just individuals, is noted in the College's guidance. As is the potential to mistakenly conflate the psychological difficulties often found in people convicted of acts of terrorism with mental illnesses. Add to that the pressure from being asked to provide insight into the mind of an individual suspected of terrorism, and it is clear that Prevent presents a range of ethical dilemmas for psychiatrists. The College advises that, in these circumstances, psychiatrists need to discuss concerns with colleagues and peers and further advice can be sought from RCPsych's Professional Practice and Ethics Committee.

RCPsych's position statement on counter-terrorism (PS04/16) and supplementary guidance on ethical considerations (PS04/16S) can be found by searching 'Counter-terrorism and psychiatry' at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

# Celebrating 25 years of RCPsych in Scotland

This October marks a quarter of a century since the Royal College of Psychiatrists in Scotland first opened its doors. We look back on some of its most significant milestones during this time.

## 1994 Administrative independence

Lobbying by RCPsych's Scottish Executive, including Dr Ian Pullen, pays off. The Scottish division hires staff and opens an office, initially just a top-floor room in the building of the Royal College of Physicians of Edinburgh.

## 1995 Getting to know us

The first of RCPsych in Scotland's enjoyable annual residentials takes place. A plane full of Scottish psychiatrists heads to Stornoway in the Western Isles.

## 1999 Everything changes

The Scottish Parliament returns for the first time in nearly 300 years. RCPsych in Scotland sets up the Cross-Party Group on Mental Health, driven by Dr James Hendry. It will provide its secretariat for the next 19 years.

## 2000 A powerful voice in parliament

RCPsych in Scotland is heavily involved in the creation of the UK's first mental incapacity legislation, one of the first Acts of the new parliament.

## 2003 Legislative progress

Scotland's first rights-based mental health legislation is introduced. It comes on the back of 'See Me', a programme the College helped initiate to end mental health stigma and discrimination.

## 2005 Expanding and upskilling

New laws increase demand for trained and certified psychiatrists. From its new and larger premises on Edinburgh's Queen's Street, the massive task begins.

## 2007 Help for the vulnerable

RCPsych in Scotland helps shape new legislation that improves protection for vulnerable adults.

## 2019 Reducing harm

Current chair Professor John Crichton campaigns for solutions to knife crime – including safer, redesigned kitchen knives – taking the message to No 10 Downing Street.

## 2018 Battling the booze giants

Scotland becomes the first country in the world to set a minimum price for alcohol – a huge win for the College, led by Dr Peter Rice, and public health community against the powerful drinks industry lobby. Its positive impact is already being felt.

## 2015 Perinatal boost

RCPsych in Scotland campaigns for better maternal and early years mental health services. A £50m government investment in perinatal mental health services follows within four years.

## 2014 Louder together

Scotland's mental health sector comes together to form the Mental Health Partnership, led by RCPsych in Scotland chair Dr Alastair Cook. It still hosts it today.

# Next generation

How the College is securing the future workforce through the Choose Psychiatry campaign and other initiatives.

**T**here has never been a more crucial time to encourage people to work in mental health. Demand for services is rising, while staff shortages have an impact on patient care and staff morale. An insufficient workforce is also recognised as one of the biggest obstacles to achieving parity of esteem.

The challenge has largely been understood in government and in 2017 it set out a plan to increase the mental health workforce by an additional 19,000 posts by 2020/21. RCPsych is working closely with official bodies and other partners to encourage more – and different – people to choose to enter the sector. Our efforts are concentrated on recruiting more trainees, getting a better understanding of what influences doctors to choose psychiatry, and finding innovative ways to increase capacity, such as through physician associates. Choose Psychiatry, RCPsych's central recruitment campaign, is working well, with the number of junior doctors choosing to

**“We knew that physician associates would be valuable in a mental health setting”**

train in psychiatry now at an all-time high. The latest official figures show a 92% uptake across Great Britain, with 446 of 483 available places taken by junior doctors wanting to specialise in mental health. This compares with a 69% fill rate in 2017, the year RCPsych's Choose Psychiatry campaign was launched. Wales has now reached its highest ever rate, with a 100% uptake this year, a figure mirrored in seven of the 11 English regions, with the North West filling all its positions for the first time. To keep up the momentum, a new Choose Psychiatry film is currently in production. Through real-life but anonymised stories of

how psychiatry has helped people, the film will showcase the incredible variety a career in psychiatry offers. Psychiatrists have been involved in its production, including helping to source the stories, and a few are even set to star in it. While the current recruitment figures are encouraging, the number of medical students opting for a career in psychiatry is not increasing at the rate of many other medical specialties. In response, the College has embarked on a project to understand what interventions at undergraduate level might increase the likelihood that students will choose psychiatry.

A forthcoming report, *Choose Psychiatry; Guidance for Medical Schools*, reveals what can be done. It contains a series of practical actions that we will share with medical schools to increase students' interest in psychiatry. These include featuring psychiatry throughout medical school – particularly in the early years, organising high-quality psychiatry placements, raising the profile of psychiatrists in undergraduate education and setting up enrichment activities based on good practice in the UK.

The College is optimistic that these and other interventions will continue to draw people into the profession. At the same time, though, RCPsych recognises that we need to look

beyond the 'traditional' pool of professionally regulated staff if we are to meet growing demand for mental health services. As a result, the College is working with Health Education England to find ways to expand new roles in mental health, such as physician associates. An idea that originated in America, physician associates are healthcare professionals with a general medical education who work alongside doctors as part of multidisciplinary teams. Under appropriate supervision, they can give pain relief, conduct basic tests and carry out procedures such as administering IV fluids. In a mental health setting, a physician associate's skills to support the physical health care of patients allows more senior staff to work to the top of their skill set. They can also provide valuable continuity and stability for both patients and mental health teams.

The government envisages a large growth in the number of physician associates from the relatively small numbers entering the system today. Indeed, the government's plan is for 8,000 of the 19,000 additional mental health posts to be made up of new roles: peer support workers, personal well-being practitioners, call handlers and nursing associates, as well as physician associates. There are currently around 450 graduate physician associates in the UK workforce, but only 20 or so who work in mental health. The

total number is expected to reach 3,000 in 2020 and the College would like to see 10% of these choosing to work in mental health.

One of the earliest trusts to embrace this change is Mersey Care NHS Foundation Trust. It embraced the two-year postgraduate training of physician associates by organising a well-structured two-week placement within mental health services. After a focused recruitment campaign, it employed three physician associates in in-patient services. Its Acting Medical Director, consultant forensic psychiatrist Dr Arun Chidambaram, explains why they decided to introduce physician associates: "We knew that they were working well in acute hospitals and saw that there were interventions and procedures that meant they would be valuable in a mental health setting," he says. At first, there were valid reservations expressed by trainers who felt that physician associates represented an additional burden when it came to training. This was averted, explains Dr Chidambaram, by staging the training and making it easier to manage. At the same time, the benefits to the team became increasingly obvious.

"It has taken time for senior staff to have the

confidence to put the physician associates into the gaps, but they have been very useful in managing staff shortages, particularly in August when we are thin on the ground," he says.

Equally important, though, is the crucial role they are playing in improving patients' experience in hospital, as Mary-Anne Feely, one of the physician associates now employed by the trust, explains. "We act as a link between clinicians, dieticians, therapists and the service user for that person's overall wellbeing," she says. "Being based in one place means we have time to get to know people, see how they are each day and pick up on any issues. It's little things like helping them keep appointments which often goes by the board when someone is unwell." Dr Chidambaram highlights that as physician associates look after patients' physical care, they see them regularly. "This makes them feel physically better but also provides valuable continuity – improving the patient experience."

The Choose Psychiatry campaign, including the new film due out later this year, can be viewed in YouTube and at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)



Choose Psychiatry campaign films feature case studies from a variety of specialties, such as CAMHS, with real-life psychiatrists and actors playing patients



Dr Arun Chidambaram

**R**ehabilitation psychiatry is the life's work of Helen Killaspy. And in April, her contribution was recognised by the European Psychiatric

Association, who awarded her the prize for 'outstanding achievement by a woman in working to improve mental healthcare in Europe'.

"It's a lovely accolade," she says, "to be recognised after 20 years of plugging away at a field that is not the most popular end of mental health science. Trying to do research around rehabilitation is, by definition, focusing on a really difficult-to-treat and difficult-to-reach group of people." Helen Killaspy is Professor and Honorary Consultant in Rehabilitation Psychiatry at University College London, and Camden and Islington NHS Foundation Trust. Her research aims to find out what works best in helping people with particularly complex mental health problems to recover.

She has also developed service quality assessment tools that are now widely used in the UK and internationally. She is currently advising NICE on the development of its first guideline on mental health rehabilitation, due in 2020. Rehabilitation psychiatry targets people with the most severe mental health difficulties. Most have psychosis or bipolar affective disorder. "These are usually people who haven't responded well to first- and second-line treatments and interventions, so they remain symptomatic," says Professor Killaspy. "But often, the biggest problem is function rather than symptoms; they struggle with everyday life. They are likely to have had recurrent hospital admissions, where they're discharged and everything gradually falls apart again. But on average, it is 10 years before they are referred for rehabilitation. We're trying to identify those people who are struggling much sooner so they can get specialist rehab much earlier. "Most people are referred to rehabilitation services from an acute in-patient ward. On average, they will need nine to 12 months in an in-patient rehabilitation unit before moving into the community – often to supported accommodation." Professor Killaspy has just completed a national research programme looking at mental health supported accommodation services.



Professor Helen Killaspy is a leading researcher in rehabilitation psychiatry

## Finding the path **to recovery**

Rehabilitation and recovery are key elements of psychiatry. But we don't always know what works best for people, especially those with severe and complex problems. Psychiatrist Professor Helen Killaspy and peer-researcher Angela Kinn discuss the importance of research.

### **"There's so much that is unexplored"**

"With the right support," she says, "most people will be able to graduate to more independent accommodation over time." Where this pathway is followed, Professor Killaspy's research shows that 70% of people discharged from an in-patient rehab unit are still doing well after five years, with no relapses or

readmissions. "It's a very high success rate," she says. "And even for the third who don't make it out in the nine-to-12-month timeframe, only one or two will have such complex problems that they don't progress well over the longer term." Despite this, in the past 10 years, more than a third of NHS rehab services surveyed by RCPsych have reported disinvestment, leading to a loss of beds. The Care Quality Commission (CQC) reported last year that just over half of all in-patient rehab beds are now provided by the private sector, the quality of which is another area Professor Killaspy plans to study. "Private rehabilitation units are also

often a long way from home," she says. "That means people are disconnected from their families, their local area and the teams who will be working with them in the future." The result is that they get stuck – the data shows that the length of stay in a private unit is twice that of a stay in an NHS rehab unit. The 'Getting it Right First Time' initiative from NHS Improvement aims to tackle the problem, identifying those people who are in out-of-area private rehabilitation beds, and investing in local rehabilitation services and supported accommodation to bring them back into the local system. "It's an exciting development," says Professor Killaspy, though she likens it to "turning a juggernaut around". While conducting studies into rehab services, Professor Killaspy is also actively involved in the North London Service User Research Forum (SURF), which she co-founded in 2007. SURF was one of the first projects to consult service users when planning research

and to involve them as researchers. Someone who also believes passionately in the involvement of people with lived experience in mental health research is Angela Kinn. She works as a peer-researcher for the mental health charity the McPin Foundation and is working on a study of patient and public involvement in the research conducted at Central and North West London NHS Foundation Trust. She also works directly with service users at a Recovery College, finding evidence for effective recovery tools.

"I have significant lived experience of mental health difficulties," she says. "I'm now in recovery and, as a recovering person, I ask different questions to those a psychiatrist might ask. Involving peers or recovering people is effective because they know the subcultures. So, if you're working with homeless people who've got addiction and serious mental health problems, you might ask people who have been through something similar on their recovery journey to negotiate, so you can engage them and get them on your study."

Without such peer work, Kinn believes that major issues go unresearched. For example, she says, it's all very well spending

money on finding new and improved drug treatments, "but I see a lack of research on why people don't take the meds that took years of research to develop."

Involving people with lived experience in research means "you're much more likely to get really good studies," she says. It isn't always easy. Stigma and discrimination are a large part of the problem. Research can also be seen as disruptive – for both healthcare professionals and patients – and the gains aren't immediate.

For both Angela Kinn and Professor Killaspy, however, quality research is key to understanding how to improve services and interventions. "It's also about making sure that scarce resources are well spent," says Professor Killaspy, "especially for those with particularly complex and longer-term problems."

Kinn delivered the same message at a recent RCPsych event. "I want to encourage clinicians to do research. I see an avalanche of anecdotes, but when I search for research papers to explain something I've seen in my work, I can't find any. At first, I was shocked. But now, I know it's because there's so much that is unexplored."



Angela Kinn champions using expertise from experience in mental health research



# Congress conversations

A look back at our most highly attended International Congress to date.

**E**arly in July, dozens of speakers and more than 3,400 delegates came together from 65 countries and all corners of the UK to share their research, practical knowledge and lived experience at RCPsych's International Congress. For four days they posed difficult questions, questioned popular assumptions and gave voice to marginal views. Discussions didn't just take place in the seminar rooms and quiet corners of London's Excel Centre, but also online. Over 2,500 shared their thoughts on social media and Congress clocked up over 15,000 tweets. Here are some of the most memorable and moving moments.

## Favourite moments... ✓

For many, a highlight of Congress is hearing patients and families share their stories. This year, we had the privilege of listening to expert by experience Sally Smith (@salbod1985), who spoke powerfully about her experience of trauma, including in the mental health system. We also learnt from Chloe Carter (@ChloeCInspired) who gave a personal account of how she committed an offence after experiencing mental health difficulties, and how she benefited from being given a community order with a mental health treatment requirement in

place of a custodial sentence. Congress also heard from journalist and TV presenter Mark Austin and his daughter Maddy, who talked about their experience of her anorexia. "Incredibly movingly", "heartbreaking", and a "powerful personal account of a family struggling with anorexia" are just some of the ways delegates described the session. Austin, a foreign correspondent for 15 years covering wars and natural disasters, summed up the courage it can take to share personal experience of mental illness, particularly in a room full of psychiatrists:



**Mark Austin** ✓  
@markaustintv

Terrifying! Daughter and I just spoke to 700 psychiatrists at #RCPsychIC. Never felt body language more analysed, scrutinised or judged 🙄



Congress attendees joining in on and offline

## Liveliest debate ✓

Some topics demand to be opened up to the floor, and this was true of Congress's cannabis debate. With the aid of technology, the audience in the huge auditorium was able to vote and directly feed questions into the debate: 'The use of cannabis for recreational purposes should be legalised'. In favour, Baroness Molly Meacher, chair of the Lords All Parliamentary Group for Drug Policy Reform, proposed that legalisation and regulation would enable a legal supply of safer forms of cannabis for recreational use. Speaking against, Professor Robin Murray described the increase in use and potency of the drug since it was legalised in Colorado, where he noted there are now "more 'pot shops' than McDonald's". The audience was swung by the arguments against legalisation, with a slim 'no' lead before the debate extending to nearly two thirds of the audience at its conclusion.

## Making the invisible visible ✓

"The only way people can find each other is through visibility," said Dr Elinor Hynes in a session organised by the College's Rainbow (Sexuality and Gender Diversity) Special Interest Group (@rcpsychRainbow) on the importance of LGBTQI visibility in psychiatry. There was enormous support in the room for her thoughts on how lived experience of being queer can benefit psychiatric practice. "It also gives permission for allies to ask questions and learn from us," she said.



**Alexis An Yee** ✓  
@Alexis\_AnYee

This talk went straight to my heart – seeing Dr Hynes there, standing on stage, proudly queer & non-binary – means more than people can imagine. Thank you.

## Uncomfortable conversations ✓

President Wendy Burn (@wendyburn) chaired a session on how psychiatry deals with adverse reactions to psychotropic medication, including akathisia. Congress heard from campaigner Wendy Dolin, whose husband suffered unbearable mental and physical restlessness after taking antidepressants, and took his life. Many attendees were grateful for her presentation, which included information on identifying and responding to akathisia, and commended RCPsych for giving her a platform.

## Something I didn't know before Congress... ✓

"The entry of women into psychiatry was once considered potentially harmful for their breast tissue and breastfeeding abilities". This gem of a fact came from College Dean Dr Kate Lovett's fascinating talk, 'Where Were All the Women?' on the history of women in medicine. "It's easy with the benefit of hindsight to look back and think how ridiculous," said Dr Lovett (@DrKateLovett).

## Continuing the conversation ✓

A masterclass in social media and blogging gave attendees the opportunity to put some faces to some of the most active mental health professionals online. André Tomlin, aka The Mental Elf (@Mental\_Elf), presented his do's and don'ts on tweeting, from the basics of remembering your clinical responsibilities to choosing your conversations wisely and knowing when to leave. Dr Sara Rowe (@KiwiRoweBot), a lecturer in mental health sciences, gave top tips on blogging and creating content for a lay audience, while Dr Derek Tracy (@Derektracy1) of the *British Journal of Psychiatry* noted the networking benefits from having a social media profile.

To continue the conversation, follow the College on twitter (@rcpsych), Instagram (@thercpsych) or Facebook (@RCPsych), as well as the many twitter accounts mentioned in this article.



Dr Hugh Selsick, chair of RCPsych's Sleep Working Group

**W**e are in the middle of a global sleep-loss epidemic," says Professor Matthew Walker, neuroscientist and world-leading sleep researcher. This might sound hyperbolic, but in his internationally bestselling book, *Why We Sleep: The New Science of Sleep and Dreams*, Walker carefully sets out a heavily evidenced and detailed account of how sleep deprivation profoundly affects every aspect of our mental and physical health, and how it affects more people than ever.

The mainstream popularity of the book speaks to a growing general interest in the subject. And now, insufficient sleep is on the UK government's radar as a public health issue. A recently published green paper on disease prevention has warned of the damage from not getting enough sleep – judged to be between seven and nine hours – naming depression and anxiety in the list of associated problems. The increased attention that sleep is getting is welcomed by Dr Hugh Selsick, chair of RCPsych's Sleep Working Group. He set up the group some 12 years ago

## Wake-up call

People with mental illness are highly unlikely to experience normal sleep patterns. Yet, sleep has been given little to no consideration in terms of psychiatric training, policy and practice. It's time to wake up and change this.

**“If you ask patients what is bothering them, their sleep is frequently a huge concern”**

to promote the importance of sleep within psychiatry and create a forum for sharing knowledge and advice. For him, sleep is a top priority that is central to mental health: “If you ask patients what is bothering them, their sleep is frequently a huge concern.” Sleep is an underexplored area in psychiatric training and practice, even though numerous links have now been firmly established between sleep

disruption and depression, bipolar disorder, anxiety, PTSD, schizophrenia and dementia. It was once thought that psychiatric disorders were likely to be causing the sleep disruption. However, mounting research suggests it's a much more complicated two-way street. In general, short sleep duration is predictive of suicidal ideation, suicide attempts and suicide completion. In fact,



Professor Matthew Walker's bestselling book

research to date has not been able to establish a single psychiatric condition in which sleep is normal. In addition, sleep disorders are common but remain underdiagnosed.

“As psychiatrists we are trained to ask patients how they are sleeping,” says Dr Selsick, “but if the answer is ‘not well’ we’re not really told what to do with that information other than record it on a form. Of all the sleep disorders, nightmares are the biggest risk factor for suicide, regardless of the comorbid psychiatric condition or the severity of that condition. Asking whether patients have nightmares should be a standard part of a risk assessment.”

The growth in our understanding of sleep's role in mental health therefore has consequences both for developing care pathways and personalised care plans, as well as for broader policymaking. Admitting patients to in-patient wards could provide an opportunity to monitor and even enhance their sleep. However, as highlighted in a recent study, the frequent overnight observations of psychiatric in-patients, which remain routine in many trusts, only stand to have an adverse impact on sleep. While driven by legitimate concern over patient safety and suicide risk, this practice creates a certain paradox: in trying to reduce the risk of harm to patients in one way, we are increasing it in another through sleep disruption. For the most at-risk patients, these overnight checks can be as frequent as every 15 minutes.

“Clearly, some form of monitoring is required,” says Dr Selsick “but when it's disruptive to sleep, it's counterproductive and potentially very damaging.” Dr Selsick, therefore, supports the pledge in the new green paper that the NHS will assess its guidance on sleep for people in care settings. Potential changes could include the roll-out of ‘protected sleep time’ in hospitals, where staff leave patients sleeping unless clinically necessary. How this might affect psychiatric patients specifically is yet to be decided, but determining the boundary at which it is clinically necessary to interrupt sleep is likely to be a point of debate.

Part of improving the bigger picture, though, involves creating environments that are conducive to getting a good

night's sleep in the first place. Noise levels and light intensity, whether associated with night observations or not, play a significant role in this. And crucially, getting exposure to sufficient light levels during the day, as well as sufficient darkness at night, is required for maintaining a healthy circadian rhythm.

“Temperature, in particular, is something that receives little recognition,” says Dr Selsick, who is also the lead clinician at the Insomnia Clinic at the Royal London Hospital for Integrated Medicine. “Our body temperatures are supposed to drop at night – being too warm has a significantly detrimental effect on our ability to sleep. Benefits to patients could be huge if wards were designed to incorporate a temperature cycle.”

As a rule of thumb, Dr Selsick advocates always asking patients about their sleep, particularly after changing medication as most psychiatric medications can affect sleep. In his experience, patients deeply value it when clinicians take an interest in this, as it is often very important to them. “Brief but effective behavioural interventions for sleep can easily be incorporated into a routine out-patient consultation,” he says.

Looking to the future, Dr Selsick is keen to see the science of sleep find a formal place in psychiatric training. The Sleep Working Group is developing a syllabus to submit for consideration as part of the neuropsychiatry curriculum and they recently held a seminar at the neuropsychiatry annual conference. At next year's International Congress, they are hoping to have their strongest presence yet, focusing their seminar on practical skills to manage insomnia using simple and effective behavioural interventions, as well as pharmacological ones.

The appetite among psychiatrists for more information and guidance on sleep is clearly growing. Dr Selsick recalls that only 15 people attended the Sleep Working Group's first ever seminar. In contrast, a recent session was oversubscribed and had to be repeated to meet demand.

Sleep has always played a pivotal but overlooked role in our wellbeing. Only now are we waking up to its medical, and particularly psychiatric, significance.





Diagnosis in mental health has long been a topic for debate (Image: Wellcome Collection)

# Diagnosis debates

Does taking the long view help to resolve age-old questions around the validity of mental health diagnoses?

**T**he process of diagnosing a mental illness is seen as less definite and more fluid than in other medical disciplines. Unlike many physical diseases, there is no single test, scan or probe to determine particular psychiatric disorders and conditions. Moreover, some question the benefits of psychiatric diagnosis and of providing people with a label for their condition. Does it enable or disempower a patient? Questions like these have long fuelled discussions around the validity and usefulness of mental disorder diagnoses. A recent study by the University of Liverpool has reopened the debate by describing the classification of mental illnesses in the *Diagnosics and Statistical Manual of Mental Disorders – version 5 (DSM-5)* as “disingenuous”. Analysing five key disorders and finding such scope for variation, the study’s lead researcher, Dr Kate Alsopp, concluded: “Although diagnostic labels create the illusion of an explanation, they are scientifically meaningless and can create stigma and prejudice.” According to the study’s authors, it provides “yet more evidence that the biomedical diagnostic approach in psychiatry

is not fit for purpose”. The current approach assumes that all distress results from the disorder, they said, “and relies heavily on subjective judgments about what is normal.” Scientifically meaningless; prejudice-creating; based on flawed opinions of what’s normal – the list of problems associated with today’s diagnosis of mental illness has more than a few historical echoes. As psychiatrist and historian Dr Claire Hilton says: “In the past, too many diagnoses were made on social, cultural and moral consensus, not on scientific grounds.” For example, between 1952 and 1973 homosexuality was classified as a psychiatric disorder in the DSM, showing the effects of social factors rather than science. Other psychiatric diagnoses created to define socially unacceptable behaviours as pathological included drapetomania, defined as a ‘disease’ that ‘caused’ African-Caribbean slaves to ‘abscond from service’ (from the Greek *drapetes* meaning runaway slave); and ‘sluggish schizophrenia’, used in the former Soviet Union to detain people in mental hospitals who criticised the regime. While these examples sound preposterous, cruel and have rightly been confined to history, we need to recognise that socially constructed diagnosis still happens today

and that diagnosis needs to be underpinned more by science than consensus. In the past, psychiatric labels were often based on their presumed causes, such as ‘Zeppelin fright’ and ‘shell shock’ in the First World War, and there was a lack of specific treatment when a judgement was reached.

Dr Hilton comments on the central value of a diagnosis as a guide to the treatment of patients. “Without a diagnostic framework you have no sense of direction, and so you and your patient are left floundering.”

A diagnosis of mental disorder should enable resources to be allocated appropriately, helping people access treatment and support. We may not have enough knowledge about the disorder or the brain to make an absolute diagnosis but, Dr Hilton adds, “a ‘working diagnosis’ can enable us to offer the most timely and humane treatment and to keep us questioning our decisions”.

Finding a plausible reason for someone’s illness can additionally bring relief – relief, for example, that they hadn’t been imagining their problems, that they aren’t to blame for them and they’re understood and are not alone. A diagnosis in psychiatry has to give someone hope, if not for a cure then hope they’ll get support and be able to lead as normal and fulfilling a life as possible. For psychiatrists, diagnosis is not the end point of practice, but the beginning. It is the start of their encounters with a patient: a place from which to work collaboratively with the patient to help achieve the best outcome.

To explore these issues, BBC Radio 4 has produced a short series *D for Diagnosis*, which is available online and on the BBC Sounds app.

# Mental Health Watch

How well are mental health services in England performing? How do your local services compare to others? And what do psychiatrists feel about the system? Mental Health Watch, a new website from RCPsych, has the answers.



**E**arlier this year, the College launched a new website designed to keep people in touch with how well the mental health system in England is performing.

Combining multiple NHS data sources with a quarterly survey of psychiatrists, Mental Health Watch ([mentalhealthwatch.rcpsych.ac.uk](http://mentalhealthwatch.rcpsych.ac.uk)) allows you to track trends in mental health services and assess progress locally, regionally and across the country.

Not only that, it provides us with a tool to hold the government to account. Ministers have committed to increasing investment in mental health services and set out ambitious new targets. Mental Health Watch allows us to find out if money is being well spent and having the desired impact.

The story it is beginning to tell is not just important for policy-makers (and helpful to researchers). It is also a campaigning tool for anyone wanting to see services improved, by encouraging people to email their MP. Some parliamentarians have already grasped its potential to effect change. Helen Whately, MP for Faversham and Mid Kent, says: “It finally gives me the information I need to see where services need improving and where they are doing well.”

## Join Mental Health Watch’s psychiatrists panel!

Over 700 psychiatrists now take part in our UK-wide research panel, providing data for four of the indicators on the website, including on changes to service quality and staff morale. In addition to having your say, taking part in the quarterly survey adds you to a prize draw, giving you the chance to win a John Lewis voucher each time you complete the survey. To take part, search ‘Join our research panel’ on the College website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

## A user’s guide to Mental Health Watch

### 1 Decide what you want to know

Do you want to find out if staffing levels in your trust have gone up or down? Or if the increase in alcohol-related hospital admissions in your region is higher than elsewhere? What about the amount your CCG or STP is spending per person on mental health compared to others or the national average? To locate the corresponding dataset, you can search all 25 indicators by theme, by viewing all, or by using the search box.

Search...

### 2 Find and compare the data

Once you have identified the indicator with the information you want, use the chart on that indicator’s page to pull up and sort the data. Select data by CCG, STP or provider using the tabs, comparing up to five organisations at a time.



### 3 What does it mean?

Each indicator page has a section at the bottom explaining the data in relation to mental health policy in England and any related government targets, as well as the significance of the indicator and any issues with the data.



### 4 Tell someone what you’ve found

Mental Health Watch has been created so that the information can be shared both on social media and with your MP. Once you have found what you are looking for, tell someone!



# Making your mark

Looking to gain experience by getting more involved with the College? Here we outline just some of the opportunities on offer where members can make an impact.

Whether **coaching and mentoring**, improving the hiring process as a **regional advisor**, or providing crucial advice as part of the **Invited Review Service**, these positions ensure RCPsych is effective and supportive – as well as providing personal fulfilment too.



Dr Fabida Noushad, regional advisor



Dr Subodh Dave, mentor

## Guiding hand

Avoiding pitfalls and making the most of opportunities as you progress through your career takes skill. Having a more experienced guide can, therefore, be invaluable. For the College's mentors and coaches, the rewards can be great too. Mentor Dr Subodh Dave is a consultant psychiatrist at Derbyshire

Healthcare NHS Foundation Trust. Outside work, however, his passion is running. So much so that he has completed all major world marathons. Crucial to his success has been having a coach, and Dr Dave, 2017 winner of Psychiatric Trainer of the Year, believes everyone should have access to one in their working life too.

"A coach is your inspiration when you run," he explains. "Having someone support and advise you is well established in sport. But in our professional lives it's seen as a luxury." It was only later in Dr Dave's own medical career that he benefited from mentoring. When he first started out, support came from educational supervisors or employers. "Having a trusting relationship with your mentor is key, which is difficult when they're your line manager." The support he eventually received proved invaluable and inspired him to help others in various ways, including setting up a UK programme for international medical graduates. What Dr Dave finds most shocking in his mentoring role is listening to stories of bullying: "It must be unbearable," he says. The upside though, is witnessing a life being transformed. In one case, Dr Dave helped a mentee who had suffered a personal loss by designing a detour from their training programme. "It was gratifying to see the beneficial experience they had." He advises not to wait until your 40s to mentor. "What matters isn't age but the ability to be unbiased and have the other person's interests at heart."

## Hiring help

Finding the best candidate for a job, and one who will stay in the post, often comes down to the job description itself. The College's regional advisors play a crucial role in reviewing and approving the recruitment details for hiring psychiatric staff. In this senior post, they're also responsible for postgraduate education and professional development, and sit on interview panels which appoint consultants. "You feel part of the bigger picture of a global organisation," says Dr Fabida Noushad, a busy adult psychiatrist and associate medical director at Leicestershire Partnership NHS Trust. "You get to contribute and also receive great ideas," she adds of her regional advisor role covering Leicestershire, Northamptonshire and Rutland. The three-year advisor post has its challenges, such as telling trust managers to change 'undoable' job descriptions, but also has its rewards. "I get to talk to people from Northampton to Sheffield and beyond," she says, which means she gets to appreciate what others do, and respect their knowledge and their different backgrounds. "It's enriching," she says. Her advice to prospective regional advisors is to negotiate with your manager for protected time to do the role, and to ask the previous incumbent for advice. "In my case, his door was always open which proved invaluable in the first few months."



Dr Maria O'Kane, clinical lead of the Invited Review Service

## Troubleshooter

Where concerns exist around service quality, outside regulators will usually investigate. But in some cases, RCPsych's Invited Review Service steps in with independent professional advice to help resolve serious internal issues, whether that's staff workloads or the performance of individual practitioners or teams. Any consultant psychiatrist with at least five years' experience is eligible to apply to take part in the reviews, which can be very rewarding. Dr Maria O'Kane, a consultant psychiatrist and medical director at Southern Health and Social Care Trust in

Northern Ireland, agrees: "I am passionate about patient safety, staff experience, psychiatry, psychotherapy, and medical management and leadership. Becoming an independent reviewer was a great way of combining all of these." Today, Dr O'Kane is the clinical lead for the Invited Review Service. This entails working with lay and professional experts from across the UK to respond to invitations from medical directors or chief executives to review clinical practice, service provision or significant events – which can be as catastrophic as a patient's suicide. The aim of each review is to provide an expert opinion that will inform understanding and improvement. Drawing on her psychotherapy training, the "great satisfaction", she says, comes from enabling people to think more deeply about their challenges and then formulate an action plan. The IRS helps services help themselves to provide better care for service users and a better experience for staff. The process can be very intense, she says, but the camaraderie with colleagues and positive feedback make it worthwhile. Her advice? "If you have a passion for improvement, please apply!"

To find out more about these opportunities with the College, search [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) for: 'Mentoring and Coaching', 'Regional Representatives' or 'Invited Review Service'.



Poet Patrick Jones has run workshops for dementia patients all over Wales (Photograph: Glenn Dene)

# Healing words

A project by poet Patrick Jones is sparking hidden memories in dementia patients in Wales.

**T**here is a moment in the film *Still Alice* where the central character, a linguistics professor with early-onset Alzheimer's played by actress Julianne

Moore, is read a section of a play by her daughter. Despite the disease having left her barely able to speak, she reacts to the prose. This idea of the creative arts cutting through 'the fog of dementia' underpins the work that renowned Welsh poet Patrick Jones has been doing as artist in residence for the RCPsych in Wales.

Over the course of six months, Jones, also an author and playwright, has run creative writing workshops for people with dementia, helping them reconnect with their old selves through poetry, art and music.

Alzheimer's Society Cymru helped link him up with different patient groups all over Wales for his project **#ThisIsMyTruthTellMeYours**, which was named after the famous quote by NHS founder Aneurin Bevan.

With as many as 60 taking part in each 'informal and fun' workshop, Jones would help them unearth their memories, thoughts and feelings, often buried due to their illness. "I use different poems as triggers," he says.

**"When they remember a line from a poem they learnt in school, it emboldens them"**

"As a starting point, I recite staples like Wordsworth's *Daffodils* and WH Davies' *Leisure* that people often remember from childhood, to a 'swear' poem about being judged at school by teachers written by the popstar Robbie Williams. People love it as they can relate it back to their own teachers. "I also include a tactile exercise where I bury objects like shells, a key, or rings in a bowl of sand and ask patients to find one. This simple act triggers thoughts of holidays, often our most poignant memories.

"If I read a poem about smell I then pass round a vial of peppermint or rosemary oils which we chat about. I then ask them to describe their favourite smell which often prompts such incredible tales about the person or their families; it can move me to tears."

He adds: "I have learnt not to push too much and just see what flows out of the exercises." Jones says the workshops were not just designed for patients to talk or write about their experience of dementia "but also their triumphs, their hopes and dreams. It was more to capture stories, bearing witness before their stories disappear."

Despite many workshop attendees having suffered speech and memory loss, Jones says the act of creativity can trigger incredible reactions.

"In one workshop a woman who hadn't spoken for weeks suddenly quoted *This is Our Winter of Discontent*, the full opening verse from Shakespeare's *Richard The Third*. That was a goosebump moment," he recalls.

With others, he describes watching them grow in self-confidence as they found their sense of self returning with their memories, even if just for a few minutes.

"When they remember a line from a poem they learnt in school, it emboldens them," he explains.

"The workshops can offer them quality of life, happiness, social interaction, which can help clear the dementia fog for a while."

Jones accepts that despite there being no cure, workshops like his can take patients to a place of healing away from the fear, anxiety and loneliness that the disease causes.

"I hope there will be more funding for outreach programmes with different artists and psychiatrists, so they can use creative writing more with their patients.

"These projects can keep people alive, stronger and possibly out of nursing homes which is especially important given all the cuts to social care."