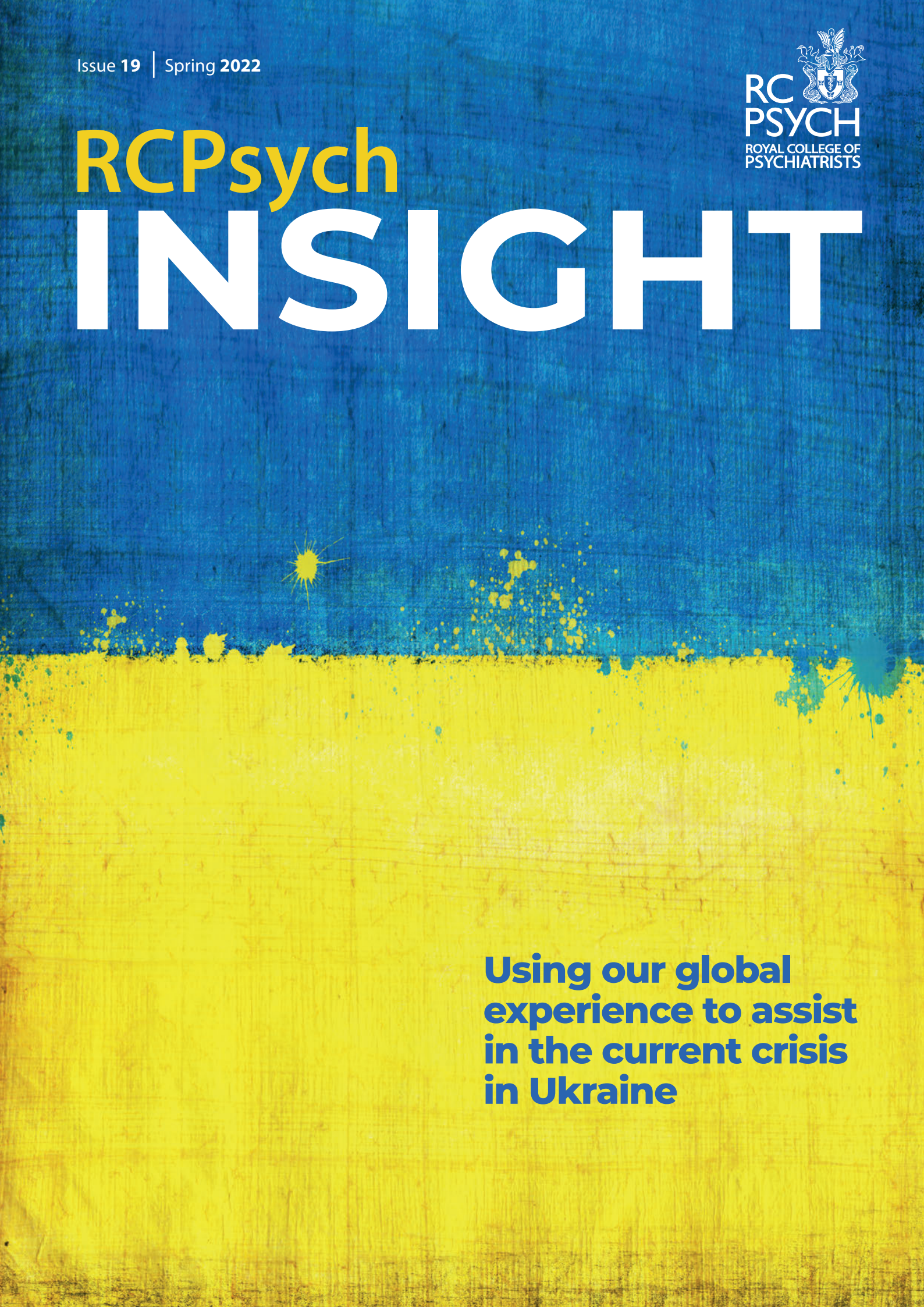
Issue **19** | Spring **2022**

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT



Using our global experience to assist in the current crisis in Ukraine

Contents

4–5
Coming out of Covid
Reshaping mental health services post-Covid

6
Prioritising public mental health
A new College initiative strives to put public mental health first

7
Offering support
Using our global experience to assist in the current crisis in Ukraine

8–9
Therapy without borders
An exploration of mental health care and provision for refugees in the UK

10–11
Defining psychiatry
The new College curricula redefine psychiatric training

12–13
A view from the top
Paul Rees discusses his role as CEO of RCPsych

14–15
Word processing
Professor Linda Gask and Dr Tony Rao discuss the therapeutic benefits of writing

16
Understanding discrimination
Results from the recent LGBTQ+ College survey

17
Mend the gap
WHMSIG calls for action in closing the gender pay gap in psychiatry

18–19
Caring for carers
The difficulties facing physicians with caring responsibilities

20
Congress is back
International Congress comes to Edinburgh this summer

COLLEGE **NEWS IN BRIEF**

Hitting the headlines

RCPsych secured major news coverage for the important finding that the number of referrals for specialist NHS mental health care reached a record high in England by the end of 2021.

The story, which was covered in mid-March across major national news outlets, such as Radio 4's *Today* programme, BBC News, *The Sun*, *Mail Online*, *Mirror* and the *Daily Telegraph*, highlighted that the pandemic has led to unprecedented demand and backlogs, with services struggling to keep up.

Based on figures from NHS Digital, there were 4.3m referrals for conditions such as anxiety and depression in 2021. Just under a quarter of these were for children or adolescents. This compares with the previous two years, with each having seen about 3.8m referrals.

President Adrian James said: "As the pressure on services continues to ratchet up, the silence from government continues to be of grave concern for the College, the wider mental health workforce and, most importantly, our patients."

He also called for a fully funded plan for mental health services, backed by a long-term workforce plan "as the country comes to terms with the biggest hit to its mental health in generations".

The strong media exposure on this important issue has allowed the College to get the message across and call upon the government for meaningful action.

The new psychiatric curricula will provide flexibility for trainees to explore areas of interest. Find out more on pages 10–11

College Stonewall award

RCPsych has been named in the top 150 workplaces in the UK for people who are LGBTQ+ by Stonewall, and as a result has been awarded a Stonewall Silver Award.

The College was commended for its work which saw it deliver more than 300 actions to promote LGBTQ+ equality across the organisation last year. This included updating all HR policies in partnership with Stonewall, launching its first LGBTQ+ survey of members, celebrating Pride and LGBTQ+ History Month, ensuring all job vacancies are advertised on LGBTQ+ websites and introducing gender-neutral toilets at its London offices.

The College published its Equality Action Plan in January 2021, setting out how it plans to promote equality and equitable outcomes for College members, staff, mental health staff, and patients and carers.

Supporting bipolar services

RCPsych is supporting the Bipolar Commission in its mission to transform healthcare for people living with bipolar disorder. Valuable insight is being sought from College members via a jointly developed survey. The responses will be used to support the development of evidence and recommendations on services for patients.

With over 1 million people estimated to have bipolar disorder in the UK, but timely diagnosis often not available, more work is needed to support people with this serious illness.

College Registrar Dr Trudi Seneviratne, also a commissioner of the Bipolar Commission, says: "We are delighted to be part of this important work to improve the lives of people with bipolar disorder and I would like to thank all my fellow psychiatrists for all they already done for this group and hope they can find the time to complete this important survey."

A link to the survey has been sent out to all members' registered email addresses and closes on 22 April. For more information, contact: **thomas.denning@rcpsych.ac.uk**

Voting opens for College elections

Voting is now open to elect members to RCPsych Council and a number of other committees, and will close at midday on 20 April.

The candidates for Council are Dr Mayura Deshpande, Dr Ian Hall, Dr Declan Hyland, Dr Santosh Mudholkar, Dr Saima Niaz, Dr Abdi Sanati and Dr Kannan Suresh Babu.

Council, which is chaired by College President Dr Adrian James, leads on training and education, policy, professional practice, professional standards, public engagement, quality, research, and recruitment and retention.

Voting is also open for several faculties, the Western Pacific International Division and the Psychiatric Trainees' Committee.

To find out more about which elections are taking place and to see the lists of candidates, please visit **www.rcpsych.ac.uk/about-us/our-people-and-how-we-make-decisions/elections.**

Clinical Editors: Dr Tony Rao, Dr Lenny Cornwall and Dr Anand Ramakrishnan
Editors: Gemma Mulreany and Frances Wotherspoon
Writers: Colin Richardson, Rebecca Harrington, Claire Read, Gemma Mulreany and Frances Wotherspoon

Design: Lee Braithwaite
Illustration: Kipper Williams (p2) and Tony Freeman (p8–9)
Photography: Grainge Photography, Anna Moffat, John Manton and John Wellings

President's **update**

This issue of *Insight* comes at a time of great uncertainty as the global community looks on to the developing hostilities in Ukraine. I would like to send my support and condolences to all those affected – undoubtedly, the devastating psychological impact is only one of many concerns.

The College has responded by signposting donations and facilitating the delivery of psychological first aid, and I am proud to say that an impressive number of our members have offered their support following a call for volunteers. We are also writing guidance to be used across the NHS to support the mental health needs of refugees coming into the UK.

While the pandemic continues, we are moving towards a model of living with Covid and have recently welcomed our staff back to our London office on a larger scale. While, among very concerning world events, life appears to be returning to 'normal', the pandemic's lasting impact on global mental health is still not far from mind.

The resilience of our members has been invaluable during this turbulent period, and I am confident that we will continue to influence the future of mental health and psychiatry for the better.

Dr Adrian James

Your *Insight*

To send us your insights, email magazine@rcpsych.ac.uk or tweet using #RCPsychInsight

Your comments on *Insight* issue 18:

What an excellent edition this was... full of interesting and relevant information. I am long retired, and it is good to know what is happening in the College.

Dr Paula Salmons

Responding to 'Paying attention to adult ADHD', an article highlighting a new College collaboration that is raising awareness of adult ADHD and how it can be diagnosed, particularly in India and other parts of South Asia:

I am delighted to see adult ADHD covered in issue 18.

Working in liaison psychiatry, I have come across many cases with substance misuse and self-harm. It is only on delving into their childhood history that it has transpired that ADHD seems to be a more than frequently missed diagnosis.

We are, increasingly, having to contend with reviewing cases under "crisis with another presentation that seems to be potentially ADHD masked by other comorbidities" as the author highlights in the article.

Dr Sadaf Asifns

Commenting on 'The first of many', an article exploring the work of The Association of Black Psychiatrists-UK over its first year in operation:

A worthwhile read – hopefully this will be part of [RCPsych's] strategy in forthcoming years.

Dr Krish Vedavanam

Dr Katie Fergus and Ollie John, RCPsych in Wales Manager

Coming out **of Covid**

How is the College working with government to reshape mental health services as we look towards a post-Covid world?

Over the past two years, RCPsych has worked increasingly closely with governments and health services across the UK to meet the challenges of the Covid pandemic. As a result, says RCPsych's Policy and Standards Manager Tommy Denning, "the College is in a much stronger position. Our level of engagement and influence has ramped up quite significantly". And so, with all Covid restrictions ending in England and Scotland and easing in the rest of the UK, the College is in pole position to shape policy in a post-Covid world.

"Our members have been at the heart of recovery"

In England, RCPsych President Dr Adrian James has established a close working relationship with Chief Medical Officer, Professor Chris Whitty. The College leadership also meets regularly with NHS England's Chief Executive, Amanda Pritchard, its National Director of Mental Health, Claire Murdoch, and its Medical Director, Steve Powis. In Scotland, "the College has built up strong relationships with both government and parliament," says Tommy Denning. "We are the 'go-to' organisation, so if the Scottish government is doing anything on mental health, they'll always come to us for advice."

The situation is more complicated in Northern Ireland, where the devolved government was suspended for three years until January 2020. The resignation of the First Minister this February has caused further administrative upheaval. However, the College has established good relationships with the civil service in Northern Ireland that ensure that it has a powerful influence on policy. A new Northern Ireland mental health strategy, due to be published this year, has had considerable RCPsych input.

The College has also been particularly active in Wales. "Historically, we've always had a good relationship with the Welsh government," says Ollie John, RCPsych in Wales Manager. "We've always been viewed as a sensible, evidence-based organisation. But during the last couple of years through Covid, we've gained real ground and achieved much more regular engagement with government on matters such as alleviating waiting lists and thinking about how services can be delivered differently."

Dr Katie Fergus, RCPsych's Joint Policy Lead in Wales, agrees. "Our communication with the Welsh government has gone from strength to strength. We're speaking to them more often and in a more meaningful way than before and there are now some very direct lines of communication that have enabled us to have very direct influence on policy in relation to Covid recovery."

A case in point is the recent establishment by the College and the Welsh NHS Mental Health Leads of a technical advisory group in NHS Wales. With the emergence late last year of the more transmissible Omicron variant of Covid, the Welsh government asked the group to produce revised guidance on leave arrangements.

Three other key projects illustrate the influence the College has on national policy in Wales. Before the pandemic, Professor Alka Ahuja developed a video consultation project in a CAMHS service in Gwent, with RCPsych support. Then, after the pandemic hit, Professor Ahuja was seconded to the Welsh government and online consultation was rolled out across the country.

In future, as the pandemic recedes, Dr Fergus hopes that "we will continue to improve our use of technology to really enhance access to mental health care and support. But, at the same time, there will be a lot of work to be done around raising both staff and patient confidence in returning to busier outpatient clinics and getting that face-to-face work going again."

Advances in Wales have not been limited to coronavirus. The country has a relatively elderly population and waiting lists for dementia diagnoses have historically been long. But a pilot study at Aneurin Bevan University, supported by the College, has shown that FDG-PET scanners can greatly speed up and aid diagnosis. Their use has since been adopted nationally and the Welsh government has invested in more scanning devices across the country.

The College has also played a leading role in persuading the government to adopt the use of the drug Buvidal (buprenorphine) in the treatment of opioid dependance. "Buvidal is an injectable maintenance treatment for at-risk heroin users," says Ollie John, "which means they can more quickly access psychological therapy to help with their addiction. And what we've seen is that the actual drug death rates in Wales, which across the UK have just skyrocketed in the last few years, have had a complete U-turn. We've got the lowest rates we've ever had since 2014. It's an amazing story."

Ollie John is understandably proud of what the College has achieved in Wales. "The most rewarding part, as a College person," he says, "is knowing that our members have been at the heart of the recovery in Wales."

Prioritising public mental health

A new College initiative aims to put public mental health centre-stage. And members are encouraged to get involved.

Public mental health is a population-based approach that aims to improve the level and distribution of mental health and wellbeing in society. Such an approach is so important as only a minority of people with mental disorder in the UK receive treatment. Far fewer receive interventions to prevent associated impacts, while provision of interventions to prevent mental disorder or promote mental wellbeing and resilience is negligible.

In financial terms alone, the benefits of improved implementation are clear. A 2018 *Lancet* paper by economist Professor Martin Knapp and consultant psychiatrist Dr Jonathan Campion estimated that implementing just nine public mental health interventions across England could realise net savings of some £43bn.

"Even before Covid," says Dr Peter Byrne, the College's former Public Mental Health Lead, "we were struggling to engage both psychiatrists and the wider mental health community with the focus and priorities of public mental health." So, Dr Byrne and Dr Campion got together with fellow psychiatrist Professor Jeremy Coid "to put a proposal to RCPsych's Registrar and President for the College to jump start a new public mental health centre".

"We will be calling out implementation gaps and inequalities"

Set up last September, the Royal College of Psychiatrists' Public Mental Health Implementation Centre (PMHIC) was formally launched at a parliamentary reception on 23 March, the day the Chancellor delivered his spring statement. Dr Byrne and Dr Campion are the Joint Clinical and Strategic Directors, leading a small team whose work is overseen by an advisory board.

The PMHIC aims to collate the best of the available research to draw up detailed plans for action. And the emphasis is on action, says Dr Byrne; "that's why it's an implementation centre". The centre will be looking to improve implementation of four different types of public mental health intervention, says Dr Campion: "Treatment of mental disorder, ideally, at the earliest opportunity; the prevention of the associated impacts of mental disorders such as premature mortality; the prevention of mental disorder from arising in the first place; and the promotion of mental wellbeing and resilience."

"It's also part of our remit to look at excluded groups," says Dr Byrne. "We will be calling out inequalities and identifying where they are worst, while also identifying areas of good practice."

Because public mental health interventions work across whole populations, they require collaboration across psychiatric disciplines and with a wide range of interested sectors. The scale of the work is daunting, and individual psychiatrists may wonder what they can do in their everyday practice. Dr Byrne highlights that one important area is tackling the major causes of premature death among people with mental disorder "The three things that are killing our patients early are smoking, poor nutrition and being overweight, and a lack of exercise," says Dr Byrne. "Some of us, as clinicians, have low expectations of our patients and we think that they they're not interested in quitting smoking, or that they're not motivated to quit. And all the evidence suggests that that's not true." Starting a conversation with patients about exercising and giving them information about good nutrition are other examples of public mental health in action.

"How can we support psychiatrists to do this work?" asks Dr Campion. "By giving them the skills and training for practical public mental health tasks. Psychiatrists can't treat everyone with a mental disorder, but they can advocate effectively and support the improved implementation of different public mental health interventions."

"We would love it if our members took an interest," says Dr Byrne. "The vision is that we would gather more resources and more interest and go on to have some clear wins. If, for example, we could reverse the currently rising levels of adolescent mental disorder, that would be a fantastic achievement for us."

Offering **support**

Using our global experience to assist in the current crisis in Ukraine.

The medical community has been united in condemning the violence in Ukraine. The unfolding situation is the latest crisis to be included in a growing list of humanitarian emergencies across the globe.

RCPsych has built up a body of knowledge from the responses it has provided to other international emergencies in recent years, and is working with key members, including Presidential Leads Professor Mohammed Al-Uzri, Professor Neil Greenberg and Professor Richard Williams, to create an Emergency Response Delivery Plan which can be put to immediate effect in Ukraine and other countries in the future.

Early in the crisis, the College reached out to the national psychiatric association in Ukraine, as well as to those in Poland, Hungary, Slovakia, Romania and Moldova to offer support. Many responses have been received and the next step is to arrange psychological first aid (PFA) training in support of those working on the front line and providing treatment to refugees.

Dr Peter Hughes, Chair of the London Division and a leading expert in delivering psychosocial support in emergency settings, is leading on this training.

In response to a request directly from Chief Medical Officer, Sir Chris Whitty, the College prepared a document on basic principles on refugee mental health that will be shared with GPs and other healthcare professionals working with refugees. This will ensure our support is present not only through our partners in Eastern Europe but will remain relevant for all displaced people entering the UK and settling in the long term.

After putting out a call for volunteers, the College was overwhelmed with offers of help and we are so grateful to the many members who have, once again, been prepared to give up their time and share their expertise to assist with the College's response to the war in Ukraine. We will be working with a number of them to provide translations of mental health leaflets in Russian and Ukrainian. College volunteers are a cornerstone of all our international work, whether it be responding to emergencies or longer-term projects.

The College pulled together existing resources and has created a dedicated webpage, accessible by members and non-members. The content is highly relevant to times of extreme stress, such as armed conflict and displacement. Resources available include eLearning modules, podcasts and editorials, and a free RCPsych webinar on psychological first aid that was delivered in May 2021 in response to the COVID-19 Delta wave in India. Internationally recognised PFA standards, translated into a number of different languages, including Ukrainian and Russian, are also signposted, as is College guidance on supporting refugees.

On a more emotional level, many members of the medical community have found ways to signify their support for those affected by current events. Changing the colours of the College logo on our social media platforms, and the cover of this *Insight* issue, to those of the Ukrainian flag was a simple way that we, the College, have chosen to show our solidarity.

As the impact of this disaster continues to be felt across Europe, the College will work to support service providers and those on the front line of this emergency, as well as ensuring the learning and expertise of our members is shared for the benefit of those impacted by this and other humanitarian emergencies.

Therapy without **borders**

For refugees with complex PTSD, trauma-informed care forms the basis of treatment, but there are plenty of barriers to care delivery, including the UK's asylum process.

Illustration: Tony Freeman

People who seek asylum in the UK will often have complex physical and mental health needs after fleeing war and persecution. Post-traumatic stress disorder (PTSD) is common – affecting as many as 30–50% of this vulnerable group. Depression and anxiety disorders are also common.

National Institute for Health and Care Excellence (NICE) guidance for PTSD recommends trauma-focused talking therapies as the first-line treatment. One form of this is Narrative Exposure Therapy (NET), which was specifically developed to treat people living in conflict zones who have suffered multiple traumatic experiences. Increasingly used to treat asylum seekers and refugees, NET has a strong evidence base and encourages patients to revisit traumatic events chronologically, so they can challenge negative associations.

Trauma-focused cognitive behavioural therapy and NET form the basis of the therapy provided by the NHS's only specialist PTSD treatment centre for asylum seekers and refugees – The Woodfield Trauma Service in London.

Asylum seekers often face many hurdles in accessing the mental healthcare they need and, sometimes, it boils down to luck. Professor Cornelius Katona, Chair of RCPsych's Working Group on the Mental Health of Refugees and Asylum Seekers, says: "There may be cultural reasons, avoidant behaviours, fear of incurring debt, and difficulties with trust." Consultant Clinical Psychologist and Clinical Lead at Woodfield Dr Kerry Young calls it "a fairness of access scandal", saying that some people she treats have had unaddressed PTSD for decades after fleeing the Iran–Iraq war in the 1980s.

"Refugees and asylum seekers need a guru to tell them what they can do"

Hamidreza, a refugee from Iran, reached Woodfield after arriving in London and going to a Halal food shop. The owners introduced him to an Iranian family who helped him begin the asylum process and navigate the health system. He says many asylum seekers are afraid to access healthcare: "Refugees and asylum seekers need a guru to tell them what they can do," he says.

NICE stresses the need for timely diagnosis of PTSD in asylum seekers and refugees, but the symptoms of PTSD may not be easy to identify in the context of brief GP assessments with inadequate interpreter facilities. This is compounded by the Home Office's policy of dispersal – sending asylum seekers to different areas of the country where it may be difficult to access specialist expertise, often housed in 'contingent' accommodation, such as hotels or disused barracks, which may be inadequate, institutionalised and without community links. "This isolation can have a disastrous effect on mental health," says Dr Young.

Woodfield treats about 200 people at any one time and about 80% of patients need an interpreter. It offers interim support but the wait for trauma-focused therapy is about a year. This has not been helped by staffing cuts. People are typically offered up to 20 one-hour weekly sessions, after which they will be on average 50% better.

Initially, Hamidreza's GP did not refer him for specialist care, but the Iranian family helped him negotiate this. Without them, his treatment would have been further delayed. He had 40 sessions and now takes a vocational course and has optimism for the future. His sessions involved NET and imagery re-scripting. He says: "Sometimes a thing happens in your life that you can't tell anyone about, so it is in your body the whole time; it's burning in your body and every time you see some things, you remember it and it's a problem for years. But you speak to someone and explain that it's hard to open that wound, but they help and you clean it and then life becomes easier."

Dr Young and Dr Nick Grey have written a briefing paper for the Home Office on best practice for refugees and Woodfield provides training to Improving Access to Psychological Therapies (IAPT) services which are increasingly treating asylum seekers with complex PTSD. In other areas, they will be referred to charities who may provide counselling but rarely offer trauma-focused therapy.

Dr Young describes the ineffectiveness of therapy that does not involve explicit discussion of the details of trauma: "PTSD is like having many filthy duvets stuffed in a cupboard. You have to stand with your back against the cupboard to keep them shut in. To treat PTSD, you need to get the duvets out, clean them and smooth them down. Talking about how it feels to have your back against the cupboard won't help."

Professor Katona is Medical Director at the Helen Bamber Foundation, a rare example of a charity that provides evidence-based trauma-focused therapy within a context of holistic care including legal advice, and housing and education support. "There is a huge shortage of such care and there's also a lack of joining up the dots and addressing the range of needs," he says. This is one of the frustrations when providing care. While things are different for the UK's resettlement schemes, where refugees are given a package of care on arrival, the asylum process can have a severe impact on mental health. "The biggest factor that affects asylum seekers' mental health is how much trauma they have been involved in, but after that it's the asylum process and detention," says Dr Young. Asylum claims can take years and the limbo period can be debilitating.

Asylum seekers with mental health problems are often detained for 'administrative' reasons, despite systems supposedly being set up to identify their vulnerabilities. Detention has repeatedly been shown to worsen mental health, producing rates of depression, anxiety and PTSD in refugees and migrants in detention that are twice as high as rates for those not in detention, according to a recent review published in *BJPsych Open*.

The Nationality and Borders Bill, proposed in July 2021, puts forward a more 'robust' asylum system. This will inevitably have negative consequences for mental health – including the greater likelihood of detention. RCPsych President Dr Adrian James has called for the bill to be scrapped and the College has provided briefings to members of the Lords, where the bill is to be debated. Baroness Hollins, a former College president, is proposing amendments and the hope is for the bill to be toned down. The ideal scenario of a trauma-informed and non-adversarial asylum system still seems a long way off.

However, the College's working group still strives for positive change and has contributed to consultations on the suicide watch policy in detention centres and proposed changes to the Mental Health Act. It also shares good practice and provides a network for trainees and junior psychiatrists.

Working with this patient group can be emotionally demanding, requiring cross-cultural competence. But using evidence-based trauma-informed therapies can be genuinely transformative. As Hamidreza says: "The trauma service helps you remember the good things and change the bad. It makes you feel better, so you start to have hope."

Defining **psychiatry**

The College's curricula underpin the profession of psychiatry, and a new update aims to define the specialty into the future.

Dr John Russell

For the past four years, Dr John Russell has been exploring just what it means to be a psychiatrist. As the College's Associate Dean for Curricula, he has led a large group reviewing and updating the framework that defines the profession. The result: 10 new curricula covering the whole of psychiatry training which are currently being piloted before the planned full implementation in August.

Considering the tremendous amount of work involved, his main comment on the process perhaps comes as something of a surprise. "What I've been trying to get across is that we've not changed training," says Dr Russell, who practises in Scotland as a consultant psychiatrist for adults with intellectual disability. Trainees will still be expected to develop the professional knowledge, skills, values and behaviours required to provide excellent patient care.

What is changing, however, is how trainees gather evidence of the development of those capabilities. "We wanted to make the curricula more understandable and also more meaningful to trainees and trainers," says Dr Russell.

It's a point echoed by Dr Ross Runciman, one of the many trainees who have been part of the curriculum review working group. "Instead of the curriculum being something that's referred to and dusted off only when a problem arises, [the aim] was for it to be front and centre, for it to actually guide what you do as a psychiatrist."

"What is changing is how trainees gather evidence of the development of those capabilities"

Dr Ross Runciman

To that end, trainees' personal development plans (PDPs) will be specific to a placement and will have the curriculum embedded within them. There will still be a conversation at the outset of any placement about the learning activities available in that specific organisation and setting, but those opportunities will – through the placement-specific PDP – be directly linked to the meeting of curriculum requirements.

Notably, this will also provide the flexibility for trainees to explore areas which might be of particular interest to them. Rather than there being a pre-determined list of what someone will do during a placement, trainee and trainer will work together to select the available learning opportunities that best fit the individual and the requirements of the curriculum.

For Ross, that means the conversation between trainee and trainer has a clearer framework. It's also a more transparent one, with regular monitoring of progress.

"I've been in a difficult placement where there was a dissonance between what the supervisor expected of me and what I thought was expected of me," he says.

"It was difficult to know what I needed to do and how I would evidence this. The placement-specific personal development plan would have negotiated that complex professional relationship more easily."

He thinks the new setup will be to the benefit of the trainers as well. While they may need to do more to support trainees to create PDPs, the end-of-placement report should become more streamlined as it will simply involve pulling information from the PDP.

The overall aim is to set trainees up for success. This is reflected even in apparently small language changes. Take the workplace-based assessments. These remain under the new curricula, but a trainee will no longer be marked as 'below expected standard'.

"We've changed that to 'approaching expected standard'; much more formative," says Dr Russell. "By the end of the placement you should be at expected standard or above, but not in the first few months."

He continues: "These are not meant to be difficult changes. It's just helping trainers and trainees think about what's happening [during a placement]."

For those on the working group, thinking has also extended into the future: how can the curricula continue to be relevant for a society and profession that is continually evolving and facing new challenges? Dr Russell says that need for flexibility has been a key motivation in updating the curricula.

"For example, one of our key capabilities is to 'keep up to date with the latest classification system' rather than specifying ICD-11 or DSM-5, because classification systems change."

It's hoped such tweaks will make it easier for the curricula to accommodate the evolving needs of patients. Ultimately, that's the aim of the documents – to support the development of doctors who provide excellent care to their patients.

Given that similar work is going on across all medical royal colleges – the General Medical Council (GMC) required every College to review its curriculum, to align with the GMC's professional capabilities framework and design standards – the new curricula should also support consistent training across the UK and across specialties.

This, in turn, could help support greater parity of esteem between mental and physical health. "That's hugely important – for patients to know that mental health, management of mental disorder, is held in the same esteem as physical health," says Dr Russell.

Both he and Dr Runciman say it was critical to have patients on the curricula working group. Dr Runciman credits patient representative Veryan Richards with having "infused the language to make sure that we are patient-focused and patient-centred". It means he hopes that some patients might even review the documents to understand exactly what they might expect of the person who is caring for them.

While the new curricula have now all been given preliminary approval by the GMC, that's not to say there weren't complex discussions between working group members as they were drafted.

"You think about all the divergent voices there could be in a room – and there were incredibly divergent voices, and that's understandable, and that's healthy and that's right – and Dr Russell made sure everyone was heard," says Dr Runciman.

"I've been leading an amazing team," says Dr Russell. "I'm very proud with what we've achieved and I've been hugely appreciative of their support." He concludes: "The new curricula framework has the agility to be able to change, grow and flex with society and psychiatry in the future."

For more information on the implementation of the new curricula, visit **www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation**

A view from **the top**

RCPsych has transformed itself to a values-based organisation and this has helped it thrive, even during the pandemic. CEO Paul Rees MBE talks about his place in the organisation, the achievements he is most proud of and what's next for the College and its members.

Paul Rees MBE Chief Executive

RCPsych's Chief Executive Paul Rees MBE has a lot to be proud of. Shortly before he joined the College in 2016, focus groups with members revealed that many were unsure of the organisation's purpose, describing it as London-centric and cliquey.

Fast forward to 2021 and the College's first membership survey shows that its image has transformed. Members now describe it as diverse, inclusive and forward-thinking. The key behind this was becoming a values-based organisation with clearly defined values which Mr Rees describes as its moral compass.

The 'CIRCLE' values – courage, innovation, respect, collaboration, learning and excellence – defined in 2018, are at the heart of its pursuit to improve mental healthcare and support its membership.

The values also fuel its prominent commitment to equality, diversity and inclusion (EDI). Mr Rees was recognised for his work in this area with an MBE awarded in January. The College has also won a silver Stonewall award for being in the top 150 employers in the UK for LGBTQ+ people in its Workplace Equality Index.

The Equality Action Plan, published in January 2021, sets out how it will promote equality for College members, College staff and the mental health workforce, as well as for patients and carers. It is essential for an organisation that has such a diverse membership and workforce. Among its 20,000 members, 46% are women, 40% BAME, 7% LGBTQ+ and 8% have a disability – and among its 380 staff team, 70% are women and 20% are from Black, Asian and minority ethnic backgrounds.

"If everyone feels respected and valued, they will pull together and work harder"

As part of its commitment to equality, it reduced its gender pay gap from 17% in 2019 to 6.2%. It also has a 6.57% ethnicity pay gap compared with a London average of 23.8%. The College celebrates Pride, Black History Month, International Women's Day, and International Day of People with Disabilities, and has created its own South Asian History Month. "As a result, members say that they feel the College is theirs," says Mr Rees.

RCPsych has made a courageous stand against racism in the NHS. It was the first medical royal College to publish a statement condemning all forms of racism and affirming that racism is a driver of mental illness. After George Floyd was murdered, Mr Rees wrote a blog post for the staff intranet about his own experiences of racism, and outgoing president Professor Wendy Burn was so moved by it that she insisted that it should be shared with all College members.

The core values of the College meant it was equipped to thrive during the COVID-19 pandemic. The value of innovation prompted an IT transformation in 2018 which enabled it to become a virtual college overnight in March 2020. It was determined to support members and keep staff safe by enabling them to work from home. It also worked with the NHS to produce guidance on how to continue running mental health services during a pandemic within days of the first lockdown. Continuing professional development and networking moved online, along with ceremonies and other events. This resulted in 63% of members saying they felt supported by the College during the pandemic.

It also acted quickly to digitise exams to prevent disruption of the flow of professionals going through to specialty training. It created an online exam that used artificial intelligence to track eye movements to ensure 'academic honesty' and, in 2021, it saw a record 4,700 trainees taking the exam as the format improved accessibility.

The College switched investments to green and ethical shares and divested from fossil fuels in 2019. It has remained financially sustainable, partly because green shares boomed during the pandemic. As Mr Rees says: "We took an ethical stance because of our values. A values-based approach will often generate unexpected benefits on the back of doing the right thing." Where other medical royal Colleges lost up to 30% of staff, RCPsych was unaffected.

Mr Rees describes starting work at 5am each day at the beginning of the pandemic. With more frequent meetings between the Honorary Officers and Senior Management Team – and regular discussions with Trustee Board and Council – the College was able to implement "continuous improvements" in response to the pandemic. "When your backs are against the wall, if everyone feels respected and valued, they will pull together and work harder and deliver better as a team," he says.

The College remained fully virtual for two years and is now adjusting to a 'hybrid model', where the benefits of online services are combined with face-to-face meetings. This will continue to keep its carbon emissions down by reducing the need to travel.

As CEO of such a large organisation, Mr Rees needs to stay in touch with its different layers. The Senior Management Team meets once a week with an extended meeting every four weeks. He also meets with the Officers and President Professor Adrian James each week, and the Trustees and Council every three months. He pays tribute to all the people who are involved in the College's work, such as the volunteer members who attend committee meetings, give interviews and write guidance; the lay trustees; and the presidential leads. "There is an amazing bond between our active members and excellent staff team," he says. He is also grateful for the close working relationship he has had with the three presidents he has worked with for all sharing a progressive vision for the College.

Mr Rees is clear that the College's campaigning work has a primary purpose to support excellent patient care. One of its most successful campaigns was Choose Psychiatry, which has helped boost the workforce, resulting in a 100% fill rate for core psychiatric training posts.

RCPsych is now seen as a cutting-edge College. Mr Rees and Dr James have been asked to advise other medical royal colleges on embedding a values-based approach and achieving results in EDI, digitisation of exams and a move to ethical investments. "Psychiatry and the RCPsych are seen to lead the way and we want to maintain that as it is good for psychiatry's standing in the wider medical field," says Mr Rees.

"We will use our values as our moral compass and our value of innovation to continue to drive change. With a values-based approach, you never reach a destination; you are always on a journey," he says.

Professor Linda Gask

Word processing

Many mental health professionals promote the therapeutic benefits of writing, but not all speak from direct personal experience. Professor Linda Gask and Dr Tony Rao, both psychiatrists and authors, discuss how writing can be a powerful tool for psychiatrists' self-care, not just for their patients.

"You've got to have something that you do that isn't just about being a doctor"

"It always felt good being able to retreat into my own writing, away from having to write up studies," says Professor Linda Gask, retired consultant psychiatrist with NHS Salford and professor of primary care psychiatry at the University of Manchester. "You've got to have something that you do that isn't just about being a doctor. For so much of my life, I've found that struggle really hard and I'm sure I'm not alone in that."

For Professor Gask, also a published author of two memoirs, the act of writing has been a source of great comfort, providing not only a necessary mental break from work, but also a space to process difficult life experiences. Her first novel, *The Other Side of Silence: A psychiatrist's memoir of depression*, was written over roughly a decade and interweaves her experiences of living with depression with the diverse experiences of her patients.

"It really does bring it home to you, when you're writing about something, how many echoes there are in the problems you face in your own life," she explains. "My patients' problems were to do with loss, stress, relationships, the potential for addictions and all those things that we all face."

Writing has offered a similar emotional outlet to Dr Tony Rao, consultant old age psychiatrist and dual diagnosis clinical lead for the South London and Maudsley NHS Foundation Trust. Like Professor Gask, he's found it to be an important "way of de-stressing" outside of work, but the deeper benefit for him has been in voicing his beliefs, hopes and frustrations.

His first novel, *Catch Me When I Fall*, is fictional, but draws on his professional experiences as a community psychiatrist in the deprived area of Bermondsey treating patients with alcohol addiction and misuse, particularly older adults. Woven into his second novel, *Soul Trader*, are more personal experiences of racial discrimination he and his brother faced as second-generation immigrants from the Indian subcontinent.

Being able to reflect on traumatic experiences and injustices he has seen throughout his personal and professional life has been deeply cathartic for Dr Rao: "A lifetime of pent-up emotions came out on the page," he says. "I actually became quite emotional writing certain parts."

Psychiatrists not acknowledging their own mental health challenges is something that both Professor Gask and Dr Rao highlight as a problem, with the topic still somewhat of a taboo. "Funnily enough," says Dr Rao, "I think psychiatrists are the least likely to want to seek help, probably because we think we're the experts."

Professor Gask agrees: "We're not very good at asking for help," she says. "A main theme in my first book was how there were parallels between myself and my patients. I was very keen to challenge the stigma of psychiatrists talking about their own mental illness. That was really one of my main aims in trying to get it published. It feels like people have really started to talk much more about in the last few years."

Promoting positive change is something Dr Rao has also used his writing for. His passion for social justice led to his interest in psychiatry, and more recently to producing novels. "Reducing inequality is very important to me," he says. Through his novels, he's expressed "the way in which I wanted to improve the outcomes or the lives of people living with substance use disorders. There's no better way to capture that than through powerful narrative."

Despite the therapeutic value in writing, Professor Gask acknowledges it can sometimes have pitfalls. "When I first began to write memoirs, I kept writing about the same kind of period of my life, and I was kind of stuck on that. I was just going over and over the same stuff. And it was a while before I could move on and write about other things." It wasn't until she began seeking feedback and started writing more consciously with her audience in mind that she was able to move forward.

Writing as a hobby or a private form of expression is, of course, entirely legitimate in its own right, and many people wouldn't want to share their writing with others. But, Professor Gask highlights that seeking feedback can be another option for those writing with the aim of improving psychological wellbeing. "I do think that when people write for their mental health, they need guidance on that." She points to Lapidus International, a service which offers guided creative writing sessions explicitly for this purpose.

For all its benefits, Professor Gask and Dr Rao recognise that writing isn't for everyone; it's one of the options. What's most important is taking time for expression and reflection. "It's about having that personal space to reflect on your ideas," says Professor Gask. "That might be journaling or writing fiction. It might not even be writing at all; it might be painting. But doing something."

Dr Rao is of a similar mindset: "I was always a social psychiatrist," he says. "For example, with addiction in older people, the greatest therapeutic tool is social activity, and to get people engaged with the community. So, I suppose my prescription, if you like, is not just writing, but social prescribing – to get people to take more interest in what's going on around them, whatever form that takes."

Professor Gask's works recognise how it truly feels to experience depression, but also provide hope for those who suffer from this devastating illness, as well as their loved ones, all while combatting the stigma of mental illness. "In psychiatry, you talk to people and listen to them, and that alone helps sometimes. That's the power of conversation," she says. "So, when I'm writing, I'm just having a different kind of conversation between myself and my readers. I know people with mental health difficulties read my memoirs, so I get a sense that I've carried on supporting them even though I'm no longer practising."

It is a similar sense of optimism that Dr Rao wants his readers to take away from his novels. "There has to be some hope at the end… a sort of punchline that instils hope. And both my novels do this. They're ultimately voyages of recovery."

Dr Tony Rao

Understanding **discrimination**

A recent College survey has revealed that LGBTQ+ psychiatrists face worrying levels of abuse at work. More in-depth analysis will help unpack what needs to be tackled.

In January, the College carried out its first-ever LGBTQ+ survey of its members. The survey, which was open to all members regardless of their sexuality or gender identity, aimed to capture the experiences of LGBTQ+ psychiatrists in the workplace. The early results reveal worrying levels of discrimination.

A total of 2,282 people took part in the survey, representing one in eight (12%) of eligible members. Around a quarter of the survey respondents identified as LGBTQ+, with most identifying as gay men, a quarter as bisexual and one in ten as lesbian. In total, one in six said they had been bullied at work, more than one in five reported harassment and two in five had experienced microaggressions.

"Many members are reporting bullying, harassment and microaggressions, which clearly has an impact on their wellbeing," says Dr Raj Mohan, the College's Presidential Lead for Race and Equality and executive member of the Rainbow SIG. "And if staff are affected by

Dr Raj Mohan

discrimination of this sort, what about our patients and their carers?"

Common microaggressions, which were more likely to come from patients and peers than managers, included being addressed by the wrong pronoun or being asked about same-sex partners. Bullying and harassment were more likely to come from patients and managers. But regardless of the form it took, abuse was reported by more than half of the LGBTQ+ respondents (52%) who worked in hospitals (compared with 43% in community settings).

Perhaps the most worrying finding is how few LGBTQ+ psychiatrists reported any kind of abuse to their employer. Only four in ten of those who experienced bullying or harassment and one in ten of those experiencing microaggressions reported it. And of those, the great majority were dissatisfied with their employer's response.

"My reading of these results," says Dr Mohan, "is that leadership makes a difference – leaders actually saying that they will not tolerate homophobia or transphobia in any of their services and responding swiftly to concerns."

College President Dr Adrian James says: "We can see from the survey results there is more we can do to improve the experience of the psychiatric workforce. Microaggressions clearly played a role in the abuse that our members experienced and witnessed, but we need to ensure people feel they can report this and will receive support when they do."

The level of comfort felt at work by LGBTQ+ respondents varied depending on their seniority or ethnicity. Overall, just under two-thirds agreed that they could be authentic or bring their true selves to work. But consultants were much more likely than trainees or SAS doctors to express such sentiments. And while four-fifths of white LGBTQ+ psychiatrists said that their work environment was both positive and inclusive, fewer than three in five of their Black, Asian and ethnic minority counterparts could say the same. Understanding why this is will be a key part of further research.

"It is striking that many people don't feel comfortable or safe to be out at work," says Dr Mohan. "That's certainly been my experience. You never know if it's safe enough to report abuse and discrimination."

The full report on the survey will be published in April. It will incorporate the findings of a series of focus groups that will discuss aspects of the survey findings and consider potential actions.

"The College takes LGBTQ+ equality seriously," says Dr James. "In addition to the insights from the survey, we look forward to more in-depth findings from our focus groups which will tell us more about the areas we urgently need to tackle."

Mend **the gap**

Tackling the stubborn gender pay gap in psychiatry matters to the profession, patients and society as a whole.

The Independent Review into Gender Pay Gaps in Medicine in England, published in December 2020, showed a 17% overall discrepancy and a mean monthly gender pay gap of 15.7% in psychiatry.

"The gap reinforces the message that what women offer is not important," says Dr Beena Rajkumar, co-chair of RCPsych's Women and Mental Health Special Interest Group (WMHSIG), who created an action plan in response to the report.

Despite women making up 60% of medical students, relatively few make it to senior positions that command the highest pay. The reasons for this are multiple, with women experiencing pitfalls at different stages of their careers.

Dr Rajkumar describes two main 'bottlenecks'. The first comes early on in their careers when many women navigate the challenges of pregnancy, maternity leave and a return to work. The second comes later when many women would like to take on leadership challenges but may be experiencing menopause and increased caring responsibilities. Both are times when women require greater support and flexibility from employers, which is often lacking.

The maternity process is difficult and individuals are often left to tackle it alone. This lack of support is a missed opportunity. "Research undertaken by the Equality and Human Rights Commission shows that if women feel more supported, they are more likely to come back and work more hours and be more productive," says Dr Philippa Greenfield, WMHSIG treasurer.

After having a baby, women are more likely to work less than full time (LTFT), which can have a big impact on trainees in a system based on hours fulfilled rather than competencies – meaning consultancy takes longer to achieve. "Those working LTFT can be undermined in subtle ways," says Dr Rajkumar. "They are often made to feel they are less productive or committed. Shared parental leave could help but it is difficult to negotiate and is not often taken up."

When women are in their 40s and 50s, they will have gained the experience to excel in senior roles, but menopause can be a time when women feel under-confident and physically limited. While male peers take on more programmed activities and senior roles, women may be less likely to put themselves forward. Without concrete support for women written into policy, the chance to capitalise on their expertise will continue to be lost. Increased discussion of the menopause, peer support and mentorship are all also likely to help.

Another area that compounds pay inequalities is the Clinical Excellence Awards – a bonus payment for going over and above what is expected. Men receive more than 80% of awards and are more likely to apply. More often, men will work extra sessions or have formalised additional roles, which can make their success easier to quantify. Meanwhile, women's extra work often goes unseen. Whether it is mentoring or taking on other supportive roles, these 'softer' contributions go unpaid and undervalued, despite being fundamental to the profession. The internalised patriarchal voice also plays a part with women being vulnerable to imposter syndrome.

The awards perpetuate systemic imbalance. As Dr Greenfield says: "Men are promoted based on their potential, whereas women are promoted when they have already achieved." She is also quick to point out the additional barriers facing women of colour, or with disabilities or other protected characteristics.

The College has narrowed its gender pay gap from 17% to 6.22%. It now needs to influence the profession to create concrete policies to support women throughout their careers. The key will be to collect data and monitor progress, while addressing systemic barriers. Figures for 2021–22 are due at the end of March.

WHMSIG is clear about the need for action. "If we don't value women and support them, that filters down to services. If we don't have representation, what are our services going to be like for women?" says Dr Greenfield.

Dr Rajkumar adds: "We can't take the gender pay gap lightly. The gap says that the work women do is not valued equally. That is the message we send into society. Mending the gender pay gap is not a favour to women; it is in the best interest of the NHS and the workforce."

Dr Raka Maitra

Caring for **carers**

Dr Raka Maitra discusses the hidden workforce of physicians with complex caring responsibilities – the challenges they face, the need for more flexibility to accommodate their needs, and the value they bring to healthcare through their lived experience.

"**It's** difficult for some people to understand the full extent of what we juggle," says Dr Raka Maitra, higher psychiatric trainee and mother to a child with complex caring needs. Dr Maitra completed her core training while managing demanding caring responsibilities – taking career breaks and postponing exams when there was no other option. She is now an ST5 in child and adolescent psychiatry.

"Physician carers are compassionate and pragmatic clinicians who are not afraid of change or uncertainties"

But not everyone facing similar circumstances makes it as far. "I know people who have given up their careers after medical school or during training and it's because the system, at the moment, doesn't know how to accommodate the constant uncertainty involved in being a carer," she says.

An active member of the Women in Mental Health Special Interest Group (WMHSIG), Dr Maitra is now also its lead on complex caring responsibilities, having spearheaded work in the College to raise awareness of unpaid carers and advocate for better support for them.

Getting a reliable understanding of how many unpaid carers are out there isn't straightforward. The NHS has estimated it has 250,000 carers within its workforce, for example. But, in reality, this number could be much higher as many people with caring responsibilities don't recognise themselves as carers. And for those that do, there is no incentive for them to identify themselves. "There aren't return-to-work schemes for carers," says Dr Maitra, who warns that lack of resources and social care poses a threat to physician carers being able to continue their careers.

"Not being able to make adjustments runs the risk of losing this workforce," says Dr Maitra. For her, losing healthcare professionals who are also carers represents not just a drop in number, but a loss in quality and value. "Those who want to juggle both work and caring – which is a personal choice – have weighed up their life circumstances with their capability. They are compassionate and pragmatic clinicians who are not afraid of change or uncertainties," she says.

This is something she knows first-hand. "My experience as a carer enriches who I am as a child psychiatrist and what I bring to the families. Because there are things that I can understand that parents face, the dilemmas, the difficult conversations, the challenges of navigating through our well-meaning NHS – well-meaning but not always well-coordinated – where I absolutely know what it feels like to be in their shoes."

Dr Maitra points to some of the rules in place for recruitment into higher training. "They don't look at any of your experience that is beyond the last 5 years. Some of us have taken a 5-year career break or more – so, everything we've done would fall outside of that. If a medical degree from 20 years ago can still stand, then why not the relevant experience that took place more than 5 years ago?"

Dr Maitra credits the compassionate consultants she has dealt with, who have enabled her to complete her core training and work at a manageable pace. "I feel that every time I've managed, it has been because there was a supportive consultant who was able to think outside the box and who did whatever was possible for me within their capacity," she says.

"Some consultants arranged for me to work on an honorary contract – although unpaid – they were happy to sign my competencies, so I was able to have appraisals and revalidation with the GMC – which is really important to be able to remain in practice," she says. "When I was a staff grade, I was able to work on a flexible contract. I was also encouraged to participate in activities that would build up my portfolio to apply for higher training."

These experiences don't reflect everyone's. "I know people who have worked in less creative job circumstances who have lost their careers," says Dr Maitra. "You do need someone to think creatively, to empathise enough to make plans to support these uncertainties."

Support can also come in more nuanced and intangible forms, such as when a colleague's actions and behaviours "in no way convey or suggest that you're a problem or a burden," says Dr Maitra. "When the subtext of their behaviour says: 'I value you'. That's really important. They understand that sometimes you will have to be off work, not for holidays – for unpredictable crises." For Dr Maitra, being supported in this way made it possible to bear those more uncertain phases that she couldn't do anything about, knowing that her value hadn't been minimised.

Bias towards carers can present itself in terms of opinions formed, whether consciously or not, as to their capability and competency. And the fear of judgement is something that can grow out of that. "There is sometimes a bias about your capability," says Dr Maitra. "Another thing that happens, is that carers feel a great need to prove themselves. But it's a need that's not wholly unfounded as the system doesn't believe in you. You feel you have to go the extra mile. The system doesn't see you've had to go so many extra miles already. These extra miles as a carer are clinically relevant – this is what healthcare needs to recognise."

Under the Equality Act (2010), there is some legal protection for carers in terms of discrimination by association. But Carers UK, the UK's national membership charity for carers, has a stronger ambition: for the status of being a carer to become the 10th protected characteristic. This would bring carers into every conversation about diversity and inclusion.

Last year was significant in terms of progress towards parity for carers. The UK government confirmed its intention to implement a brand new employment right – up to 5 days of leave entitlement for working carers (although there is no obligation for the employer to make this leave paid). The GMC also recognised carers in its 2021–25 strategy and stated its support for flexible working. And in December, the UN adopted the first-ever UN Resolution on Addressing the Challenge of Persons Living with Rare Disease and their Families. "This doesn't cover all illnesses that might require caring responsibilities," says Dr Maitra "but it's a good start."

Dr Maitra has set up a working group that is having conversations with the NHS – exploring what is possible in order to improve the working lives of carers. Making a real difference would require collaboration across other medical specialties and changes at a policy level. Dr Maitra also hopes to establish a work-focused peer support group.

For now, Dr Maitra and colleagues are keeping the conversation going, and representing and advocating for physician carers. "In healthcare of all places," she says, "it's baffling to discount people with actual lived experience of caring – that's what our profession is all about."

Congress **is back**

International Congress returns to its traditional in-person format in Edinburgh this summer – and also retains some digital innovations from last year's virtual event.

For the first time in three years, this summer's International Congress will be a face-to-face event. This, perhaps, makes it all the more of a significant opportunity for College members to network in person. The diverse and vibrant city of Edinburgh will be host to this important annual event in RCPsych's calendar.

Taking place between 20–23 June at the Edinburgh International Conference Centre, the schedule of talks is, as always, packed with diverse content, including a line-up of 17 high-profile international keynotes across five concurrent streams. The talks will be delivered not only by world-class academics and clinicians, but also by those with lived experience, their families, and opinion leaders from the social and political sphere. Sessions and masterclasses will cover psychopharmacology, new science, clinical practice, education and training and much more.

Building on many of the welcome innovations created for the College's first-ever virtual Congress last year, sessions will be recorded and made available to members so they can catch up on ones they've missed or re-watch ones they've already enjoyed. The traditional poster hall will also be transformed into a brand new ePoster Hub, which will sit at the very heart of the conference centre. Using screens, members will be able to browse through hundreds of posters on the very latest in psychiatric research in a dynamic and interactive way that brings them to life.

Despite these changes, most aspects of Congress will be familiar. And to make the most of being able to meet in person again, the College has revamped its social and networking programme. This year, attendees will be able to mingle during a series of lunches and breakfasts, a full programme of wellbeing activities including an organised run, yoga and meditation, and the newly developed University Challenge style Dean's Quiz, along with a Congress party and drinks reception.

After so much time spent socially distanced, the College would like to welcome as many members as possible to RCPsych International Congress 2022.

Keynotes from:

- Mr Kevin Stewart MSP, Minister for Mental Wellbeing and Social Care
- Professor Tamsin Ford, Professor of Child and Adolescent Psychiatry at the University of Cambridge
- Dr Gwen Adshead, Consultant Forensic Psychiatrist and Psychotherapist West London Trust
- Dr Geoffrey Reed, Professor of Medical Psychology, Columbia University Global Mental Health Programs, New York
- Professor Francesca Happé CBE FBA FMedSci, Institute of Psychiatry, Psychology and Neuroscience, King's College London
- Dr David Williams, Professor of Public Health at the Harvard School of Public Health
- Professor Devi Sridhar, Professor of Global Public Health, University of Edinburgh.

Highlighted sessions:

- **The powerful destructive effect of suicide. How to help those bereaved, including families, friends and clinicians:** This workshop will explore why suicide is so hard to mourn, address fundamental issues of responsibility and agency, and then will discuss how to work effectively with those who have been bereaved.
- **Treatment-resistant psychosis:** This half-day training course kicks off with an overview from Professor Oliver Howes of treatment resistance in psychiatry, considering its conceptualisation, its epidemiology, its impact, and some common neurobiological models. Other speakers will present on the efficacy of clozapine in children and young people, the future of treating psychosis, catatonia, the interface between autism and psychotic disorders in adults and relapse, and discuss whether treatment resistance can be avoided in schizophrenia.
- **Top ten facts every psychiatrist should know:** Three leading clinical academics will highlight essential knowledge on psychosis, bipolar disorder and depression. These will be based on results from systematic reviews and meta-analyses that clinicians can share with their patients to help them in joint decision-making about their management.
- **The future for risk prediction models in psychiatry – target outcomes, challenges and applications:** Based on a literature review and new empirical research in general psychiatry, this session will outline key principles in applying prediction model approaches to three important adverse outcomes in psychiatric settings – suicide, violence, and cardiometabolic risk.

International Congress 2022 runs from 20–23 June at the Edinburgh International Conference Centre. For more information on registration, keynote speakers and the Congress programme, visit **www.rcpsych.ac.uk/events/congress**