



RCPsych

# INSIGHT



YOUR VOICE MATTERS

**Be part of our first ever membership survey**

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# COLLEGE NEWS IN BRIEF

## Time to act

RCPsych has joined the growing number of organisations to declare a climate and ecological emergency. A position statement published in May also details commitments by the College on sustainability, including a pledge that by 2040, it will achieve net-zero CO<sub>2</sub> levels for emissions it directly controls.

The statement, which also urges bold action from government, draws attention to the health crisis posed by climate change and biodiversity loss and calls on psychiatrists to be more engaged in these issues. "We have no choice but to join the voices of those who are calling for urgent action," says Dr Adrian James, RCPsych President.

"The climate and ecological emergency is a mental health emergency. Our mental health is entwined with the health of our natural world," he adds. His views are echoed in the results of a survey carried out by RCPsych that showed that more than four fifths (84%) of the UK public think the climate and ecological emergencies will affect mental health in a decade at least as much as unemployment (83%) and COVID-19 (84%). Three in five respondents also revealed that the climate and ecological emergency is affecting their mental health now and will continue to do so in the future.

## In the news

RCPsych's work continues to raise awareness and influence political debate through the media. Warnings in March, for example, about the impact of COVID-19 on children's mental health were picked up by major news outlets including the BBC and *The Guardian*. College concerns about waiting times for eating disorders also featured on the BBC's flagship news programme, *Newsnight*. RCPsych research on the impact of social isolation, stress and anxiety across the UK was covered in 100 outlets, with an approximate reach of over 50 million. In April, headlines featured RCPsych's warnings about the spike in alcohol dependency and a call for more resources to deal with addiction.

Additionally, a hard-hitting critique of the findings of the report by the Commission on Race and Ethnic Disparities was picked up by *The Times*.

In March, a survey of CAMHS members in Scotland highlighted resourcing issues and drew much press attention. Opinion pieces on the impact of lockdown on mental health and wellbeing also featured in the *Scottish Sun*, *The Sunday Post* and *Scotsman*. In Northern Ireland, Dr Ciaran Mulholland appeared live on UTV news to discuss loneliness and lockdown, and in Wales Dr Alka Ahuja's work on virtual visitation during the pandemic has also garnered significant coverage.



## President's update

While many people in the UK will be discovering newfound freedoms with restrictions slowly easing, I know many of our members are supporting the effort in the Indian subcontinent and other parts of the world where coronavirus cases are still high.

Some of you will be away from family and friends at this challenging time, fulfilling vital roles in the NHS. My deepest sympathies are with all those who have sadly lost loved ones to this terrible virus.

This issue has a particular focus on our recent declaration: it's time to take urgent action in light of the climate and ecological emergency. I'm pleased to announce we've now launched our position statement, *Our planet's climate and ecological emergency*, outlining how the College will play an important leadership role in responding to the threat the planetary crisis poses to mental health.

We've also launched our first ever membership survey, which will help shape our future services and activities. We're very keen to hear more about what you want from the College and I urge you all to fill this out. We will be sharing results from the survey in our autumn issue.

Thank you all for your continued hard work and dedication to our patients.

**Dr Adrian James**

## Celebrating with Pride

The College will be celebrating Pride again this year. On Thursday 17 June at 4pm we will host a free webinar on Pride at Work. Speakers will include former RCPsych President Professor Dinesh Bhugra, American Psychiatric Association CEO Dr Saul Levin, ELFT Chief Medical Officer Dr Paul Gilluley and consultant psychiatrist Dr Louise

Theodosiou. Leading the session will be Dr Pavan Joshi, incoming Chair of the College's Rainbow Special Interest Group. The Rainbow SIG has also organised a range of events at the College's virtual International Congress in June. For more details on our online Pride events, please check our website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

## Final call for Congress

There's still time to book your place at RCPsych's first ever virtual International Congress. Running from 21-24 June, it will give you access to keynote lectures from world renowned speakers, over 60 cutting-edge sessions, 1,000 poster

presentations and, for the first time this year, the Congress Cultural Fringe. You will have access to over 120 hours of educational content equating to more CPD points than ever before and the opportunity to meet online with fellow psychiatrists from around the world.



Action being taken to tackle climate change by the NHS and RCPsych member Dr Guy Harvey on pages 14-15

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



Dr Aggrey Burke

Responding to issue 15's article 'A costly struggle for racial justice', which recognised the work of eminent psychiatrist and academic Dr Aggrey Burke over the past 50 years:

"I think that the College's recognition of Aggrey is a testament to how far it has travelled in the last 10 years or so. I'm so pleased to see this in print.

"I remember my first day of psychiatry as a medical student at St George's in 1978. Choosing to be Aggrey's student on that day was an excellent call. When I was his SHO, he was working with the New Cross Fire families. I remember how hard he worked. The role model of psychiatrist-as-activist has stayed with me."

Professor Rob Poole



Matt Hancock, Secretary of State for Health and Social Care (Photo: UK Parliament/Jessica Taylor)

## Speaking up

With major changes proposed to mental health law and the NHS, RCPsych's Policy and Campaigns team is making sure members' voices are heard in government.

**D**espite the pressures faced by the country's health and social care sectors, two major pieces of legislation are being pushed through by government that will impact mental health services.

The first is the reform of the Mental Health Act. Launched at the start of the year and building on recommendations made in the 2018 review by former

**"Integrated Care Systems will be taking big decisions. It's crucial that mental health has a voice"**

RCPsych President, Professor Sir Simon Wessely, the Government's White Paper proposes a number of changes to mental health law in England and Wales. These include plans to change detention criteria, increase patient choice and autonomy, and change how those with learning disabilities and autism are treated under the Act.

College President Dr Adrian James described the reforms as an opportunity to "modernise mental health law" that will result in "patients' voices being heard, their choices being respected and will ensure that they are supported to get better in the least restrictive way".

The Policy and Campaigns team has been working to reflect the views of members in the College's response to the White Paper, including through a survey of all members in England and Wales. There is a wide variety of views

across the College on this very important and complex area, which RCPsych has reflected in its final submission, now published on the College website.

The second piece of major legislation this year is not specifically focused on mental health but is no less far reaching. The Health and Social Care White Paper, published by Health Secretary Matt Hancock in February, sets out system changes to the NHS in England. Affecting all services, these reforms are nonetheless "hugely significant" for mental health, says Rosanna Flury, Policy Engagement Manager at the College.

A key focus of the reforms is the development of Integrated Care Systems (ICS). These are local, decision-making bodies that bring commissioning, service planning and providers together under one roof to try and meet the needs of their local population. While the system has been working towards these changes for

a number of years, the plans will see ICSs becoming legally established.

The College is pushing hard for strong mental health clinical leadership on the boards of these new bodies. "ICSs will be taking big decisions on how services are provided. It's crucial that mental health has a voice in that," says Flury. "Government has committed to parity of esteem, but it has to mean something. So, we're pushing for this to be reflected in legislation."

Unusually, given the scope of these reforms, the Department of Health has not formally consulted on its plans. As a result, the College has pursued alternative ways of influencing, including giving evidence to the Commons Health and Social Care Select Committee chaired by former Health Secretary, Jeremy Hunt. RCPsych submitted its views to the Committee's inquiry on the reforms and coordinated a joint response from across the sector through the Mental Health Policy Group (comprising six leading mental health organisations). Members of the policy team also sat down with civil servants drafting the legislation and have embarked on a parliamentary influencing campaign.

"We've worked closely with members who have expertise in specific areas, like NHS systems and operations, equalities, workforce and data to inform our work on the reforms," says Flury. Questions were also put to the 700-strong RCPsych members' research panel to gain intelligence on how ICSs currently operate, looking at areas such as health inequalities strategies. This information is feeding into the College's parliamentary influencing and Flury encourages any members who have a view on the reforms to get in touch. A new campaign to support members to contact their MP will soon be launched, to ask for the Bill to promote parity of esteem for mental health.

With College staff, experts and members also working hard to influence other areas of government policy, including the Online Harms Bill and the promised ban on conversion therapy, the College's collective voice is being heard where it counts.

To share your views on the reforms, please get in touch:  
[policy@rcpsych.ac.uk](mailto:policy@rcpsych.ac.uk)

# Women open up

The College's '25 Women' project is a rich tapestry of accounts by women psychiatrists intent on change.

“**T**hese are the stories I wish I could have read earlier in my career,” says Dr Ruth Reed, who, along with Dr Beena Rajkumar, co-chairs RCPsych’s Women and Mental Health Special Interest Group (WMHSIG). Together with members of the group, they have created a powerful celebration of women’s voices in psychiatry.

The 25 Women project – timed to coincide with WMHSIG’s 25th anniversary, being celebrated this year – “grew from the seed of an idea Beena and I had the first day we met each other,” explains Dr Reed. Both co-chairs consider that women’s contributions to psychiatry are often unsung and not financially recognised. Both sought a way to elevate women’s voices, not just to promote, inspire and help individual female psychiatrists, but also to bring about systemic change. There’s a need to address the gender imbalance in some domains of psychiatry, and to reward ‘quiet contributions’ to teaching, training, support and frontline clinical work.

The result is the 25 Women project, which features the diverse stories of 25 female psychiatrists, each told from their own perspective. Selected by a steering group from a range of specialties, grades and locations, they offer an intimate picture of women’s experiences, challenges and achievements. Dip into any one of

these stories and you’re compelled to read more. From the insights of a physician mother with a child with complex needs to the empathy that comes from being a psychiatrist living with depression, from being ‘the odd one out’ and ‘the only woman in the room’ to learning to stand up to bullying and not accepting ‘no’ as an answer, there are lessons in all these personal accounts. They are also distilled into a beautiful short film featuring the voices of the 25 women.

Dr Rajkumar sees the stories as “transformative... because they give us the permission to be vulnerable, to be human, to be courageous and to show up and do meaningful work. They allow us to be real women who can be imperfect and who can connect to all the different parts of ourselves”.

Collectively, however, they can also be “powerful agents of systemic change,” she says. “Stories provide narratives that we live by, individuals that we can identify with and journeys that inspire us and that we aspire to take. Changing the stories that are publicly available to us, changes the way we tell stories to ourselves.”

The stories, film and associated blogs of the project can be viewed by searching ‘25 Women’ at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk). Follow on Twitter: [#25WomenInPsychiatry](https://twitter.com/#25WomenInPsychiatry)

The 25 women taking part in the project are (left to right):

*Top row*  
Dr Shevonne Matheiken  
Dr Fiona Duncan  
Professor Nandini Chakraborty  
Dr Oyepeju Raji  
Dr Jacinta Tan

*Second row*  
Dr Su Sukumaran  
Dr Eleanor Cole  
Dr Joan Rutherford  
Dr Rupal Davé  
Dr Young

*Third row*  
Dr Nagore Penades  
Dr Eimer Philbin-Bowman  
Dr Sridevi Sira Mahalingappa  
Dr Sarah Minot  
Dr Bhargavi Bhattacharya

*Fourth row*  
Dr Anu Priya  
Professor Louise Howard  
Dr Olga-Maria Tsatalou  
Dr Raka Maitra  
Dr Raman Rashwary

*Bottom row*  
Dr Kim Barkas  
Dr Anne-Marie Abaecheta  
Dr Rubina Anjum  
Dr Katrina Graham  
Dr Roshelle Ramkisson

*Steering Group (not pictured):*  
Dr Beena Rajkumar  
Dr Ruth Reed  
Dr Philippa Greenfield  
Dr Jo Talbot Bowen  
Dr Julia Barber  
Dr Ilaria Galizia.



**T**he College has always been in the thick of national mental health policymaking. But it has been less directly involved in translating policy into practice at a local level and has looked to do more. This is where a new initiative, the College Engagement Network, comes in.

The aim of the network is to influence how policy is being implemented on the ground by working with members locally – drawing on their experience and insights – expanding the role of the eight RCPsych divisions in England and strengthening the College's ties with individual trusts.

In practice, this means appointing someone from each division who will work alongside representatives from every mental health trust in their locality. Dr Declan Hyland, consultant psychiatrist at Clock View Hospital in Liverpool is Chair of North West Division and its College Engagement Network rep. The North West is one of three divisions, alongside Eastern and London, piloting the initiative after the full rollout, originally planned for last summer, was delayed due to the pandemic.

For Dr Hyland, the network is an important step in connecting RCPsych to its members and their employers: "One of my main priorities as Chair of the Division was to ensure there were closer links between the College at a regional level and our local mental health trusts," he says.

The main thrust behind the network, though, is to ensure that the College plays its part in helping to translate national policy into local action – starting with the Community Mental Health Framework for Adults and Older Adults. Part of the NHS Long Term Plan, this framework looks to greatly improve access to mental health services by providing the widest range of local mental health services so that people with moderate to severe mental illness can live fully in their communities. It requires new ways of collaborative working between NHS trusts, GP practices, local authorities and voluntary organisations.

Sharing what works – and what doesn't – is a vital part of the process, which is where the College Engagement Network is proving invaluable. Dr Hyland's trust, Mersey Care NHS Foundation Trust, is



Dr Declan Hyland

# From the ground up

A new initiative, the College Engagement Network, aims to bring RCPsych closer to its members at local level.

**"I'm very hopeful that not just the membership will find it useful, but the NHS too"**

one of the first to adopt the framework. The Trust's lead on this – and its representative on the College Engagement Network – recently presented their work to the rest of the network. "That has allowed the other mental health trusts in the area to see how the framework can be successfully implemented and the impact this can have on the delivery of community mental health services at a local level," says Dr Hyland.

RCPsych is pioneering this network model and there is no set template for how it should operate, with a lot still to be learned and detail to be worked out. Meetings are currently held once a month remotely, with consideration being given to how in-person meetings could be introduced as coronavirus restrictions are relaxed. At the same time, the network is looking to the future and how it might expand its remit into different policy areas. A full evaluation of the pilots is planned for later this year before it is launched across all RCPsych's English divisions.

For a 'work in progress', it is shaping up nicely, says Dr Hyland: "I have been really pleased to see how the network is growing," he says, describing his experience so far as "wholly positive". "On a personal level, the fact that I have always worked in a general adult inpatient setting,

means that, before joining the network, I had only a limited understanding about the way community mental health services worked. So, this has been a steep, but very welcome, learning curve for me."

Dr Bakshi is similarly enthused. "I think the network is an excellent development," he says. "I'm very hopeful that it will be successful and not just the membership will find it useful, but the NHS too. If we can influence local and regional delivery models, then I believe that similar networks will be very welcome in the future and may even become the norm."

If you are interested in learning more about the College Engagement Network or getting involved in one of the pilot areas, please get in touch with your local trust or College division rep, or contact Rosanna Flury: [rosanna.flury@rcpsych.ac.uk](mailto:rosanna.flury@rcpsych.ac.uk)

Consultant psychiatrist Dr Kapil Bakshi is the College Engagement Network representative for Norfolk and Suffolk NHS Foundation Trust in the Eastern Division. Until recently, he was the Trust's deputy medical director and so, when the opportunity to join the network came up, he felt he was ideally placed. "I was already well-versed in how the Trust was working locally," he says. "I regularly engage with clinical commissioning groups and other stakeholders in acute hospitals and the charity and voluntary sector to influence policy and the implementation of the NHS Long Term Plan. The learning I have from that is what I share with the network."

Dr Bakshi, in his role in the College Engagement Network, has presented to his Trust's medical staffing committee on the Community Mental Health Framework: what it means, its professional impact, and what's being done to engage more people in influencing local models of delivery. "Norfolk and Suffolk Trust covers a wide geographical area, with significant variations locally," he says. "So, advocacy and raising awareness help get more people engaged, and they bring their concerns, which I'm able to report back to the network."



Dr Kapil Bakshi

# Being the best we can

The College is running its first ever membership survey in its 180-year history. Here's why we hope you will take part.

**F**ounded 180 years ago, RCPsych has built up its membership from just 45 asylum keepers in the UK, back in 1841, to more than 19,000 psychiatrists worldwide today.

In that time, it has never run a full membership survey to find out what its members think of the organisation, and its activities and services. But now all that is changing – with the first ever RCPsych membership survey currently in full swing.

The survey is open until 23:59 on Sunday 13 June, and is being run on behalf of RCPsych by independent market research company Research by Design (RbD), which has delivered surveys for the Royal College of GPs, Royal College of Anaesthetists, Royal College of Physicians, Royal College of Nursing and the British Medical Association.

While a series of focus groups, held by RbD, with a limited number of members in 2016, found that some members saw the College as remote and London-centric, the organisation has gone through a process of modernisation and transformation in the last few years.

This has accelerated during the pandemic, with the College migrating all of its activities and services online – and delivering the largest webinar programme of any medical royal college, with almost 100,000 member views. It was also one of the first medical royal colleges last year to fully digitise its exam, due to the need to ensure social distancing – which has seen almost 4,000 people sit the MRCPsych remotely.

College Registrar Dr Trudi Seneviratne says: "Many members have told us over the last year that they feel the College has supported them through the pandemic, and that the organisation feels more accessible,

with all our services being available to all via digital platforms. But we want to know what all our members think of the College and the service we provide – and that is where the survey comes in."

One of the key champions for a full RCPsych membership survey has been Associate Registrar for Membership Engagement Dr Santosh Mudholkar.



Dr Trudi Seneviratne

"The survey provides an excellent opportunity for our members to express their views regarding their priorities and expectations for the College," he says. "And I would say to everyone: 'Please participate in the survey and encourage your colleagues to do so. Your views matter and will shape the future of the College.'"

Over the last few years, the College has gone through a period of transformation with change being driven by the new organisational values of Courage, Innovation, Respect, Collaboration, Learning and Excellence. In 2019, the

College won Charity of the Year in the European Diversity Awards. Last year, RCPsych won Best Integrated Marketing Campaign in the UK membership sector awards for its Choose Psychiatry campaign, which has successfully promoted interest in a career in psychiatry to medical students and foundation doctors, with 100% of core psychiatric training places in the UK being filled for the first time on record last year.

The College has also generated the highest levels of national media coverage in its history over the last year, promoting the perspective of psychiatrists, with frequent appearances on BBC national network news and in the national press. It has also digitised the support it provides through the College Centre for Quality Improvement (CCQI) to the 1,600 mental health services which are part of its quality and accreditation networks. Meanwhile, through the National Collaborating Centre for Mental Health (NCCMH), RCPsych is running one of the largest quality improvement (QI) programmes in mental health anywhere in the world – with QI collaboratives for mental health services on matters such as sexual safety, suicide

reduction and reducing restrictive practice.

However, while some members feed back positive views about the College, others say the organisation could change the way that it delivers its services and activities, with some suggesting RCPsych should have different priorities.

Dr Seneviratne emphasises that RCPsych wants to hear the views of all its members, whatever their perspective. "We want to know how involved our members are in the College, how well served they are, and whether we are providing what they want. We really want to know how included and supported people feel, or if the opposite is the case. It's an attempt to see how RCPsych can be different for all its members, particularly given the diversity of our membership, here in the UK and around the world, from trainees right through to retired psychiatrists."

Invitations to take part in the membership survey have been sent to all 19,000 College members and associates. An email containing a personalised link directs members to the online questionnaire, which takes around 15 minutes to complete. A series of preliminary focus groups across England, Scotland, Wales and Northern

Ireland were also held in April. Telephone interviews were also held with international members.

While the survey has long been planned, it was paused due to the pandemic. "But given the way that we have had to change over the past year, now is in fact a good time to do it," says Dr Seneviratne. "This is an opportunity to ask if some of those changes should stay, or if we should revert back to how things were before."



Dr Santosh Mudholkar

Predominantly, this concerns the College's shift online, whether that's meetings, conferences or educational platforms. "There are some negatives in not seeing each other face to face," she suggests, "and the social side isn't there, but the positive side is that many more people have engaged with some of our activities. So, we'd like to know what our members want going forward."

Dr Mudholkar says: "Listening to members' views and having a two-way communication can only be helpful and the survey may identify areas that need to be addressed. College President Dr Adrian James, College Registrar Dr Trudi Seneviratne and the other College officers have all given assurance that members' responses will be valued and acted on."

"Please tell us what you think," says Dr Seneviratne. "We are determined to make a difference and further modernise the College."

The survey closes at 23:59 on Sunday 13 June. A link to the survey has been sent to members' email addresses. If you have not received yours, please contact [catriona.grant@rcpsych.ac.uk](mailto:catriona.grant@rcpsych.ac.uk)





Dr Mina Husain

# Life through a lens

As part of RCPsych's South Asian History month, psychiatry trainee Dr Mina Husain talks about her parallel career as a film producer on award-winning short films that challenge the stigma surrounding mental ill-health in Pakistan.

**O**n a break from her training programme in London, Dr Mina Husain travelled to Pakistan and worked for a mental health organisation, the Pakistan Institute of Living and Learning (PILL). It was here that she came to produce her first film. "I have always been fascinated by film and quickly understood the power films have to challenge outlooks and create empathy through a shared narrative experience. My intrigue has only grown over the years," she says.

While working in hospitals in Pakistan, Dr Husain saw huge delays in people receiving treatment for severe mental illnesses. This was largely due to stigma and lack of awareness. She found herself using the medium of film to engage the public to overcome these barriers.

Teaming up with director Hamza Bangash, their first film was shot on an iPhone and depicted a girl with mental health difficulties shown through FaceTime conversations. They then gained funding to make the short film *Dia*. This powerful film about a young woman's gradual detachment from reality was shown at international film festivals, premiering at the 2018 Locarno Festival in Switzerland. The film had a nationwide

## "I witnessed the power of film to express emotions"

screening tour in Pakistan which gave participants a safe space to discuss their own experiences.

The films were a great way to reach people who were outside of mental health and academic circles. "At these events, I witnessed the power of film to express emotions, challenge perspectives and heal," says Dr Husain.

The collaboration between mental health and artistic professionals led to rigorous research to create an accurate depiction of the characters. The team spent months reading case histories and interviewing patients. Research into real stories has been key to its success – and it has enriched Dr Husain's experiences as a clinician on her return to London and the Maudsley training programme.

"Working on the films and in Pakistan has broadened my experience. London is one of the most diverse cities in the world. Cultural

diversity has a major impact on many aspects of health, including how illnesses are perceived and individual pathways to care," she says.

Dr Husain's next film, *Stray Dogs Come Out at Night*, tells the story of a young male sex worker. "Here, we wanted to explore male mental health difficulties and the alarmingly high rates of suicide in south Asian countries," she says. This is, again, based on a true story and the team worked with *maalishwalas* (masseurs) to understand their experience.

The film was released in early 2020 but a tour was halted by the COVID-19 pandemic. Despite this, it became the first Pakistani film to be selected for the Clermont-Ferrand Short Film Festival, the world's biggest short film festival.

Dr Husain also has a film exploring the dynamic between two brothers with mental health difficulties set for release this autumn. Asked about her future, she says she is keen to maintain both careers as they tie in so well together – and she also hopes to produce films in the UK.

She acknowledges the importance of her sabbaticals and advises any other trainees to grasp the opportunity: "Our jobs are so intense and for me personally, it was important to take breaks and step away. I came back with a different perspective, with much more enthusiasm and motivation."

***Dia* can be streamed on Amazon Prime.**

RCPsych celebrates South Asian History Month in July. More information will be available at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)



Dame Fiona Caldicott

# Dame Fiona Caldicott A memory

Former RCPsych President Dr Mike Shooter remembers Dame Fiona Caldicott, the College's first female President, who passed away in February.

**A**t my age, you begin to hear the sound of doors shutting on the past. And it happened again when I learnt of Fiona's death. I walked in her footprints for much of my College career.

I first went up to Council as Secretary of the Welsh Division. It was a forbidding place then, full of ex-presidents who stood up to speak, hand on their brow, eyes half closed, and delivered an oration to somewhere just above our heads in the seats below. And my nerves weren't helped

by the look of the officers on the top table.

At that time, Fiona was the first female Dean of the College, sitting on the left-hand side of the President. I didn't have an educational bone in my body and Fiona looked elegant, stern and contained. She reminded me of all the schoolteachers who had looked down their nose at me in my childhood. She was only four years older than I was, but she reduced me to short trousers. Some proverbs are downright nonsense, and one of these is "first impressions are the truest".

Over the years, I learnt to appreciate

the kindness and warmth that lurked behind that exterior. As Dean and then our first female President in turn, she was so encouraging that I came to regard myself as one of her boys in a more professional sense. It began when she backed the creation of the College's Public Education Department and made me its director.

I wish I had sat alongside her on that top table, but she had long gone by the time I became Registrar. Yet her influence was still there. As a psychotherapist, she had a deep respect for her patients' integrity, their needs and their privacy. It brought us closer to the organisations that had once mistrusted us within mental health, and the Caldicott Guardians are her legacy, protecting the confidentiality of the patients' history in every organisation of the NHS.

Both of us served as President of the British Association for Counselling and Psychotherapy, recognising that more people are crucial to the treatment of mental illness than psychiatrists alone. Fiona's attitude to psychiatry was never exclusive, but she defended our status when she was Chair of the Academy of Medical Colleges, so fiercely that it made it easier for her successors at RCPsych to hold our heads up amongst the great and good of medicine and surgery.

A while later, when I was no longer President, Fiona asked me to talk at a conference in Somerville, the Oxford College where she was Principal. My wife came with me and we slept in her College rooms. At breakfast the next morning, we sat under a portrait of her on a bench, relaxed and happy with her black cat Pogo by her side. She was at home amongst the young people with whom she spent most of her clinical life.

I have one more memory to share, though I'm not sure Fiona would thank me for doing so. We were standing in the kitchen of Ken Rawn's house in Cardiff, having just been to his funeral. She looked pale and aloof amidst the *vol-au-vents* and the *bonhomie*. I tried to talk to her, but she was lost in the memory of bereavement in her own life. She had felt it her duty to go, knowing the pain it would cause her. Fiona was a very brave person.

So, back to that door shutting on the past. That's not true, I realise now. Fiona lives on within our College, outside in the politics of care, and inside my head. I was dusting down my papers and came across the fellowship certificate she gave me at our annual conference in Cork. No longer a boy in short trousers then but an adolescent in the profession. One day to become an adult and a colleague, forever grateful for her parenthood along the way.

# Turning ambition into action

As international leaders prepare for this year's crucial COP26 climate change talks in November, we look at action being taken by the NHS – and RCPsych member Dr Guy Harvey – to address the problem.



Dr Guy Harvey

**B**y his own admission, Dr Guy Harvey, consultant psychiatrist at Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust is not a leader by nature. “I’m the least likely person to get involved in anything like this,” he says. “I’m an extreme introvert.”

Nor did he have any specialist knowledge on climate change until two years ago, or campaign experience. Yet today, Dr Harvey is one of a growing number of doctors helping to drive action on climate change in the NHS.

“Until the Intergovernmental Panel on Climate Change (IPCC) released its report in 2018 that said we have 12 years to reverse the trajectory, I hadn’t realised how bad the situation had got,” he says. “There were astonishing statistics coming out about how high carbon dioxide levels had got and how it’s never been as high the whole time that humans have been on the planet. That’s when I felt I needed to do something.”

Realising that he needed to join up with others to be effective, Dr Harvey reached out to his Trust’s sustainability officer, copying in the CEO. He soon found he wasn’t alone in wanting to help the organisation go further and

faster in reducing its environmental impact. With the encouragement of the board, the Trust’s support of the sustainability team and other concerned colleagues, Dr Harvey helped set up CNTWClimateHealth, the Trust’s programme to raise awareness, inspire and empower colleagues to take action, and

**“One of the things that has puzzled me is why, with all the bad news, we’re not doing more”**

ultimately ensure the organisation operates in line with climate change targets. Less than two years later, in April this year, CNTW published its first Green Plan that sets the organisation on a path to net-zero carbon emissions by 2040.

Throughout the country, similar action is being taken by individual

trusts spurred on by bold national leadership, even in the midst of a pandemic. In October last year, NHS England published an extraordinarily ambitious, but practical, roadmap for the whole of the NHS to become a net-zero organisation by 2045.

As the biggest single organisation in the country, with a staff of 1.3 million, finances that amount to over 7% of GDP, and emissions that contribute about 4% of the UK’s territorial carbon footprint, this plan for the NHS has the power to drive real change. Delivering a ‘net-zero’ National Health Service acknowledges the need to reduce not just the direct emissions controlled by the NHS, where considerable progress has already been made, but also indirect emissions, such as those embedded in its vast supply chain, which have seen a fourfold increase since 1990.

The report’s proposals cover everything from renewable energy generation on hospital estates to the high-tech trialling of hydrogen–electric hybrid ambulances and the widespread adoption of low-tech Green Travel Plans to encourage

active travel (such as walking or cycling). It highlights more sustainable food and catering to reduce emissions (with added health benefits) and the drive to reduce the amount of single-use plastics.

New models of delivering care through, for example, remote consultation and other digitised services, also have the potential to cut emissions (so long as action is also taken to ensure that supply chains are decarbonised as well). The importance of prevention and early intervention to reduce unnecessary hospital visits and admissions – a demand-side approach to reducing emissions – is also acknowledged in the plan.

The scale and complexity of the challenge at a national level might seem overwhelming and insurmountable. At a trust level, however, action is already being taken to make these sizeable shifts a reality. For example, CNTW, which is one of the largest mental health and disability trusts in England, has run entirely on renewable energy for the past 12 months. The Trust is also redeveloping one of its sites to become a ‘net-zero’ hospital, and, this spring, staff, volunteers and patients planted

1,000 trees across the estate as part of the ‘NHS Forest’ to absorb carbon from the atmosphere.

“This was one of the very visible things that we decided to do,” says Dr Harvey of the tree planting. “The Trust’s board declared a climate emergency last year and there’s a lot going on behind the scenes, but it has to be backed up by visible actions,” he says, to draw people in.

When Dr Harvey was first invited to present ideas to the board for a trust-wide, climate engagement programme, he was one of a three-person team. When CNTWClimateHealth launched in 2019, nearly 50 staff got in touch with suggestions and offers of help. Today, the group’s social media feeds have hundreds of followers and the group are offering staff more ways to get involved.

Dr Harvey, who has worked in the NHS a long time and understands that any change in culture can take time, believes there are strong psychological, as well as practical, reasons for some people to be reluctant to engage in climate action.

“From a psychiatric point of view, one of the things that has puzzled me is why, with all the bad news, we’re not doing more as a country or as a world,” he says. “There is a curious disconnect between what people know and how they feel about it and what they actually do.” As a psychiatrist interested in these psychological barriers, Dr Harvey believes simply talking about climate change is an effective way to start to break down that disconnect.

Giving people something they can tangibly do to help can also address resistance, he says. “If people are told just the bare facts of the climate emergency, it can be overwhelming. But if you link the negative with a positive ‘this is what you can do’, it can help to overcome anxiety.”

With everyone from individual trusts, to local councils – and now the College in a recent position statement – declaring a climate emergency, anxiety is perhaps unavoidable. But with plans in place – from the national to the local – there is much that members can do to get involved in climate action and, in turn, overcome it.



# Finding a way through

Professor Jackie Hoare, who recently became the first psychiatrist on the GMC specialist register for neuropsychiatry, speaks about the challenges faced by young people living with HIV in South Africa, and how research and remodelling care systems can help.

**T**here were no dedicated mental health services for young people and adolescents living with chronic illness,” says Professor Jackie Hoare, describing the scenario when she became Head of the Division of Liaison Psychiatry at the University of Cape Town’s (UCT) Groote Schuur Hospital in 2011. “And in our context, the most prolific chronic illness in young people is HIV.”

Nearly 80% of all young people with HIV live in sub-Saharan Africa (SSA). In South Africa, declines in mortality among perinatally infected children have contributed to the ‘youth bulge’, which accounts for a large part of the overall population living with HIV. This is in addition to growing numbers of the SSA youth population who have acquired HIV behaviourally.

“The risk of mental health problems and neurocognitive impairment among adolescents is particularly high in young people living with HIV,” says Professor Hoare, who, as a neuropsychiatrist, has sought to support this vulnerable group both clinically and via research. Based at Groote Schuur Hospital, a Western Cape, government-run facility, she delivers mental health care to some of the region’s most vulnerable young people. “And of course, you can’t separate out poverty, vulnerability, mental health issues and HIV.”

Very early on, it became clear to Professor Hoare that working from clinics in traditional psychiatric spaces simply didn’t work. She describes “sitting in clinic

**“Nothing means anything unless teens like it, want it and feel safe there”**

with 15 appointments booked, but only two turning up”. So, she remodelled her services for people living with HIV and other chronic illnesses.

“Rather than my team being a separate entity, psychiatry is integrated into other outpatient and inpatient services – not just for young people, but for adults, too,” she says. “Now, I don’t deliver any care outside of existing physical healthcare. Instead, I go to oncology, to infectious diseases, to obs and gynae, etc.”

Normalising access to mental health services was particularly important, as stigma about HIV and mental health problems had significantly contributed to the failure of the traditional psychiatric services delivery model. “Now, the idea that you, for example, go and get your chemo and then see your psychiatrist or psychologist on the same day is normalised within that service. It’s not seen as stigmatising or as a weakness; it’s seen as being all part of the oncology service.”

Professor Hoare’s growing body of research has investigated various

aspects of what it is to live with HIV for young people. Since South Africa began its large-scale rollout of antiretroviral therapy (ART) in 2004 for children, a first generation of perinatally infected children has survived to adolescence and young adulthood. This meant that there were critical gaps in the understanding of HIV-associated central nervous system (CNS) disease and mental health outcomes for this population.

So, to begin with, Professor Hoare’s research sought to establish what was happening. “My team and I developed a model for understanding the spectrum of neurocognitive disorders in kids and adolescents,” she explains, as one had only existed for adults before that. “This involved using novel neuroimaging techniques and testing neurocognitive ability and functioning longitudinally to map the underlying pathophysiology of HIV on the developing CNS.”

Rates of major HIV-related neurocognitive disorders have dropped from 50% to around 8 or 9% since the rollout of ART began. “However, the difficulty is the persistence of minor neurocognitive disorders experienced by up to 50% of all children and adolescents

living with HIV, despite them being on ART and virally suppressed,” says Professor Hoare. “The effect of the virus’s chronic inflammatory process on the brain during neurodevelopment is very different than its effect on an older adolescent who acquires HIV via sexual transmission. It’s a profoundly different ball game.”

Gender discrimination and gender-based violence in South Africa also fuel its HIV epidemic. Adolescent girls and young women are prime targets of gender-based violence and they are acquiring HIV at more than double the rate of boys of the same age. “For young girls and women who live in poverty, transactional sex with older men is a sad and real problem,” says Professor Hoare.

“Condoms just don’t fly here, particularly in poorer communities, because there’s a huge amount of HIV stigma,” she says. “If you ask someone to use a condom, the assumption is you must be HIV positive. So, condom use is abysmal in South Africa.”

Faced with this, Professor Hoare began work with pre-exposure prophylaxis (PrEP) – the use of antiviral drugs to prevent the spread of HIV. “PrEP became an important tool in our kit to protect young women and adolescent girls,” she says.

She undertook an effective two-year study to understand factors affecting PrEP services for adolescents and to guide PrEP messaging to address their uptake, adherence and perception of risk. “The PrEP programme in South Africa has become a very successful part of HIV prevention.”

Over time, South Africa has risen to the challenge of its vulnerable HIV population; it now has the largest ART programme in the world to match the size of the problem, and has made huge improvements in getting people to test for HIV in recent years.

Professor Hoare has also had success in creating a community model of healthcare to look after young people. Recently she has been working with NGOs, the South African Department of Health and UCT to create the Adolescent Centre of Excellence (ACE), a one-stop health centre providing counselling services, physical healthcare services, sexual and reproductive health services, HIV and TB testing and rapid initiation of treatment on site.

Other models of care for adolescents in South Africa are combined with adult care, which adolescents find stigmatising. “They don’t like it. They don’t go to it,” says Professor Hoare. “It’s so important to listen to what they want, for them to be involved in the model.”

So, the ACE will be unique in catering only for young people and, at their request, will include pinball machines and pool tables, as well as computers with wi-fi to help them do their homework as many of them live in areas without it. “Nothing means anything unless teens like it, want it and feel safe there.”

The ACE was due to open last year but was delayed due to the coronavirus pandemic, at which point Professor Hoare threw herself into clinical work on the frontline. She is now applying her knowledge and research skills gained working in NeuroAids and neurovirology to understanding NeuroCOVID. “I’m going to use a very similar model for understanding the inflammatory process by using novel neuroimaging techniques,” she says.

Across this extensive body of work, Professor Hoare shows deep commitment to developing healthcare that can make differences to vulnerable people’s lives. “Doing research has provided me a light so that I don’t feel overwhelmed by the lack of resources. Because I really feel that I can do something. I can’t fix everything; this is such a complex society. But sometimes, little things matter.”



Professor Jackie Hoare



Illustration: Owen Gent

# Through a **child's eyes**

Lockdown has dealt an extra blow to many vulnerable children and their carers but, for some, it has allowed greater access to help.

**W**hen Dr Eia Asen meets parents experiencing conflict, he often asks them to bring a photograph of their child to their sessions. “The child, often, is not on their mind,” says Dr Asen, a consultant psychiatrist at the Anna Freud Centre. “These kids have been caught up in a triangle with their parents and exposed to conflict, usually for a long time,” he continues. They may be forced to pick a side, have their loyalty tested, witness domestic abuse, or give evidence against a parent in court.

**“Young people are very adaptable, much more so than a lot of older people like me”**

Trauma from parental conflict may go under the radar because of the intense focus on and hostility towards the other parent. In the long term, these children may “find it difficult to establish and

sustain trusting relationships having observed their parents’ intimate warfare,” he says.

The COVID-19 pandemic has exacerbated many of the challenges faced by vulnerable children, such as those with parental conflict. Chair of RCPsych’s Child and Adolescent Faculty, Dr Bernadka Dubicka, explains that, as well as being impacted by illness and bereavement, young people are being affected by the loss of routine, school closures, and restricted daily activities. Children with pre-existing mental health problems may see their needs become more severe. Those

with neurodevelopmental and learning difficulties may be particularly affected by the uncertainty the crisis brings.

“Colleagues tell me they’re still seeing a rise in severe presentations, particularly around eating disorders,” says Dr Dubicka. “In my services, we’ve seen quite a lot of young people presenting late with psychotic illnesses, perhaps requiring detention under the Mental Health Act.” A recent RCPsych analysis found a 28% rise in children referred to mental health services and an 18% rise in those needing urgent or emergency crisis care.

The Anna Freud Centre has been working to support vulnerable children during the pandemic. Their Family Ties Online service uses psychoeducational tools to help co-parenting couples and their networks understand children’s experiences of conflict and support their wellbeing. The intervention appears to be effective for families experiencing parental conflict during the pandemic, but the impact of school closures remains challenging.

“Some children have told me that they find it difficult to talk to their friends about their real worries because they’re concerned a parent might overhear them,” says Dr Asen. “Some have told us that the person they really trust is a particular teacher, and that person could only be reached remotely and not for informal talks or chats.”

“If schools are taken away, then, in one sense, this is taking away a kind of protective buffer,” says Dr Sheila Redfern, clinical psychologist and head of the specialist trauma and maltreatment service at the Anna Freud Centre. She works with children in care, many of whom have a long history of loss and instability. Children in care are among those prioritised for attending school during the pandemic, but many stayed home due to risks to their foster parents.

“School might have been the most constant thing throughout their lifespan,” Dr Redfern explains. “They might have had many changes of carers or addresses but actually might have stayed at the same school.”

Reduced social support from school has placed added strain on foster carers who may have already struggled to meet their child’s needs. “Young people need to experience a relationship that has trust and stability in it,” says Dr Redfern. “That’s often really difficult if you’re a person in care, but it is particularly difficult for foster carers to know how to meet that young person’s needs.”

She explains that the Reflective Fostering Programme (RFP) aims to improve the carer–child relationship by helping carers attend to their own state of mind. “It helps them to learn to understand and regulate their emotional response to having a child who’s had this early family trauma, who often might come into the relationship not trusting people, misreading people.”

Early evaluations suggest the RFP helps carers feel less stressed and be better able to respond to children’s needs, which consequently improves children’s wellbeing. As a group programme, the RFP creates a support network for carers who often report feeling isolated, and the transition

online has made the programme more accessible.

Dr Dubicka also notes the benefits of remote working. “It’s really helpful for professionals and for families when all that may be needed is a quick telephone check – families can avoid needing to get buses and come across town to see you, which can save time and money. You can ask them to come in if it’s necessary.”

Still, she says it is important to remember we are still learning which children and families benefit most from online interactions. “I assumed, as many people probably did, that young people would adapt very quickly to technology, but in fact, most of the young people that I see much prefer to come into the clinic and see you face to face. But, this will vary between individuals.” Dr Dubicka adds that “if you don’t know a child, or they’re particularly at risk, or they struggle with social interactions, it’s very difficult to do online assessments.”

While many young people’s mental health has worsened during the pandemic, this is far from a uniform picture. For example, Dr Dubicka notes that many children with autism have seen their mental health improve, “A lot of their mental health problems were secondary to having to attend school and deal with their peers, and so many of them actually thrived in lockdown. But then, conversely, they’ve struggled with going back into school.”

Dr Redfern also describes a mixed picture. “One young person that I work with said that being at home made him feel much more connected to his foster carer than he had done when going to school,” she says. “Some children who are adopted have actually found the lockdown helpful because they felt much more secure being with their family full time.”

As a result, Dr Redfern argues that professionals should remain curious and open-minded, avoiding assumptions about how young people feel. “Young people are very adaptable, much more so than a lot of older people like me,” she says. “They’re the people that really can tell us what’s going to be most helpful to them.”



Dr Romyne Gad el Rab

# Digital futures

After a year in which digital delivery of psychiatry has become normalised, the creation of the College's newest special interest group is well timed.

**A**sk Dr Romyne Gad el Rab how she became interested in all things digital and she thinks of a small plastic box that is now more than 30 years old. "I was the first person in my class to have a Nintendo Game Boy," she remembers with a chuckle. "So, I've always been very interested in technology."

It's why, when she decided to take a career break after three years of psychiatry, a postgraduate degree in innovation seemed like a natural choice. Then, while studying, she took on a role at a trend forecasting company. It would change her view of her profession.

"I was writing articles about innovations and it hit me that they were all irrelevant to the delivery of healthcare," says Dr Gad el Rab, now a clinical research fellow at the Institute of Psychiatry, Psychology and Neuroscience at King's College London. "It was a lightbulb moment: hold on a minute, I can take technology and I can take psychiatry and I can make them all come together somehow."

**"We try not think about anything as wholly good or wholly bad when it comes to technology"**

Dr David Rigby was having a similar epiphany at around the same time. A fellowship in medical education brought with it a chance to organise a conference on a topic that interested him. He plumped for digital psychiatry.

"And I found there's a whole bunch of interesting stuff," remembers Dr Rigby, specialty registrar in general and older adult psychiatry at Surrey and Borders Partnership NHS Trust. "Virtual reality, for instance. That can be used to diagnose the early stage of dementia better than any other cognitive test. It's used to treat people with paranoia, it's used to treat people with phobias. That is all really interesting to me."

And so, back in 2018, Dr Rigby first approached the College with the idea of setting up a new special interest group (SIG). He was already aware of the valuable work being done by the College's Informatics Committee on better use of healthcare data and technology, but felt there was perhaps room for a group focusing on digital psychiatry specifically.

When a space for a new special interest group opened up last year, he applied and was successful. The timing, he suggests, could hardly have been better. "There had perhaps previously been a sense that all of this was a bit niche," he reflects. "But now, since the pandemic, digital is mainstream."

The committee for the new SIG represents the breadth of interest in the area. Dr Rigby and Dr Gad el Rab are co-chairs and alongside them sits a mix of trainees, consultants, chief information officers and academics.

Their aim, they say, is to become an active community in which key research questions can be considered, best practice established and potential areas of promise promoted.

"We try not think about anything as wholly good or wholly bad when it comes to technology," emphasises Dr Gad el Rab.

Dr Rigby agrees: "Our position is: let's look at the evidence. Take, for example, whether or not social media is harmful. The evidence is: it's complicated."

Both Dr Gad el Rab and Dr Rigby hope the SIG will build a community in which those complexities can be shared, explored and better understood.

To join the Digital SIG or for more information, visit [@rcpsychDPSIG](https://twitter.com/rcpsychDPSIG) on Twitter or email [romayne.gadelrab@nhs.net](mailto:romayne.gadelrab@nhs.net) or [david.rigby@nhs.net](mailto:david.rigby@nhs.net)