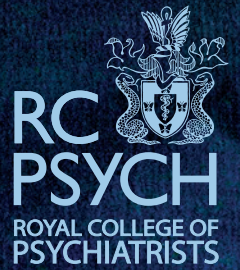


Issue 26 | Winter 2023–24



RCPsych

INSIGHT

Exploring the value of volunteering
in global mental health

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COLLEGE NEWS IN BRIEF

Hitting the headlines

The College's media team has been working on some key campaigns over the last quarter and secured more than 1,850 mentions across broadcast, print and online outlets.

The launch of this year's Choose Psychiatry campaign was supported by Stephen Fry and Alastair Campbell in October. Stephen Fry recorded a video backing the College's efforts while Alastair Campbell shared his support on social media. The campaign was covered by the *Independent*, *Daily Mail*, *i Paper*, *Mirror*, *Evening Standard* and 210 other media outlets.

Also in October, media coverage was secured for the College's *Infant and Early Childhood Mental Health: the case for action* report. Dr Trudi Seneviratne OBE, Registrar of the College, discussed the importance of providing mental health support to mothers, infants and babies with LBC, Sky Radio and TalkTV. The story was covered by *BBC News*, *ITV News*,

Sky News, *The Telegraph*, *Daily Mail*, *Independent* and secured over 320 mentions for the College in total.

College President Dr Lade Smith CBE spoke to *The Telegraph* and *HSJ* about her immediate priorities and highlighted that 1.4 million people were waiting for help after being referred to a community mental health team. This was later covered by *ITV News*, *Daily Mail*, *Evening Standard* and 190+ other media outlets.

Dr Smith also discussed the mental health of Black boys and men with ITV's Alex Beresford for the ITV series *Fresh Cuts*. She explored some of the reasons why they might be more prone to suffering with poor mental health, such as adverse childhood experiences, trauma and deprivation.

RCPsych in Scotland also made headlines, including by speaking about the increase in teen eating disorders since the pandemic, which featured in *The Herald*, *The Sunday Post* and *The Courier*.

Opt in for printed journals

As is now part of the process for receiving print copies of the *BJPsych* journals, it is the time of the year to let us know your preferences for the next 12 months. Asking you to annually confirm this means we can ensure we are only posting printed copies to people who want them.

You can inform us of your preferences for 2024 through your RCPsych website member account (go to <https://members.rcpsych.ac.uk/BJPsych>). If we don't hear from you, we will assume you don't want print copies – but you

can change your mind at any point and still opt in. (UK members can receive up to two printed journals, with further journals at an additional charge; PMPTs and overseas members can receive print copies at an additional charge.)

Online access to the full suite of the College's prestigious journals is included in everyone's membership and is available through the Cambridge University Press website, as well as the dedicated *BJPsych Journals* app. If you haven't already tried the app, it is available for free from the App Store and GooglePlay.



For tips on getting the most out of the College library's online platform, go to p17

An international constitution

Amendments to the College constitution, which were agreed at RCPsych's 2023 Annual General Meeting (AGM) in July, have officially been signed off by the Privy Council and will now take full effect, as dictated by the College's Royal Charter.

The two approved changes, proposed at the AGM by the College Officers, are intended to step up recognition of the College as an international

organisation. The first is to allow Chairs of the College's International Divisions to be full members of the RCPsych Council, and to be able to attend Council sessions remotely. The second is to change the name of Council from 'UK Council' to 'Council of the College'.

A third change proposed by the College Officers, to extend voting rights to College Affiliates, did not receive a majority vote and was therefore not carried further.

Stand for election

Are you interested in becoming part of the College's core governance structure? You can now sign up to stand for election for various key College positions in faculties, divisions, devolved nations, international divisions, special interest groups, and on the Psychiatric Trainees' Committee.

The nomination window is currently open and closes at noon on 26 January 2024. Part of the application process involves submitting a supporting statement for the relevant position.

Further information, including the full list of opportunities and details of how to stand for election, is available on the College website: www.rcpsych.ac.uk/elections



President's update

The festive period can be a time of celebration, but also one of reflection – something we recognise in this winter issue of *Insight*, as we reflect on what has been a year of successes and challenges.

In this issue, we look back at some of the outstanding contributions made to psychiatry and mental health care that were recently celebrated at this year's RCPsych Awards.

Looking forward, we also consider some of the College's work to address ongoing and emerging challenges affecting the profession and the people it serves. In one article, we delve into RCPsych's continued efforts to engage with political parties to secure commitments on mental health in their manifestos. In another, we discuss Scotland's efforts to help increase workforce numbers, with lessons for the entirety of the UK.

The College continues to strive to secure the best possible outcomes for its membership and the patient and carer population. Demonstrating this, RCPsych's Presidential Leads also share their plans for bringing about meaningful change and supporting the College Strategy 2024–26.

I hope you enjoy the read and I thank you all for your hard work and dedication over 2023. I wish you all the best over the holidays and look forward to working alongside you in the New Year.

Dr Lade Smith CBE

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

Your comments on *Insight* issue 25:

Thanks again for another timely, well-written and insightful edition of *RCPsych Insight*.

Dr Lade Smith's article 'My vision for clarity' was enlightening, and her recent appointment as President, following on from equally inspiring and commendable Prof Adrian James, further reinforces not only her own commitment, but that of others at the College, to steering us all in the right direction – it certainly provided a breath of fresh air, hope and enthusiasm during the challenging times and changes all our services are going through.

Among other things, Lade explained her introduction of the monthly 'Question Time with the Officers' in which Officers discuss relevant and timely questions including changes within mental health services, providing holistic treatment and updates on the MRCPsych curriculum and, interestingly, recent changes to the CASC exam.

I'm, for one, certainly not going to miss the next one. And for those that unfortunately can't make it, it's luckily recorded so you can watch at your leisure.

Dr Seshni Gourika Moodliar Rensburg,
consultant psychiatrist



Sir Ed Davey, Sir Keir Starmer, and Prime Minister Rishi Sunak speaking at their respective party conferences this year

Political influencing

With a general election approaching, College teams are seeking to ensure mental illness is high on the list of political priorities.

Long-promised reforms to the Mental Health Act were missing from this year's King's Speech in November, and therefore, by definition, are missing from the government's legislative programme for the next 12 months. For many, including Peter Hand, RCPsych's Public Affairs and Stakeholder Manager, this may have come with a sense of disappointment, but certainly not one of defeat.

"Just because the government doesn't do something we would like them to do, doesn't mean we stop working for what we think is important," he says. "We just

"We're asking political parties to focus on preventing mental illness"

find other approaches to push for what we think matters."

While the government's decision to drop the draft mental health bill from its legislative priorities was a setback,

it wasn't necessarily a surprise. "We had long expected it," explains Thomas Rutherford, Policy and Campaigns Officer. "The government is still to respond to pre-legislative scrutiny of the bill that came from a joint committee of parliament at the beginning of the year. So, we had already been engaging across the mental health sector, including with partners in the Mental Health Policy Group, to discuss next steps."

Those next steps include exploring other ways to achieve the key aims of the draft bill, including a reduction in both overall and discriminatory rates of detention.

There could be "smaller legislative changes" that would help here, says Peter. That includes work on Advanced Choice Documents, which are designed to give patients more control over their care when they are seriously ill. Providing patients

with choice in advance of their care is a proven way of increasing a sense of autonomy in patients, particularly in those of Black ethnicity, and a way of lowering levels of detention.

In the absence of Mental Health Act reform, such changes could instead be introduced via secondary legislation – which is enacted by a government minister rather than needing to go through Parliament – or via a private members' bill, through which non-government MPs can introduce proposed legislation into Parliament.

The latter method may also hold promise on another area that was excluded from the King's Speech: the enactment of a ban on 'conversion practices', through which attempts are made to alter someone's sexuality or gender identity. In November, the first reading took place on a bill, introduced by Liberal Democrat peer Baroness Lorely Burt, which seeks to outlaw the practice.

Forging connections with parliamentarians across party political divides is a key aspect of the College policy team's work. This is not only

to drive mental health-related reform during the final 12 months of the current government – it's also with an eye to the prospect of new MPs, and perhaps a new government, once voters have been to the ballot box.

Representatives from RCPsych, including President Dr Lade Smith CBE, attended all the main parties' conferences this year. A particular focus: encouraging the inclusion of mental health issues in forthcoming election manifestos. "We're engaging with all parties on their manifestos, and looking to get commitments on mental health," says Lade.

One means of engagement is via the College's own manifesto for the election, which emphasises that, ultimately, there exists no health without mental health – and centres on the importance of prevention.

"We're asking political parties to focus on preventing mental illness, and then suggesting there are several measures which could contribute to that," explains Peter. "These include reducing the occurrence, and therefore prevalence, of severe mental illness; funding and resourcing mental health services to both recover capacity and meet growing demands; addressing the treatment and mortality gap; growing and supporting the wellbeing of the workforce; and prioritising mental health research and data collection."

The document is a set of intentionally high-level requests. "If we first get something general into a party's manifesto," says Peter "then that opens the door for more detailed discussions about our specific asks and about granular policy".

RCPsych's manifesto, which covers all of the UK, will be central to the policy team's work in the coming 12 months, but Peter stresses it has relevance right across the College.

"We want it to be a tool for members to use. The perspectives of our members as psychiatrists are going to be key. We hope they will use the manifesto to raise the profile of the College and our priorities, and to engage on a cross-party basis with parliamentary candidates. We hope they will use it to get involved."

RCPsych's manifesto is available from
www.rcpsych.ac.uk

Reimagining the way we work

RCPsych in Scotland is looking to help increase workforce numbers with the findings and recommendations from two groundbreaking reports, which have lessons for all four nations.

In Scotland, as in the rest of the UK, demand for mental health services is outstripping the growth in the psychiatric workforce. Waiting lists for mental health services are increasing while consultant posts remain unfilled.

Seeking to help reverse this trend, members in Scotland have sought to tackle the problem head on by hearing directly from psychiatrists on the ground about their experiences, and then recommending informed, real-world actions to relevant stakeholders.

Heading up this work is Dr Ihsan Kader, Workforce Lead at RCPsych in Scotland (RCPsychiS) and Chair of the Scottish Workforce and Careers Committee. He has been keen to understand the nuance behind the numbers, particularly around two main points: the attrition from core to higher training, and the trend of consultants leaving the profession early.

Over a year ago, at his request, two focus groups made up of, and led by, trainees were set up, along with five workshops covering every career stage – from medical students and foundation doctors through to specialty doctors and consultants.

This autumn, the results of RCPsychiS's workshops, focus groups, and analysis of factors that could be contributing to this overall picture, culminated in the publication of two groundbreaking reports.

The first report, published in August, is *A threatened species: where have all the higher trainees gone?* It explores why so many trainees take a break between core and higher training, with a 'significant minority opting for career-grade posts, leaving Scotland to continue training elsewhere, or not returning to training at all'. While the take-up of core psychiatry training places in Scotland has remained at

“More investment in new consultant posts is needed simply to stand still”



Dr Nina MacKenzie

100% since 2021, even with an increase in the number of places available, by comparison, only 34 out of 49 (69.39%) higher training posts were filled in 2022. Fill rates vary considerably by region and by specialty, and were lowest in the north of the country, where only 22% of posts were taken up – although there has been an improvement in 2023. In contrast, the rates in the south-east and west regions have been considerably higher to the extent that they have created a bottleneck in the south-east – trainees at

the transition point to higher training have been unable to secure a higher training post where they currently live.

Someone who encountered precisely this problem is Dr Nina MacKenzie, one of the facilitators of the trainee focus groups. “I entered higher training in general adult psychiatry in August,” she says. “But, like many trainees, I couldn't get a job where I lived. I trained in south-east Scotland, but there was only one general adult post available and multiple applicants. So, I had to move to a different health board in the west of Scotland to continue my training, but I appreciate that's not something that everyone can do.”

This was one of the main issues that came up in the focus groups' discussions of factors affecting progression into higher training, notes Dr MacKenzie. “For a variety of reasons, some trainees were finding that they were unable or unwilling to move from their geographical location in order to take up a higher training post,” she says.

For many reasons, of which this is only one, delays in training progression are increasing across the board. “Thirteen years was the average time it took to become a consultant from joining medical school,” says Dr Kader. “But that's no longer the case. It's taking 14, 15, 16

years or longer.” While in one sense, having this flexibility is important for retaining psychiatrists in the longer run, it also may be adding more pressure to services in a more immediate sense.

At the other end of the pathway, many consultants are leaving the profession early. In Scotland, 42% of consultants are over 50, almost half of whom intend to take early retirement. A shortage of consultants, quite apart from the impact on mental health services, also means there are fewer people to train and mentor students. The problem risks becoming a vicious circle.

And so, addressing the full length of the pathway, RCPsychiS published the *State of the nation report: the psychiatric workforce in Scotland* in October which, in its own words, ‘tells the story of a doctor's journey from undergraduate to consultant and the challenges' which ‘compel more and more psychiatrists to leave Scotland's workforce’. For Dr Kader, also a consultant psychiatrist with the Edinburgh intensive home treatment team, it has been a labour of love.

Two years in the making, the report contains 66 recommendations for change which, in Dr Kader's words, will require “a complete reimagining of how we do things”. He acknowledges that it is a “hefty report” but stresses that it has been structured into

sections tailored to different readers so that “people only need to read the sections that are relevant to them”. And that reflects the diversity of the audiences it addresses, which includes the Scottish government, Scottish health boards, medical schools and universities, existing mental health services and members of the College, both in Scotland and the rest of the UK.

One of the things that Dr Kader would like to see reimagined relates to a problem that is unique to Scotland, but which resonates more widely. Scottish consultants work to a 9:1 job plan, unlike their colleagues in the rest of the UK, where 7.5:2.5 job plans are the norm. This means that consultants in Scotland have as few as four hours a week for non-clinical work.

But change isn't simple, as Dr Kader explains: “The problem that the health boards have is that they can't just give consultants, say, another two sessions to do non-clinical work because who would then do the clinical work that they already do? And so, that's what we mean by reimagining how you do things, because you have to look at services in the round, including consultant workloads and the type of work done. More investment in new consultant posts is needed simply to stand still.”

Within weeks of its publication, the *State*

of the Nation report was already landing in the right places. During a statement to the Scottish Parliament on the government's two-year ‘Mental Health and Wellbeing Delivery Plan’ on 7 November, the minister for Social Care, Mental Wellbeing and Sport, Maree Todd MSP, was challenged by the opposition to respond to the report. Ms Todd answered by saying: “I absolutely acknowledge the issues that are raised in the report and I look forward to engaging with the College and with many other stakeholders.”

Dr Kader says he has had “direct feedback from colleagues working in England, saying it's a very useful report. Although it deals with some issues that are unique to Scotland, they genuinely see it as a four-nations document”. In that spirit, he has made a presentation to some of the College's Senior Officers and staff, which he hopes will prompt interest and action across the UK.

The two Scottish reports, *A threatened species: where have all the higher trainees gone?* and *State of the Nation report: The psychiatric workforce in Scotland* are both available from www.rcpsych.ac.uk



Dr Ihsan Kader



Unfavourable assessment

How the College has been responding to alarming government plans to reform the Work Capability Assessment in order to protect people with mental illness.

College Lead for Social Inclusion, Dr Jed Boardman, has long been concerned about the support available to those who are living with mental illness and struggling to find, or to remain in, work. But it is a worry which has grown in recent years, and for a variety of reasons.

“People with disabilities have been disadvantaged by changes to benefit assessments and payments for some time, but also with austerity measures and then, more recently, with the cost-of-living crisis,” says Dr Boardman. “There has been a triple whammy to contend with.”

With recent government proposals to reform the Work Capability Assessment (WCA) – the process by which an individual’s entitlement to out-of-work welfare benefits are determined – his concern is that the situation is going to become even more difficult.

The WCA is an assessment of the extent to which someone’s illness or disability affects two aspects of their lives. First is their capability to work. Second is their capability to engage in activities to find work. If someone is found both to be unable to work and to be unable to find work, they are awarded a higher rate of benefit than those judged currently unable to work but with capability to complete activities to help find work.

But the government has declared itself concerned by the number of people being assessed as having Limited Capability for Work-Related Activity (LCWRA) and therefore eligible for these higher

“The changes proposed are premature and their effects ill thought through”

payments. It says that the proportion of people in the LCWRA group has increased from 21% of those assessed in 2011 to 65% of those assessed in 2022. So, in September, it published proposals to change some of the criteria used in the WCA. This includes altering the grounds on which someone is considered to be at ‘substantial risk’ if they were to engage in work-related activity.

For many, including RCPsych, these suggested changes were cause for serious alarm. Having identified the significant impact on people with mental illness, the College provided a detailed response to the government consultation on the proposals – stating that they were illogical and unfair. “The system they have created doesn’t seem to work in the way that the Department for Work and Pensions would like, hence them making these changes” explains Dr Boardman. “But from the perspective of the College, many charities, and the individuals who are getting the benefits, the current setup offers an important safeguard.”

It is assumed the main aim of the proposals is to save money. But there are questions over whether this goal would realistically be achieved – something the College also

observed in its response. If people are forced into work-related activities for which they are not fit, or if their benefits are reduced, or if they are subject to benefit sanctions (a subject the Chancellor has been extensively speaking about recently), then the evidence tells us their health is likely to worsen. This will lead to greater demand, and indeed greater costs, for already over-stretched health services.

“These things matter to our clinical services because, without decent money in your pocket, your health suffers and that will have knock-on consequences,” says Dr Boardman. “So, as psychiatrists, it’s worth our while to get involved in this area, not just because it’s better for patients, but also because it’s better for our own workloads.”

Within the government’s autumn statement was a full response to the consultation on this matter, setting out its final set of proposals. Tommy Denning, the College’s Policy and Standards Manager, says: “We welcome that some of the most significant proposals were withdrawn. However, there remain proposed provisions that stand to inappropriately disadvantage people with mental illness, such as by potentially reducing their benefits and subjecting them to sanctions.”

“We recognise that getting people who want to work into employment is important,” stresses Dr Boardman. “For a long time, we have supported the creation of a more effective system to do that. But the changes proposed, even in their now-amended form, are premature and their effects ill thought through. We are actively seeking to influence government to engage with the College, relevant charities and with people with lived experience to think through what would make a better system. And that message is the same for the present government or for any incoming one.”



Paul Rees MBE

A fond farewell

Having said goodbye to CEO Paul Rees MBE, the College reflects on the achievements made during his tenure.

RCPsych has changed a lot over the seven years that Paul Rees MBE, now former Chief Executive Officer (CEO), was in post. The College underwent a process of modernisation, changed its culture, raised its media profile, grew its membership by 18% to 21,200 and picked up a whole cabinet of awards for its progressive values-based approach, particularly in equality, diversity and inclusion (EDI).

“We are seen as a centre of excellence,” says Paul, as he lists the College’s recent accolades, including winning the award for the membership sector’s best EDI campaign last year and the Charity Times Campaigning Team of the Year award this year for the organisation’s work on EDI. It has also been commended by the Equality and Human Rights Commission for being

an exemplary employer.

Paul, who was the first Black CEO of a medical royal college, highlights another aspect of EDI where the College excels, and that is belonging. Membership research has shown that members’ views of the College have transformed from being ‘elitist and cliquy’ to ‘diverse, influential and inclusive’, with Black, LGBTQ+, women and Asian members in particular saying they felt a greater sense of belonging.

The Choose Psychiatry campaign has won multiple awards and RCPsych has also been highly commended for its support for its members. Paul is particularly proud of the College’s response to the pandemic. It moved all its services online overnight in March 2020, so that it could support its members and ensure that mental health services were able to

continue. It also produced comprehensive guidance within the first couple of weeks of restrictions. He certainly feels his 4am starts during that period paid off.

Speaking in his last week at the College, which was in November, Paul is clear what was at the heart of the changes. “It starts and ends with the College’s values,” he says. The switch to being a values-based College in 2018 was not without challenges, but the benefits of making them central to every decision led to some of the achievements that Paul is most proud of – a huge reduction in the gender and ethnicity pay gaps for College staff to only 2%, zero tolerance of bullying, and establishing an enviable work environment that staff rate highly. The College’s values of courage, innovation, respect, collaboration, learning and excellence, are far from mere slogans and they have had a greater impact than Paul ever thought possible at the start.

It is evident that Paul always wanted RCPsych to be at the cutting edge. “Other medical royal colleges come to us for advice on EDI and how to become values-based organisations,” he says. It was also one of the first to publish a point-by-point plan to reach net zero on carbon emissions, and it has recently banned all flights in mainland Britain for College business.

Paul’s competitive spirit has certainly paid dividends for the College, and he has also received personal recognition. He won CEO of the year in the membership sector in 2020 and was awarded an MBE in 2022 for services to mental health and EDI – with his wife, daughter and son all joining him for the ceremony at Buckingham Palace.

Paul is keen to acknowledge all the support and work of the College and its “amazing, dedicated” members including senior figures and the presidents he has worked alongside. He says he was “bowed over” by the support of people such as Dr Aggrey Burke, the first Black UK psychiatrist to be appointed by the NHS, who he says has been living the College values – particularly courage – since before they had even been formally defined. He also praises College staff who have dealt with the “quite continuous” changes, and he is pleased that Sonia Walter, who has worked at RCPsych for 23 years and has played a crucial role in its transformation, has taken over as CEO for the interim.

Although he is relishing a new challenge at the National Pharmacy Association, he will certainly miss the College. “It’s the friendliest place I have ever worked,” he says. He is also very optimistic about its future: “Everything is pointing in the right direction.”

Meet the Presidential Leads

The College's eight Presidential Leads support and advise the President and College Officers in all matters relating to a specific area of work, as well as leading on the development and delivery of projects relevant to that area.

Appointed by President Dr Lade Smith CBE, the leads will occupy their roles for three years. Their remit involves working collaboratively alongside other sections of the organisation, including the faculties, divisions, devolved nations, and special interest groups – and they will be instrumental in the roll-out of the College Strategy 2024–26.

There are six areas of focus: equity and equality; global mental health; retention and wellbeing; compassionate and relational care, physical health; and women and mental health. The latter three areas were newly introduced this year to support the College as it expands its efforts in these domains.

Here, the Presidential Leads share their plans and priorities.

Women and Mental Health

By establishing Presidential Leads for Women and Mental Health, RCPsych has taken an important step in highlighting the disparity women and girls face in access to, and quality of, mental health treatment. There is much to be done!

Work already in progress includes the establishment of the Menopause Expert Reference Group, which was created in response to the demand for improved detection and understanding of how the menopause can impact women's mental health presentations. We hope to disseminate training, develop guidance and host a conference on this next year.

Gender-based violence and sex discrimination remain huge issues for women. We will continue to support the College to respond to these issues, address the workforce training need, and influence the collection of much-needed, improved

cross-system data. We will continue to promote the Gender Pay Gap Action Plan and support the monthly Violence Against Women and Girls forum (hosted by the WMHSIG). In September, we also supported the College to sign up to the NHSE charter to address sexual violence in the workplace and encouraged all mental health organisations to do the same.

Tell us your views

All members are encouraged to take part in RCPsych's first-ever survey seeking to understand what members see as the issues for women and girls accessing mental health services, and for women in our workforce. Your responses will be used to develop our strategy 'Women's Mental Health Matters'. The survey is open until the end of January 2024, accessible from: www.rcpsych.ac.uk/wmhsurvey

Equity and Equality

Systematic, continuous and evidence-based approaches are needed to address the deep-rooted disparities in mental health care. As Presidential Leads for Equity and Equality, we are tasked with advising the College and embedding systems within RCPsych and the wider mental health care system, so that the factors driving inequity can be effectively identified and mitigated.

We must ensure that the Tackling Racism in the Workplace guidance and the Act Against Racism campaigns are fully embraced and implemented by all employers. We will support

all parts of the College, including nations, faculties, and divisions to promote equity in mental health care. We will be advocating for the Advancing Mental Health Equality (AMHE) methodology developed by the NCCMH for healthcare organisations to address inequalities in their services. The College will soon publish guidance for employer organisations to ensure that reasonable adjustments are always provided to staff who need them. All inequalities experienced by patients, carers, and staff must be actively tackled to sustainably improve our care systems.



Dr Catherine Durkin
Joint Presidential Lead for Women and Mental Health



Dr Philippa Greenfield
Joint Presidential Lead for Women and Mental Health



Dr Rajesh Mohan
Joint Presidential Lead for Equity and Equality



Dr Amrit Sachar
Joint Presidential Lead for Equity and Equality



Dr Ed Beveridge
Presidential Lead for Physical Health



Professor Mohammed Al-Uzri
Presidential Lead for Global Mental Health



Dr Ananta Dave
Presidential Lead for Retention and Wellbeing



Dr Russell Razzaque
Presidential Lead for Compassionate and Relational Care

Physical Health

People with severe mental illness (SMI) die up to 20 years younger than the rest of the population – mostly from preventable physical illness – and this mortality gap is getting bigger. My priority is turning this around.

Most of the UK has a programme of annual health checks for the SMI population, however not everyone receives theirs. For example, in England last year, 60% of people with SMI got their full check, but 25% received no element of it at all.

We need to learn about the people missing out, get better at reaching them and make sure their health checks include more key conditions. We must drive integration between mental health services and other parts of our new health and care systems to improve experience and outcomes, and support research and innovation that might help close the mortality gap.

All this will require large-scale, novel, system-wide approaches – I'm excited to see what influence we can have and what changes we can make.

Global Mental Health

With around 1 in 5 of its membership based outside the UK and more than 40% of its UK-based membership being International Medical Graduates, the College is truly a global organisation. More needs to be done to support and engage our international membership through activities as well as governance – an example of which is the decision to make chairs of International Divisions members of the College Council.

In this role, I am working to enhance RCPsych's international educational offer – working with the Dean's office on various developments, such as CASC training for international candidates and the International Diploma for Older Persons' Mental Health. We are also building on the success of our Volunteer Scheme, sharing learning and experiences with colleagues across the world, and expanding our collaboration with existing reputable international organisations, as well as welcoming new ones.

These priorities will underpin our second International Strategy and will be integrated into the College Strategy 2024–26.

Retention and Wellbeing

My aim in this role is to empower psychiatrists to protect their health and wellbeing, to feel safe and valued, and to be able to thrive at work.

Securing the best outcomes for people with mental illness, intellectual disabilities and developmental disorders can only be delivered if we nurture and support psychiatrists as part of multi-disciplinary teams. This is especially important at a time of unprecedented demand and workload pressures.

My priorities include helping to create a culture of belonging for psychiatrists by appreciating them, challenging discrimination and helping achieve equity for certain groups like IMGs, SAS doctors and others. We need to ensure psychiatrists who have retired, or are nearing retirement, can continue working in some capacity, if they wish.

Enabling colleagues with mental illnesses, additions and neurodiversity to get the right help and support is also key, so they can remain in work, as per their wishes. Finally, I want to ensure psychiatrists appointed to leadership positions are equipped with the right skills and the tools to do their job fairly and effectively.

Compassionate and Relational Care

There is strong evidence to support the power of the therapeutic relationship and its dramatic impact on patient outcomes. The culture of our service and the dynamic we form with patients is fundamental to good care, yet often overlooked.

There are numerous ways to address this, including improving continuity of care, enabling staff to deepen active listening and empathy skills, and introducing reflective practice in all teams. Another key factor is clinician self-awareness. Our most important relationship – the one that impacts all others – is the one we have with ourselves. A slogan I will therefore be using is: "No Professional Development without Personal Development."

The fact that the College has created a Presidential Lead for Compassionate and Relational Care is a huge step forward. I look forward to working with colleagues at RCPsych as well as at NHSE and CQC to hopefully bring about real change over the next three years.

Challenging perceptions

A new data report is adding to the robust evidence base for ECT's effectiveness for people experiencing depressive episodes and other conditions. One of the report's authors and a patient whose life has been deeply transformed by the therapy offer their perspectives.

For a well-regulated therapy that can have life-saving results for some people with severe mental illness – many of whom have been unresponsive to other treatments – it is a conundrum that electroconvulsive therapy (ECT) remains so controversial. But with decades of negative depictions in film, television and literature, and uncertainty over long-term side-effects, it is understandable why people may be initially sceptical.

This can be frustrating for psychiatrists who work in the field who see how it can benefit people who are desperately ill. Dr Richard Braithwaite, Chair of the Committee on Electroconvulsive Therapy and Related Treatments at RCPsych says: "It sounds slightly unusual, but it is safe and effective and is generally well tolerated."

ECT is given under general anaesthetic with electric pulses being applied to the brain to induce a short, controlled seizure. Although its exact mechanism is not fully understood, it has a proven record for some illnesses – particularly depressive disorders.

Dr Braithwaite is one of the authors of a new data report from the Electroconvulsive Therapy Accreditation Service (ECTAS), which is part of the College Centre for Quality Improvement (CCQI). The report provides a picture of ECT use across England, Wales, Northern Ireland and the Republic of Ireland. Its main finding is that 68% of the 1,835 patients who had an acute course of ECT in 2021 were improved or very much improved, and among those treated for a depressive

"It gave me my wife back"

episode, 41% reached full remission (an absence of symptoms using clinical rating scales). Women and those who lacked mental capacity had higher rates of response or remission, and remission rates improved with age.

Most of the patients were given ECT after other treatments had failed and about half (48%) needed a rapid response due to serious risks of harm or distressing symptoms. Most had depressive episodes (84%); others had catatonia, schizophrenia, or mixed affective or manic episodes.

One of the concerns about the treatment is its impact on cognitive function. Dr Braithwaite says that short-term memory loss is common during therapy but resolves after a course of treatment – usually twice a week for about six weeks. Indeed, nine out of ten patients said their memory stayed the same or improved during treatment. Similarly, objective tests of cognition, such as the Mini-Mental State Examination, showed a mean improvement.

Previous research shows autobiographical memory loss, affecting recall of events in the months before ECT, is less common and typically becomes apparent weeks or months after completing treatment. This dataset

was not designed to detect such effects, as final observations were recorded around the time of the last session. However, the possibility of short-term and autobiographical memory loss must be weighed up when considering ECT.

The likelihood and degree of autobiographical memory loss are known to be significantly lower when electrical pulses are passed across one side of the brain, rather than both. The two forms of treatment are equally effective in patients with depressive episodes, yet the report shows only 5% of patients received unilateral ECT. In future, Dr Braithwaite would like to see a greater proportion of patients being offered the better-tolerated version of the procedure.

Other side effects are transitory – headache and grogginess immediately after therapy, although there is also the risk that any general anaesthesia brings.

For depressive episodes, NICE guidance states that ECT may be used when other treatments have been unsuccessful, or when the patient chooses it based on previous experience, or in severe illness that requires a rapid response. Dr Braithwaite emphasises that its scope extends well beyond 'the last

resort', describing a cautiousness among some colleagues to suggest ECT for bipolar or recurrent depressive disorder which are known to respond well to the therapy.

Berlinda Oatway-Wander says she wishes she has been offered the treatment sooner. She had a psychotic episode in 2018 and was detained under the Mental Health Act after becoming suicidal. She says that if she had been offered the therapy from the start, rather than five months after having a "plethora of medications", she believes she could have been "in and out within a month".

For her and husband Damian, the treatment was transformative. Damian was struggling to maintain hope after months of successive medications failed to bring back a glimmer of the person he loved.

He says that the suggestion of ECT was "terrifying" at first because the only stories he could find online were negative – and he wonders if he would have found the suggestion too overwhelming if it had been made immediately. But with advice from staff on the ward and research aided by Berlinda's GP brother, they agreed. Damian was particularly reassured by one nurse who described the procedure as being much more peaceful than its depictions would suggest.

Damian says he saw the difference after the first session when Berlinda smiled and offered him a cup of tea. Berlinda was able to come home after ten sessions and they are now making sure they live their lives to the full by doing the things they had put off – including getting two dogs and planning a move to the country.

Berlinda is now a patient representative for ECTAS and assesses clinics against its standards. She also talks to medical students about her experience and wants to change the negative perceptions and stigma that surround ECT by telling her story. She wants more people who have similarly severe mental illness for which it works well, to be supported to consider the treatment.

Dr Braithwaite recognises that ECT may not work for everyone and asserts that careful patient selection is paramount. It is important to recognise that it can be indicated in moderate as well as severe illness and, although the report shows an impressive response rate of 71% in catatonic and psychotic patients with depressive episode, it still sits at 57% for less severe illness. It must be considered carefully and discussed with patients and their family and an informed and collaborative decision

Berlinda Oatway-Wander, with her husband Damian

made when possible. It may be administered under the Mental Health Act when the patient is too unwell to make treatment decisions and clear legal criteria and safeguards are met. Often, in these situations, there is a danger to life unless ECT is given.

When ECT is administered, the procedure will be attended by at least four healthcare professionals. Although ECTAS accreditation is voluntary, almost all clinics go through the process. With dramatic results a possibility, Dr Braithwaite is keen for colleagues to reconsider any antipathy they may have towards ECT. "I'd like to think reading the report would encourage colleagues to consider prescribing ECT for more of their patients, given that so many report such a good response to it," he says.

Damian says: "It gave me my wife back. Before the treatment, she was paranoid, scared and in a dark place. It gave us a second chance. It might not work for everybody but, for us, it was almost like a miracle cure."

The ECTAS Dataset Report covering the period 1 January – 31 December 2021 is available from www.rcpsych.ac.uk



Global benefit

International volunteering in mental health has far-reaching advantages. Here, the editors of a new volunteering guide talk about their experiences in global mental health and why volunteering benefits everyone involved.

We wanted to create something that would have helped us back when we were starting off," says Dr Peter Hughes, one of the editors of a new book on global mental health volunteering. Set to become the go-to text on the topic for psychiatrists and other mental health workers, *Volunteering in Global Mental Health: A Practical Guide for Clinicians* covers everything someone might need to know, including ethical considerations, how to find opportunities and prepare for a trip, practical advice and toolkits –

"I am humbled by their hospitality, generosity and eagerness to learn"

as well as what the future might hold for this field. This is all brought to life with real-life experiences, including chapters by diaspora volunteers, hosts, trainees and supervisors.

Dr Hughes was well placed to work

on this publication as the founder and former chair of RCPsych's Volunteering and International Special Interest Group (VIPSIG). He has dedicated much of his career to volunteering and used to work overseas when on annual leave from his London-based consultant psychiatrist job, routinely applying for unpaid leave to fit more volunteering in. Now that he has retired, he can devote even more of his time to it. Given all this, he has been pretty much everywhere – including Antarctica and North Korea.

Drawing on his experience working in humanitarian emergencies, Dr Hughes is currently in Armenia, which

is experiencing a refugee crisis after more than 100,000 people fled conflict in Nagorno-Karabakh. He was asked to help as he had worked on a primary care project there. "Wherever I am asked to go, I will go – as long as there's a reasonable level of safety," he says. But his work has certainly not been without risk – in Haiti there was a threat of kidnapping and in Afghanistan there was an ISIS attack outside the hotel he was training in.

Against a chaotic backdrop, sometimes some of the most meaningful work can take place in the stillest moments – listening and hoping that you are making a difference. One of his most challenging experiences was in Haiti, after the earthquakes of 2010, where he supported many women who had been raped. As well as ensuring they were safe, he took the time to speak with them. "You felt that just having an ear to listen had helped them," he says.

Much of Dr Hughes' work has common threads running through it. "A lot of my global work has been about loss and grieving and helping people to have the strength to deal with their loss," he says. Mental health care often comes secondary to practical considerations. "You look after basic needs first – a place to live, food, money, a telephone to contact family. You are doing psychiatry, psychology, social work, housing and protection," he says.

For his significant contributions to international psychiatry, volunteering and advocacy, Dr Hughes recently received the

Lifetime Achievement Award at this year's RCPsych Awards. He says the College's Volunteer Scheme acted as a springboard for him, something the book covers, among other routes via which people can get involved.

He emphasises that, in addition to its immediate value, international volunteering also offers many benefits and transferrable skills. "We should always take the opportunity to think about what it will bring back to the UK and the NHS in particular," says Dr Hughes. Among the many benefits he lists are leadership skills, how to manage on low resources, and cultural awareness. He also thinks that making opportunities easier to access in NHS jobs would aid recruitment and retention.

Volunteering can be done over days, weeks or months and sometimes involves long-term training projects. For Dr Sophie Thomson, former chair of VIPSIG and co-editor of the book, this work is a win for everyone involved. "It's a win for the volunteer, a win for the hosts, a win for communities and, ultimately, for the people with mental illness and their families," she says.

Before chairing VIPSIG and volunteering with the College's Volunteer Scheme, Dr Thomson worked for many years as a volunteer expedition doctor and travelled widely. She says "genuine, respectful partnership" is crucial, with projects being directed by what the host country wants. Referring to a project in Myanmar, she describes the joy she felt in her return visits over a five-year period, and seeing colleagues become more confident and begin to deliver training to others. She worked with GPs, psychiatrists, Buddhist monks and nuns, and describes the experience as sharing "the best of what we have with the best of what they have".

One of the skills she has enhanced along the way is the ability to adapt to situations. "We work in a creative environment, figuring out what is going to be useful for people," she says. It has also helped her question the way things are done in the UK, having learnt a great deal from international colleagues. She is particularly proud of the book's psychological toolkit section, which includes psychoeducation, problem-solving and psychosocial support, which can equip volunteers to talk about everyday useful psychological treatments, as well as medication.

The book also stresses that volunteering must be professional. Dr Thomson says: "It needs to be approached as a piece of work that should be planned, evaluated and aimed at sustainability." Working with agencies using recognised programmes, such as World Health Organization materials, is advisable; heading off on your own to change the world is discouraged. Dr Hughes agrees: "Leave those ideas with Rudyard Kipling in the past."

Dr Thomson has been moved by the people she has met while volunteering. "I am humbled by their hospitality, generosity and eagerness to learn." Knowing that colleagues around the world have developed ongoing training and developed services has been very satisfying. She is thrilled about the ongoing achievements of training partners, such as the publication of an article about the World Psychiatry Association pilot volunteer project for child and adolescent mental health in Pakistan.

The third book editor, Dr Sam Gnanapragasam, is currently in Zimbabwe researching the development of services based on the success of the Friendship Bench, a programme that provides basic training in counselling and problem-solving to village elders, allowing them to offer individual therapy to members of the community in discreet outdoor spaces.

All three book editors agree that the future of volunteering will inevitably see a greater shift to online working because of climate concerns, and there will likely be a place for AI. Online training can work well when multiple countries can join in, and everyone learns from each other. However, while they feel there is a place for a hybrid approach, they believe some face-to-face work is essential.

To anyone considering volunteering internationally, Dr Hughes says: "Go for it. It will potentially change your life. It will give you ethical dilemmas that will really challenge you both as a psychiatrist and a human being, and make you a better psychiatrist coming back to the UK." Dr Thomson says: "Give volunteering some serious thought. Hopefully our new book will inform and inspire you."

Volunteering in Global Mental Health: A Practical Guide for Clinicians is available from Cambridge Core. Find out more about the Volunteering and International Psychiatry Special Interest Group and sign up to the Volunteer Scheme by searching 'VIPSIG' on www.rcpsych.ac.uk



Members of the Lincoln Hub Core Community CAMHS Team and award presenter Professor Prathiba Chitsabesan (far right)

Honourable achievements

A reflection on some of the valuable contributions made to psychiatry and mental health care, by both teams and individuals, which were recently celebrated at the RCPsych Awards 2023.

In November, the annual RCPsych Awards were held at a ceremony at the College's London headquarters, hosted by President Dr Lade Smith CBE. As ever, the nominees and winners exemplified outstanding contributions made to psychiatry and mental health, with categories covering psychiatrists of all grades and levels of training to teams and individuals working throughout the profession.

Among them was Dr Fabia Aria, who received this year's Psychiatrist of the Year Award for her exceptional performance in her many roles, including consultant psychiatrist, medical director at Birmingham and Solihull Mental Health NHS Foundation Trust, and Chair of the Transcultural Psychiatry Special Interest Group at RCPsych.

"For this award, the judges were looking for psychiatrists who had lived the College's values, made a positive impact on patients' and carers' wellbeing, raised the positive image of psychiatry and worked towards achieving parity of esteem between mental and physical health," said Lade when presenting the award.

In addition, Dr Aria advocates for greater emphasis on the physical health of patients with severe mental illness and she promotes improved patient experiences and staff wellbeing. She has been praised



Dr Fabida Aria

for being incredibly supportive of her colleagues and has led on many pathways to improve patient care using innovative and creative methods.

Also recognised this year was Dr Peter Hughes, the winner of this year's Lifetime Achievement Award. His career of extensive contributions to international psychiatry, volunteering and advocacy work has been described as going "beyond the call of duty". A video was played at the ceremony in which many of his peers and colleagues spoke about the

positive impact he has had globally during his career. One describes him as a "kind man with deep respect for his patients". (Read more about Dr Hughes' experiences on p14–15 of this magazine.)

Acknowledging the accomplishments of teams as well as individuals, the RCPsych Awards also commended the Lincoln Hub Core Community CAMHS Team (Lincolnshire Partnership NHS Foundation Trust), who received the award for Psychiatric Team of the Year: Children and Adolescents.

This multi-disciplinary team provides therapeutic services to young people in a catchment area centred around the city of Lincoln and, since January 2022, they have worked to improve the quality of their service using a collaborative, bottom-up developmental approach, empowering team members and enabling the delivery of better outcomes.

Despite dealing with increased service pressures, they were able to make marked improvements to the quality of their service delivery, workforce retention, and the morale and competence of their team members.

The Lincoln Hub Core Community CAMHS Team, Dr Aria and Dr Hughes are just three of the 18 winners who were recognised at this year's RCPsych Awards alongside the nominees for each category. All are examples of mental health care at its very best.

Would you like to nominate an outstanding team or individual for 2024's RCPsych Awards? Nominations will open in the New Year, but you can sign up to be notified as soon as they open. Go to www.rcpsych.ac.uk/awards to do this, where you can also find a full list of this year's winners, a summary of their work, and a video of the ceremony.

Lending support

The College library provides members with free, easy access to the best available academic resources. RCPsych Librarian Fiona Watson offers her tips to help members get the most out of its indispensable online platform.



Tips from the College Librarian

1 Basic searches

Search...

RCPsych's library offers many benefits to help members with their research or clinical work, including a vast range of online and print resources and a comfortable library space at the College's London headquarters.

The online library is a particularly important tool to have at your disposal. With this in mind, Fiona Watson, the College Librarian, discusses some important ways you can use this resource, and offers a few tips and tricks.

If you want to find a piece of literature or get an answer to a quick question, we have a Google-style search tool on the RCPsych library website, which you can use to find all our books, journals, databases and eBooks. Depending on what is available, the system can provide a link to the digital resource and/or the classmark indicating the location of a print resource in the physical library.

Access to this is provided through an RCPsych OpenAthens account, which is available to all members, so if you don't have one already, make sure to get in touch.

My advice for running a basic search is to keep it simple. If you're looking for an article with a very long title, try just using the first section or leaving off any sub-title. If you have a question, don't use a full sentence. Instead, simply search for a few key words on the topic.



To learn more about the library, access its online platform and find training resources, visit the library hub: <https://www.rcpsych.ac.uk/about-us/library-and-archives/library>

You can also email us at: infoservices@rcpsych.ac.uk, or call us on 020 8618 4200 for assistance, to set up training, or to find out when a librarian will be present in the London library space.

2 Complex searches and systematic reviews

Many of you will also be using the library for more in-depth research, necessitating a systematic search of the literature – perhaps even to form the basis of a systematic review.

For those who do not have the time or the confidence to conduct this kind of complex search, the library offers completely free assistance – simply get in touch and we can run a literature search to your specifications. We also offer one-to-one online training via Microsoft Teams if you'd like to develop your skills.

For assistance with systematic reviews, the first step is a Teams meeting to discuss the project. Then we can help you structure and run your search strategy and advise on which databases to use.

3 Downloading eBooks



We have a collection of over 30,000 eBooks and, by far, the most popular is the *Maudsley Prescribing Guidelines*, closely followed by the *Maudsley Trainee's Guide to the CASC*.

These can be downloaded if you'd like to have them on your device to consult at any time, even when you don't have an internet connection. Remember that a full download of an eBook will automatically expire from your device, the same way it would if you rented a movie. Small sections or chapters can be downloaded permanently.

4 A note on AI tools



I am seeing an increasing number of members asking about artificial intelligence (AI) tools. Much of the software we use in the library already has some kind of AI built in, but I would say that the generative AI tools you can find online are not yet reliable enough to be helpful for research.

If you do try any of them, pay attention to the data set on which they are basing their output. Is the tool summarising evidence from a website you trust? Or can you not tell where the information it's giving you is coming from? If you're unsure, you might want to question the reliability of the output.

Food for **thought**

Expert in nutritional psychiatry Professor Felice Jacka explores the overlooked opportunities for evidence-based, nutrition-focused mental health interventions.

Nutritional psychiatry is a growing field which seeks to understand the complex ways in which the foods we eat influence our brain, mood and mental health. The topic found itself centre-stage at RCPsych's International Congress this year in a keynote speech delivered by Professor Felice Jacka, OAM of Alfred Deakin University and co-director of its Food & Mood Centre – a world-leading, multi-disciplinary research centre. Here we cover some of the keynote highlights, including some of the Centre's research findings.

The fact that the topic of nutritional psychiatry may not yet be familiar to psychiatrists is something Professor Jacka is trying to change, and was one of her opening remarks. Crucially, she emphasises that nutritional psychiatry is grounded in evidence, contrary to any preconceived notions some might have. In fact, data from around the world suggests people with a healthier diet have a 30%–35% reduced risk of developing incident depression.

"We now have a very large, very comprehensive body of evidence that links to the quality of people's diets to their risk of developing common mental disorders across the lifecourse, particularly depression," Professor Jacka says.

"These links are not explained by socioeconomic status, by body weight, by other health behaviours, and are not apparently explained by reverse causality – in other words, not caused by people eating differently because of their mental disorder."

Many of the determinants of mental health can often be factors that are difficult

"The fact that lifestyle factors, including diet, are modifiable makes them a really key target"

to change, such as genetic factors, early-life trauma, socioeconomic factors and poverty, so "the fact that lifestyle factors, including diet, are modifiable makes them a really key target," Professor Jacka says.

A noteworthy study carried out by the Food & Mood Centre is the SMILES trial – the first ever randomised control trial which aimed to modify diet to treat symptoms of mental health disorders. Adults with moderate to major depressive disorders were recruited to take part. "Many of these people had been very, very sick for a long time," notes Professor Jacka. Those assigned to the trial's experimental condition received nutritional counselling from a clinical dietician over 12 weeks. The dietician supported them to make improvements to their diets, such as increase their intake of fruits, vegetables, legumes etc, and decrease their intake of food that is ultra-processed or 'discretionary' (non-essential, and not fitting into the five food groups – often nutrient poor and high in fats and added sugars).

Despite a small group size, the trial demonstrated a large effect size in favour of dietary intervention. "In particular," says Professor Jacka "there was a tight relationship between the degree to which they changed their diet and the degree to

which their depression improved." Their self-efficacy, which was also measured, did not notably change, and neither did their weight. "This was not a weight-loss diet," stresses Professor Jacka.

Three more randomised control trials have since been conducted using similar protocols and have produced similar results. The Food & Mood Centre is also currently running a double-blind, placebo-controlled trial to add to the evidence base. And their meta-analysis of randomised control trials in which diet has been altered as an intervention for various illnesses also shows dietary interventions can improve depressive symptoms.

A key consideration for any lifestyle intervention is for it to translate effectively into real-life settings, including in clinics, in public health policy and, in the case of diet, in people's homes. This approach was seen in the SMILES trial, in which the modified diets of participants were made up of foods that were healthy, accessible, and easy to prepare, including tinned fish and beans, and frozen vegetables.

Critically, these were also affordable – flying against the notion that healthier diets will invariably be more expensive.

The mechanisms linking diet and nutrition to mental and brain health are a growing area of research. "The better they are understood, the better they can be targeted," says Dr Jacka. There are many complex biological factors at play – just a few of which include neurogenesis, brain-derived neurotrophic factor, the immune system, inflammation, mitochondrial function and gut microbiota. All are affected by diet and are involved in the development of mental illness – making them likely mechanistic pathways to exert some level of influence over mental health.

Of these, gut microbiota are of particular interest. The gut–brain axis and the microbes that live within the gut appear to be involved in all of these processes. There are many factors that influence the microbiota – but diet is a prominent one.

Recognition of nutrition's impact on mental health is already gaining traction in terms of global policy and, notably, the World Health

Organization has now listed unhealthy diet as a risk factor for mental illness. The Food & Mood Centre's work has had a high impact and is reflected in more than 100 high-level policy documents around the world.

The Royal Australian and New Zealand College of Psychiatry has also taken a huge step by acknowledging the importance of nutrition in the treatment of mood disorders, placing lifestyle medicine – which includes diet, movement, sleep hygiene and substance cessation – as the foundation of treatment. The Food & Mood Centre also set up an international taskforce with the World Federation of Societies of Biological Psychiatry to develop the first set of lifestyle-based clinical guidelines for the management of depression, published last year.

As is often the case with research, there exists a certain evidence–practice gap. Adding to this is the fact that many clinicians lack a strong background in nutrition or exercise physiology. "These areas simply aren't part of the training,"

says Professor Jacka.

To help address this, the Centre set up a Food & Mood Academy, which now provides education and training for clinicians which is accredited by the Royal Australian and New Zealand College of Psychiatry.

Ultimately, nutrition is still a niche topic within the rich breadth and depth that psychiatry has to offer, and within the focus of the College. However, it is gaining more interest, perhaps most notably seen within the journals: College Editor Professor Gin Malhi is currently looking at restructuring the editorial boards for the *BJPsych* journals to increase the focus on lifestyle factors, including nutrition. And the popularity of Professor Jacka's keynote among delegates at this year's Congress perhaps reflects an appetite to learn more.

Find out more about the Food & Mood Centre and its research, resources and training offerings: foodandmoodcentre.com.au

Professor Felice Jacka





Daniel Olaniyan



Isabelle Gallier-Birt



Oluwamayomikun Ajayi

Across the College's membership and psychiatry in general, Black people are the least represented ethnic group. One of the ways RCPsych is taking steps to help address this, and contribute to creating a more diverse workforce, is with a new initiative.

Launched earlier this year, the Aggrey Burke Fellowship scheme is exclusively open to Black medical students at UK universities and aims to encourage and support them not only to enter, but thrive in, the profession.

Successful applicants are placed on a two-year programme during which they are given access to a range of benefits including a mentor, CPD fund and a fully funded place at RCPsych International Congress. They also act as ambassadors for the fellowship and psychiatry, and are tasked with giving speeches and contributing to blogs on topics pertinent to the fellowship's aims.

The scheme is named after Dr Aggrey Burke, the first Black psychiatrist to be appointed by the NHS, who has spent much of his 40+ year career seeking to fight and address racial disparities in patient care and the medical profession. "I am delighted to give my name to this fellowship, which I hope will enable the next generation of Black psychiatrists to take steps in their career that I could only have dreamed of when I was starting out," he says.

Over 40 fellowship applications were received over the summer, which is impressive given the scheme is in its first year. The process involves applicants answering questions delving into their interest in psychiatry and future

The next generation

A new College initiative, the Aggrey Burke Fellowship scheme, aims to encourage and support more Black medical students to pursue a career in psychiatry.

potential. Applications were then shortlisted by the creators of the fellowship – Dr Raj Mohan, Joint Presidential Lead for Equity and Equality, Dr Declan Hyland, Associate Dean for Recruitment, and Dr Lade Smith CBE, now RCPsych President. Eight finalists were then interviewed.

The three chosen inaugural fellows were Daniel Olaniyan, Isabelle Gallier-Birt and Oluwamayomikun Ajayi, who were inducted in October.

In a blog post for RCPsych's celebration of Black History Month, Daniel writes: "I think the fellowship is extremely important in tackling racial discrimination within psychiatry, as it encourages young, Black medical students, such as myself, to enter a field which they are currently underrepresented in".

Daniel, a second-year student at Bristol Medical School, also praises the Aggrey Burke Fellowship for encouraging greater diversity in the workforce, as this will "allow for greater understanding of cultural differences", which in turn might help to reduce health disparities that "could be due to unconscious bias and a lack of understanding of various cultural beliefs".

"I also believe that increasing diversity within psychiatry would encourage more young Black medical students to go into it,

leading to a snowball effect," he adds.

Oluwamayomikun and Isabelle have similar thoughts and reflections:

"I'm so grateful to be a part of this new fellowship," says Oluwamayomikun, who is a fourth-year medical student at the University of Plymouth. "There aren't many opportunities for students like me to gain as much knowledge and insight into psychiatry as this fellowship offers."

Isabelle, a graduate studying medicine at Warwick University, says: "I want to pursue a career where I make a tangible and positive difference to patients, whilst being a part of the movement to bring attention to and dismantle the systemic racism within our health system."

Commenting on the fellowship scheme, President Dr Lade Smith CBE says: "Addressing inequalities is vital for the future of psychiatry and it is with great pleasure that I welcome Oluwamayomikun, Isabelle and Daniel to the College."

"One of the challenges faced by patients in accessing mental health services is the concern that they will not be heard and understood. We need more psychiatrists who share a background with patients from historically disadvantaged communities, delivering vital, more culturally competent care to improve the patient experience."