



Psychiatry-East

The Eastern Division eNewsletter

Editorial

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A warm welcome to another edition of our newsletter. I am glad that we have left the winter behind and now embracing the warmth of the sun and the summer season. Have you noticed that as we start approaching this season our soul and mind is full of laughter, smiles, energy, brightness and positivity? I do. This is the magic of the weather right! So, enjoy this fully as long as it lasts. With this you would have also noticed there has been a sudden roar in holiday trips this time and we know why. We did not want to interrupt anyone, so have kept this edition short and light-hearted. I hope you enjoy reading it in your spare time.

So, what has been in the NEWS recently? The long awaited RCPsych IC 2022 which is being held in Edinburgh, the most beautiful city in the world which has a rich history, culture, literary arts, comedy and higher education. You would have heard of the first ever #MindMasters RCPsychQuiz which will start taking shape at the upcoming Congress. We are excited about this and looking forward to being there to support our division. So I hope to see many of you there.

Now, talking about this edition, initially you will see a comprehensive report from our division chair Dr Kallur Suresh giving an account of the developments of our divisional activities. Then there is an interesting article on 'Havana Syndrome' from Dr Silvia Astefanei. What do you think? Is it a medical diagnosis? What is the explanation behind this concept? Reading this will certainly raise your curiosity as it did for me. Following this we hear from CPFT colleagues about the initiative they are taking to support IMG colleagues also addressing the differential attainment gap.

Further down there are articles on resilience and personalised care in the context of self harm and suicide, the role of women in national health service, a brief report on consultant interview masterclass which has been running successfully now since 2021 in our division. Towards the end there is a brilliant book review by our co-editor Dr Sepehr Hafizi and a fascinating reflection from Dr Jo Lowe on 'Namaste'.

Thank you in advance for sparing some of your time to go through this edition. We exist because of you and for you. I would like to encourage all our members to continue to contribute to the newsletter. We continually strive to do better and therefore welcome your comments, ideas and suggestions for further improvement. Please send us your penned thoughts:

psychiatry.east@rcpsych.ac.uk

That's all for now and I hope you enjoy the beautiful summer season until we come back with our next edition.





Chair's Column

By Dr Kallur Suresh

It feels good to be able to think that we are now hopefully looking at the COVID-19 pandemic in the rear view mirror. As things get back slowly to normal, we in the division are thinking about how we can restore some of the face-to-face events such as training courses and conferences. Our first in-person conference is likely to be this year's Autumn Conference at the Wellcome Genome Campus in Cambridge.

There has been a recent change to the support structure for the College Divisions. We will now have a Committee Manager who supports our Division directives and an Events Manager who supports the courses and conferences. This should mean that we will have more targeted behind-the-scenes support for all our activities. However, it might take a few months for the new structure to bed in.

As usual it has been a busy few months with 2022 kicking off with Section 12 and AC Refresher courses in March followed by the Consultant Interview Masterclass in April. This is the second year for this event, and encouraging feedback from senior trainees means we can continue to repeat this event annually.

We had a very successful online Spring Conference in May and very importantly, we included a talk by our patient representative Mrs Kate King, MBE. The conference featured varying topics ranging from an update on eating disorders to mental health legislation including the new Liberty Protection Safeguards. Prizes were awarded to the best posters presented by medical students, foundation year doctors, psychiatry trainees and multidisciplinary colleagues.

We are also in the process of finalising a brand new event for supporting consultants midway through their career, to be held in September this year. This will feature talks by experts on how to improve your research portfolio, advice on diversifying your interests, taking on management roles and how to avoid burnout. There will be a session on how to use job planning to maximise well-being and job satisfaction. Please look out for more publicity on this.

In our plans for next year one of our ambitions is to hold Division level awards and I would like to get your views on this. It would be great to recognise achievements by colleagues in the eastern region in the provision of high-quality patient care, often working under very challenging circumstances. Again, look out for publicity later this year. Feedback from colleagues from around the region indicates that recruitment and staffing, both medical and

non-medical, continue to be the biggest challenge facing us. This has the potential to affect patient care adversely and also increase stress levels of staff working in the service. Many Trusts are implementing plans for international recruitment of nurses and doctors. Whilst not without controversy, this has the potential to ease the situation in the short to medium term.

We continue to receive job descriptions for approval. The setting up of and commissioning of new services means that more consultant posts are being created and too often, the supply of consultants has not kept pace with the demand for suitably qualified consultants in setting up these new services.

I am delighted to note that our Division will be fielding a full team of four in the Mindmasters quiz, with the heats taking place at the International Congress in Edinburgh. I am sure you will join me in wishing the team good luck and willing them on to progress to the semi-finals stage. If you are attending the Congress, please make sure you cheer the team on. The semi-final and the final will be held in the autumn at the College.

There are many opportunities for you to get involved with the work of the Division in the form of Regional Specialty Reps and Advisors. I am keen to engage more consultants in the Division and if you would like to see any specific kind of support or activities from your Division, please drop me a line. Follow the Eastern Division on Twitter @rcpsychEastern. I wish you all a great summer and look forward to seeing you in person at our next event.



Dr Kallur Suresh
Chair, Eastern Division



Eastern Division Exec Members 2022

Dr Kallur Suresh - Chair
Dr Anna Conway Morris - Vice Chair
Dr Abu Abraham - Finance Officer
Dr Manal El-Maraghy - Academic Secretary
Dr Chris O'Loughlin - Head of School
Dr David Middleton - ETC Rep
Dr Abdul Raof - CALC Lead
Dr Nita Agarwal - Newsletter Editor
Dr Rakesh Magon - Mentoring Lead
Dr Kapil Bakshi - Elected member

Dr Sepehr Hafizi - Elected Member
Dr Albert Michael - Co-opted Member
Dr Sadgun Bhandari - Co-opted Member
Dr Ashish Pathak - Co-opted Member
Dr Natalie Ashburner - PTC Rep
Dr Henrietta Blythe - PTC Rep
Dr Anto Eric Varughese - PTC Rep
Mrs Kate King - Service User Rep
Ms Liz Harlaar - Carer Rep

Spring 2022 Poster Prize Awards

Medical Student Category

1st Prize - Tanya Enoch

2nd Prize - Rebecca Gilmore

Foundation Year Doctor Category

1st Prize - Georgios Christoforou, Sabrina Khawar, Catherine Dakin

2nd Prize - Chandranathan Magesh, Samantha Sailer, John Ferris

3rd Prize - Sanskriti Babhulkar, Janarth Kathirgamachelvam

General Category

1st Prize - Kyrillos Meshreky, Hesham Abdelkhalek, Shaimaa Aboelenien, Milind Karale

2nd Prize - Stacey Oliver-Singleton, Jo Farrow, Hannah Sheftel, Shane Ryan, Konstantions Karras, Salim El Dahdah, Vin Shah, Vincent Ninh, Audrey Becherel, Shailen Patel, Heather Lewis

3rd Prize - Chukwuemeka Okorie, Lamiya Samad, Jonathan Wilson, Ugochukwu Echendu, Esther Ounounou

Multi Disciplinary Category

1st Prize - Maryium Butt, Rupalee Suresh



Havana syndrome - to be or not to be?

By Dr Silvia Astefanei

Havana, Cuba...quite an exotic place to travel to or name a syndrome after...that's right - Havana syndrome.

Although the socio-political aspect of this syndrome is quite interesting if you like conspiracy theories, this does not make the subject of this article. Instead, I will only be focusing on the medical implications.

The etymology is obvious- the peculiar syndrome got its name after the city where it was allegedly first discovered. Canadian and US diplomats working in Havana first complained about suffering from a range of symptoms in 2016. The presentations varied from simple tinnitus, nausea, and dizziness to epistaxis, vertigo and imbalance, confusion, disorientation and attention & memory problems, as well as increased intracranial pressure or temperature, hearing and visual loss or even auditory hallucinations. Some of the affected people also experienced social isolation, as they were deemed to be experiencing psychotic symptoms. The onset of presentations could last from a few seconds/minutes up to 30 minutes or an hour. The recovery was complete or in some cases partial with some experiencing ongoing fatigue. This led to difficulties with functioning at work and prolonged periods of sick leave.

Overall, the syndrome has not been found to be sufficiently evidence-based to call for an official medical diagnosis. One of the causes was thought to be poisoning with organophosphates as they are known to lead to similar symptoms to those described in the Havana syndrome. This theory came up as the concerned buildings in Cuba had been sprayed against the Zika virus. Some more courageous people blamed sonic weapons. This hypothesis is based on what is called "intermodulation distortion", which refers to the adjusted amplitude of signals containing different frequencies. However, this type of phenomenon is not specific and can be found in many different ultrasonic gadgets, like jammers, sensors, cars and even ultrasonic repellents against rodents and insects. Interestingly, another speculation is that the buzzing sounds as reported by the respective employees in Cuba could have been generated by crickets. From a mental health point of view, other reports suggested that this was a "mass psychogenic illness", however this idea received mixed criticisms.

Increasingly there has been more focus on microwave radiation as the most likely source for the symptoms. This bold assumption is not new. Correlating this with what I have previously written ("allegedly first discovered"), some argue that "Havana" is a misnomer, as similar cases

happened well before 2016. The first reference to microwave radiations dates back to the mid-20th century. During World War II, several persons reported 'audible clicks' or even clear speeches, without any visible or clear emitting source. This phenomenon is referred to as "microwave auditory effect" or "Frey effect", after the American neuroscientist who first described it. The literature also mentions the effects of microwaves on the human body, especially the brain, the most susceptible organ. Psychiatric conditions such as paranoid schizophrenia, obsessive-compulsive disorder or conversion disorder were described after industrial exposure to microwaves. In the 1970s, Professor Lin from the University of Washington conducted an experiment that made him realise that the energy from high-power microwaves absorbed by the brain is transformed into a pressure wave that can be translated into a sound. Similar symptoms as those previously described were reported by American embassy staff working in the then USSR during the Cold War.

Professor Lin's theory is backed up by James Giordano, a professor at Georgetown University, with an interest in biosecurity and technology. He mentioned that exposure to microwaves can create an effusion inside a person's ear which then is transmitted to the brain, producing a similar presentation to decompression sickness. Professor Giordano also stated that the array of symptoms is in tune with a head injury, although no person reported a physical or organic condition. Magnetic resonance imaging scans done on the Canadian and US diplomats did show some degree of brain damage, but it was unclear whether this was caused by the alleged microwaves or had been there beforehand, as in most cases, there were no previous scans to compare them with.

To keep the mystery going, similar symptoms affecting the same target population (US staff) have been reported in recent years across Asia (China, Taiwan, Vietnam), Australia, Eurasia (Georgia, Kyrgyzstan, Uzbekistan), Europe (Austria, France, Germany, Poland, Switzerland), as well as North America (USA) and South America (Colombia).

It may simply be a health coincidence, more psychological in nature than physical, since it has only appeared in certain types of individuals with highly-demanding roles. Or, if we want to embrace a more science fiction type approach, there may be something much more obscure and mysterious behind it all. Whatever the case is, I believe it is worthwhile for the scientific world to keep an eye on the incidence of this range of symptoms, as it might



Havana syndrome - to be or not to be?

By Dr Silvia Astefanei

eventually turn out to be something with a lot more significance than originally thought.

Meanwhile, I wish for hot weather like they have in Cuba, whilst thinking about whether the Havana syndrome should be considered as a specific psychiatric disorder in its own category or be put under the umbrella of the conversion disorders spectrum? I wonder!

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- <https://www.theguardian.com/us-news/2022/feb/02/havana-syndrome-concealable-devices-cia-report>
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Bridging the Gap of Differential Attainment: CPFT Develops an International Medical Graduate Career Development and Support Team

By Dr Gunes Berk, Dr Felix Clay, Dr Afef Mahmoud, Dr Rebecca Jacob

In this article we outline the recently established Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) International Medical Graduates (IMGs) Career Development and Support Team. Within CPFT we recognise IMGs as invaluable colleagues who often face complex challenges when joining the NHS. Here we describe some of the difficulties IMGs may face, then discuss how we are attempting to help our colleagues overcome these hurdles and to celebrate IMG contributions within the Trust.

What is Differential Attainment?

‘Differential attainment is the unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic, for example, ethnicity, gender, and disability (1). From a training perspective, studies have shown that across areas related to recruitment, ARCP outcomes and exam performance, those who are male, older, from Black, Asian, and Minority Ethnic groups and IMGs, perform less well (2).

The number of IMGs joining the UK medical workforce is increasing. According to the General Medical Council (GMC), IMGs made up almost one third of the NHS medical workforce and 17% of all trainees in 2021 (3). Psychiatry is one of the specialty programmes that has the highest proportions of IMGs with 23% (3,4). IMGs are ethnically diverse; more than half (54%) of those joining in 2020 identified as black and minority ethnic (BME) (5).

The UK healthcare system is one of the world’s largest employers and provides care to a culturally diverse patient group. Into this melting pot IMGs have much to contribute in terms of their medical skills and experience. Nevertheless, they invariably face many challenges after moving to the UK, such as leaving family, friends, social and academic status behind, moving and settling into a new place, starting at a more junior level, adjusting to a different culture and healthcare system, and dealing with language barriers. Financial strains and visa issues may further complicate matters which can have a detrimental impact on wellbeing or career progression, as suggested by an IMG experience below:

“It was almost impossible to arrange accommodation before I moved to the UK as the system required me to be here and provide evidence of work, income etc... It was very difficult to stay in a rented room with my 5-year-old and lots of luggage for nearly two months, until we found a property to live in.”

Studies have reported ongoing difficulties once IMGs start work; these include challenges in integrating into the system, passing examinations, achieving ARCP outcomes, and progressing with their careers.

“My self-confidence was hurt when my senior implied my training in my home-country would not be adequate for my level of training in the UK even though I was recruited to the post after passing all the relevant exams, getting my registration to work in the UK and being interviewed by a panel for the post”

CPFT IMG Career Development and Support Team

There is strong evidence that when an organisation gets diversity and inclusion right, staff feel valued and their wellbeing improves (6). Thus, to ensure IMG wellbeing and maximise potential to achieve career goals, we have recently established the IMG Career Development and Support Team in CPFT.

We normally signpost trainees to existing national and regional resources as developed by the GMC (7), British Medical Association (8), the Royal College of Psychiatrists (9) and Health Education East of England (10). However, some interventions may be more effective using a local and personalised approach.

Our team prioritises three domains:

1. Practical support headed by our IMG Champion
2. A focus on wellbeing and mentoring
3. Specific MRCPsych examination support

We are working to enhance cohesion in our community of trainees. We see our UK graduate colleagues as strong allies, with mutual benefit being gained from this reciprocal interaction.



Bridging the Gap of Differential Attainment: CPFT Develops an International Medical Graduate Career Development and Support Team

By Dr Gunes Berk, Dr Felix Clay, Dr Afef Mahmoud, Dr Rebecca Jacob

We have started to reach out to our newly started IMG colleagues by introducing them to our group, establish links to our local peer mentoring scheme and offer social and/or professional individual support and career guidance, as needed. We keep communication alive with all CPFT trainees by sending emails including socially and professionally relevant material such as podcasts, information about upcoming events, workshops, training opportunities, useful websites etc., both within and outside CPFT. We have introduced communication skills training in our MRCPsych Course - an area identified as challenging by doctors qualified overseas.

Longer-Term Goals

Our team is developing more targeted educational opportunities for IMGs. This will involve creating local IMG specific induction programmes and longitudinal support for clinical and educational supervisors. The latter is supported by research showing benefits from non-stigmatising interventions focused on the trainee-trainer relationship (11).

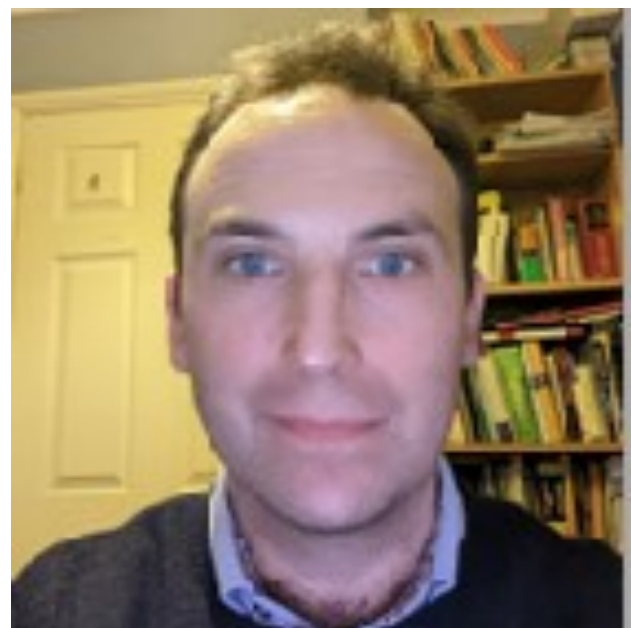
Existing CPFT Peer Mentoring support will be used to pair interested new IMG starters with either established IMG or UK graduate mentors. In our next stage of development, we will establish group and/or 1:1 sessions for current IMGs to share their personal experiences. We are also planning sessions with external speakers/coaches to provide workshops targeted to the cultural difficulties and challenges that IMGs encounter during the transition to work in the UK, and additional collaborative support from UK graduate colleagues on exam techniques. We hope to improve a sense of belonging through social events and encouraging integration with other local groups. This goal is backed up by research findings suggesting a need for at work and organisational changes to improve IMG abilities to seek social support outside work (11). We welcome collaboration and ideas from other regional training programmes with similar schemes.

The longstanding pressures on the NHS with its large and diverse workforce, have been further exacerbated by significant vacancies related to BREXIT, the COVID-19 pandemic and current economic uncertainty. By supporting and celebrating our IMG colleagues, we enhance not only individual potential to contribute and thrive, but also our collective strength and resilience.



IMG Champion
Dr Gunes Berk

Specialty Registrar in Old Age Psychiatry, CPFT



ST Chief Resident for Wellbeing
Dr Felix Clay

Specialty Registrar in Old Age Psychiatry, CPFT



Bridging the Gap of Differential Attainment: CPFT Develops an International Medical Graduate Career Development and Support Team

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Resilience and Personalised Care in the Context of Self-Harm and Suicide

By Dr Anit Bhattacharyya

As a participant observer in a grassroots NHS psychiatric practice for the last 4 decades, I consider that the main emphasis of care and service has seemingly shifted. Overwhelmed by populist public and political demands, we are focused more on throughput of cases rather than comprehensive specialist treatment and management in secondary care. Since there is little time for developing relationships and understanding, we use template-oriented information gathering and checklists as a proxy to personalised care. Rapid movement between teams may give the impressive illusion of clinical progress as in metal state and behaviour—with risk assessment scales and tools being the official fallback position for predicting adverse events. In a reductionist worldview, mental health practice is currently all about risk assessment and risk management.

Fortunately, during the last 40 years (1981 – 2021), suicide statistics in England and Wales seem to have improved. The annual numbers are down by 31%, but the trend of the fall remains mostly prior to the era of the introduction of risk assessment and management tools as an established feature of electronic patient records (1). The gender gap around completed suicide has widened during these years. For women the rates have decreased by 50%, whereas for men, the decrease is only 20% (2). From 2017 to 2019 there was even an upward trend – though things became better in 2020 (2).

During the pandemic lockdown (specific and verified information from April-July 2020), the overall rate was 9.3 per 100,000, compared to 11.3 during the same period in 2019 (3); this was caused mainly by a fall in male suicides with female suicides remaining the same. Currently male numbers of suicides are three times that of females (3). In the absence of specific research, one can only speculate about what that statistic implies. Some observers suggest that this could be related to the inadequate management of alcohol abuse as a factor in suicide which predominantly affects males (4,5).

There is a further issue entitled **low risk paradox** in suicide statistics. For example, in 2015, out of 1,538 completed suicides in England and Wales, who had been in contact with mental health services in previous 12 months, 88% were judged to be at low or no immediate risk of suicide by clinicians (6). In a study by Manchester University based experts, the pooled positive predictive

value was only 5% (6). That means for every 100 people rated at high risk, only five would go on to die by suicide. This is the same for even **prospective** studies with a false positive rate of 96.3% (6). With such an overwhelming number of false positives, standard risk assessment appears significantly inadequate as a decision-making tool.

This leads us to suggest a dynamic rather than a fixed approach to personalised resilience scenarios, what currently appears to be an underemphasised area in standard risk assessment procedures (7).

In usual practice patients are asked about if they have had thoughts about death in the context of feeling hopeless and helpless. If they respond positively to this, they are then asked about any plans they might have and then about any means or intentions.

In the United States in 2007 about 3.7% of the population (8.3 million people) described having serious thoughts about suicide, but only 1% of the population (2.3 million people) had a plan, with about 0.5% having made an attempt (1.1 million people) (8). Finally, the number of deaths by suicide were 0.01% of the population (34,598 people) (8). The data from 2017 suggest about 10 million people had contemplated suicide, but the final death toll was 44,000 (9).

There are thus several steps between people having suicidal ideas and finally ending their life by suicide – where at least theoretically one could intervene. However, suicidal ideas and wishes describe wide-ranging experiences that defy any simple categorisation or definitions. They also wax and wane as influenced by stress, mental illness, substance abuse and many other factors. The pertinent question is how do these suicidal ideas will suddenly or gradually solidify into a self-destructive act. This is where the concept of clarifying resilience may become useful. The question usually asked is “what has kept you from ending your life?”

Resilience studies individual differences, when people are exposed to the same or similar psychosocial adversity or stress. Clearly the individual in a suicidal state is already showing vulnerability. Hence the focus on understanding and supporting the individual’s resistance to act on suicidal ideas.



Resilience and Personalised Care in the Context of Self-Harm and Suicide

By Dr Anit Bhattacharyya

In some cases, the reasons for not acting are seemingly fixed: such as having a religious belief system which forbids suicide, or having dependent children, relatives or parents where the sense of responsibility comes first. Identifying the right protective factors and further **enhancing** them is similar to the concepts used in solution-focused therapy, where the **building blocks for survival already exist** and need to be enhanced. In some cases, it could be simply dealing with one factor such as not using alcohol or drugs when stressed, as intoxication can lead to erratic or impulsive behaviours. Distraction and distress tolerance techniques such as used in dialectical behaviour therapy can also help. The key is to get the individual to share their self-destructive ideas with others especially when they become unbearable for them - hence the importance of 24-hour access to a listening ear as with the Samaritans.

A full review of the research around how to enhance resilience and protective factors in patients is beyond the scope of this article. Our main appeal to all is to go beyond mere form-filing and focus on trying to create meaningful and personalised relationships and human interactions in order to help those in their darkest hours.

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The Role of Women in the National Health Service

By Dr Anuranjani Sardesai

Some of you may find this familiar. The big rush to get out of the door in the morning making sure that the kid's school bags and lunches are packed, water bottles are filled, laptop bags grabbed and then the last minute hunt for glasses or keys. The school drop off and the hurried 'love you' and 'bye bye'. Then the commute to work and the ongoing frustration with parking. But as always, we make it and settle down for a day's work. As mothers, these are the things that we do on a daily basis. We juggle childcare, homework, laundry, meals and all the other things that come with running a household and being responsible for our children. We are doctors, nurses, support workers, ward clerks, receptionists, physiotherapists, psychologists and much more. So, what does it mean to be a woman working in the NHS?

According to data, more than three quarters (76.7%) of the 1.3 million members of NHS staff is made up of women, with 88.6% of the 342,104 nurses and health visitors being women, and 42.5% of 18,509 ambulance staff, 77.6% of 172,267 scientific, therapeutic and technical staff and 62% of 22,552 managers being women (1).

So how do women manage to 'do it all'? Do they have superpowers? Are we all 'wonder women'? Or is this a concept that needs to be binned and a more realistic view to be taken of the struggles we women face on a daily basis? There is no doubt that despite the advances made in Western society, the burden of childcare and running the household tends to fall mostly on the shoulders of women. Trying to keep a balance between work and personal life has been critical to the working mother. Stress, burnout, imposter syndrome, these are a few of the consequences we face trying to juggle our careers and our homes. What happens if you are an international medical graduate (IMG)?

According to the General Medical Council (GMC), 36% of doctors in the UK obtained their primary medical qualification overseas and in 2018 there was a 50% increase in the number of IMGs coming to the UK and taking the Medical Licensing examinations (2).

The path to working in the NHS for an IMG is not without its own issues. Although there are different routes, the one most commonly used is through the Professional and Linguistics Assessment Board (PLAB). Prior to even attempting the PLAB, one has to tackle the International English Language Testing System (IELTS). These exams are not only expensive, but also time consuming and can be daunting for a non-native English speaker. Then, there are visa issues to sort out as well.

I started my journey in the NHS in 2016 as an IMG about to start Foundation Year 1. I was already a mother to an 18-month-old, but I chose to work full-time. It was daunting to say the least. However, this is where the benefits of being a trainee in the NHS came into play. I was provided with 'back to work' training and had the option of working less than full-time (LTFT). We had structured teaching alongside bedside teaching.

Our NHS is the envy of the world and although there is much scope for improvement, our NHS continues to provide life-saving, critical care 24/7 free of charge to everyone who is entitled and needs it. It also provides training to doctors like me and many others, regardless of where they have attained their medical degrees. The NHS welcomes one and all, doctor or patient and provides us all with the support we require in time of our greatest need. All you have to do, is ask and according to me this is where many of us fail.

Asking for help does not mean that we are less competent or a failure. Asking for help means that you recognise your own limitations and seek assistance. I was supported throughout my foundation training by an excellent team of clinical and educational supervisors, nurses and colleagues.

As I was nearing completion of my foundation training, I had to think about what speciality to apply for as my core training. The ever precarious balance between work and personal life was becoming more critical and the guilt all working mothers feel was ever present. With the right support and guidance, I was able to obtain a placement on the Core Training Programme in Psychiatry within Essex Partnership University Trust (EPUT) through the Multi-Speciality Recruitment Assessment procedure followed by an in-person interview in the good old pre-Covid times! Things were looking good for me.

As fate would have it, life is never easy. I lost my mother 15 days before I was due to start CT1. Nevertheless, I felt supported enough to begin my training. My clinical and educational supervisors held my hand, wiped my tears and gave me the courage to take each step forward, one step at a time. Every time I stumbled, I was helped up. Each and every clinical supervisor went above and beyond to support me. As I grew in my journey as a psychiatrist, our family grew as well. We welcomed our second child in 2020, just before the pandemic.

I returned to work on an 80% LTFT basis in March 2021.



The Role of Women in the National Health Service

By Dr Anuranjani Sardesai

With the pressures of the pandemic, two small children and work, I was wondering how does one manage to balance all these plates in the air? In addition to this there was the pressure to pass the membership exam for the Royal College of Psychiatrists. Suffice to say, it's your workplace that helps. Within 6 months of coming back to work, I was working full-time and had passed all my exams.

So, now as I look forward to a new era of applying for ST4 posts, I look back and see that all I was and all I am now is fully shaped by the scaffolding I have had around me. So, in answer to our question at the very beginning; we don't know if 'super-mom' or 'wonder woman' exists. All women who work and have families are wonder women, at least in my opinion. And as to 'how do I do it all?' I don't. WE do it all: our NHS, our local trusts and our families.

My journey has taken many turns. Bereavement, motherhood, junior doctor, core trainee and junior doctor's representative among many others. Was I ever alone? Never. I want to encourage all female working doctors to take a moment and think about what we can all achieve. We are there for our patients, for our families, and for ourselves. So, if you have a moment when you doubt yourself or your abilities, don't. Just look around you, at all these wonder women and keep walking. Keep smiling and keep folding that pile of laundry and don't forget to check those medication cards and walk with your head held high in life. You already have all the attributes to fly!

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1. <https://www.england.nhs.uk/2021/03/nhs-celebrates-the-vital-role-hundreds-of-thousands-of-women-have-played-in-the-pandemic/#:~:text=NHS%20staff%20who%20are%20women,and%20health%20visitors%20are%20women.>
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Dr Anuranjani Sardesai
CT3 in General Adult Psychiatry
Essex Partnership University NHS Trust

International Medical Graduates

The Royal College of Psychiatrists is keen to support International Medical Graduates (IMGs) who choose to follow a career in psychiatry in the UK.

RCPsych have produced a guide for International Medical Graduates pursuing a career in psychiatry in the UK. The guide provides a comprehensive overview of working, training and living in the UK as a psychiatrist.

[A Guide to Living and Working in the UK for International Medical Graduates](#)



News from the RCPsych Eating disorders faculty

By Dr Anna Conway-Morris

We are pleased to announce the launch of new guidance for treatment of eating disorders in acute settings.

The college report MEED (Medical emergencies in Eating disorders) is the successor of MARSIPAN. This guidance was launched on May 17th in a well structured and readable yet detailed format. It covers all ages and all eating disorders including anorexia nervosa, bulimia nervosa and avoidant and restrictive intake disorder (ARFID). The guidance was developed by a group of experts including medical experts and experts by experience. Many other stakeholders such as the eating disorders charities BEAT and FEAST were involved in this project. The result is a comprehensive guide for clinicians to improve the care of patients with eating disorders in acute hospitals and to avoid preventable eating disorder deaths.

The guidance covers areas such as risk assessment of patients with eating disorders presenting in A&E including a simple traffic light system, detailed, evidence based guidance on refeeding and how to avoid over or under feeding and advice on safe transfers between hospitals if necessary. The appendix includes a useful abbreviated reference guide summarising the main aspects of the guidance on a single page as well as model care plans for patients with eating disorders that consider the risks of laxative use and hiding food.

The guidance was launched at the eating disorders faculty spring conference and there will be further events presenting and discussing this updated guideline. It is freely available on the RCPsych website.

Another development I would like to draw your attention

to is the eating disorders GMC credentialling pilot which is currently taking place in the college. You may be aware that eating disorders psychiatry is a small subspecialty with many current vacancies nationwide. The aim of the pilot is to formalise eating disorders training in psychiatry and aid recruitment. The pilot is open to higher trainees and new consultants who would like to achieve an endorsement in eating disorders psychiatry. The pilot will consist of training days and supervision by a dedicated eating disorders trainer. Applications for the first round have now closed and I am aware that many of you have applied. I wish you all the best of luck and hope that we will have an update from the pilot soon.



Dr Anna Conway-Morris
Vice-Chair, Eastern Division

Medical emergencies in eating disorders (MEED) Guidance on recognition and management

We call upon all of those who can influence the implementation of this guidance to do so in order that those with eating disorders can be supported to achieving the better lives that they deserve.

Please Click:

[Medical emergencies in eating disorders \(MEED\): Guidance on recognition and management \(CR233\) \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/cr233)



Namaste!

Doctors reflections from a yoga mat...

By Dr Jo Lowe



If you are someone lucky enough to have travelled in the Indian subcontinent or through South-East Asia, or perhaps closer to home have attended a yoga class, you are likely to be familiar with the greeting “*Namaste*”. Also, you will probably have noticed that the word is accompanied by a bow with hands pressed together, at the centre of the chest, fingers pointing upwards. *Namaste* is derived from the Sanskrit words ‘*namas*’ and ‘*te*’, the former denoting a reverential bow and the latter a form of the pronoun “you”, therefore literally meaning “I bow to you”. With the influence of Hinduism, the term has gained a spiritual meaning along the lines of “I bow to *the divine* in you”.

Namaste can be used as a form of greeting to a relative, friend or complete stranger. Regardless of a person’s creed or social status, the gesture creates a simple reminder of our common providence and our connectedness to those around us. If we can recognise and acknowledge the divine in another, we can, in all likelihood, acknowledge the divinity within ourselves. *Namaste* is an acknowledgement that we are all more than what we present to the outside world in a given moment.

There is something very valuable to take from this as clinicians when facing our patients. To acknowledge the divine in another allows both of us to transcend the outward expression of ourselves and our role, our post-nominal letters or our wealth and status. From the perspective of the greeting giver, to acknowledge the spiritual dimension of another human being allows us to be inspired and invigorated ourselves. We are affirming what lies beyond our stresses and strains, our suffering,

pain or illness. Alongside a patient perhaps weary in the midst of life’s journey with its concomitant pursuits and hardships, we can for a brief moment recognise them as the earthly embodiment of something divine regardless of their ever-changing outward appearances and struggles. For a moment, our personal preferences, our beliefs and values are transcended as we acknowledge that we are all essentially a transitory expression of something bigger than ourselves as individuals.

Recognising the divine in the other provides a therapeutic way of relating to our patients. It represents a moment of overlooking what as a society we hold dear, albeit often unconsciously, namely dominance, authority and success. As clinicians we are not bigger or stronger than our patients and they are not something less than us. We may have some knowledge and skills needed by our patients, but they equally have as much to offer us. *Namaste* is a reminder to respect and honour our collective origins and our interconnectedness as humans..... *Namaste!*



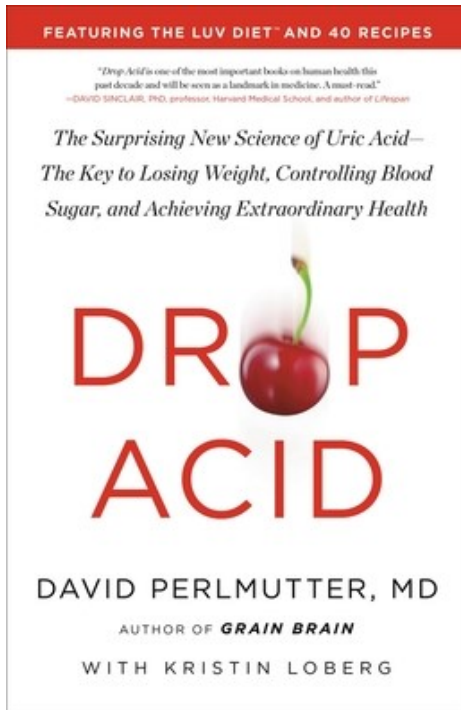
Dr Jo Lowe

ST4, Norfolk and Suffolk NHS Foundation Trust



Book Review: 'Drop Acid'

By Dr Sepehr Hafizi



David Perlmutter is an American neurologist with an interest in nutrition. He has published a number of books, one of which is titled *Brain Maker* emphasising the role of diet and gut bacteria in brain health. His latest book is called *Drop Acid*. This is not a call to start taking LSD, but is a play on words and is about the importance of reducing serum uric acid levels for better health. On the cover page of the book, the 'o' in the word 'Drop' is represented by a cherry, because as the reader finds out later dietary cherries help to reduce uric acid levels. The thesis of the book is to present the evidence for uric acid in the aetiology of various forms of disorders including metabolic and degenerative disorders, and interventions to reduce uric acid and its deleterious effects through supplements and changes in diet.

As a psychiatrist I believe it is important for us to increase our knowledge and skills in improving our own wellbeing as well as the wellbeing of our patients, in terms of both mental and physical health. Many of us already advise our patients on lifestyle changes, and when prescribing follow antipsychotic monitoring guidelines. Indeed, in the process of educating ourselves, my colleague Dr Bose and I, ended up helping to educate others by creating a CPD Online module for the Royal College of Psychiatrists on the topic of metabolic syndrome and schizophrenia. I was thus intrigued when I came across *Drop Acid*.

Perlmutter introduces the reader to uric acid by examining the history of gout and the early discovery of its association with a high purine diet and sedentary lifestyle. Part I of the book is titled 'The Basics of Uric Acid'. Here Perlmutter sets out a clear argument that the introduction of high fructose corn syrup in food manufacturing processes in the USA has contributed significantly to the obesity epidemic over the last few decades in that country. The mechanism he explains is via an increase in serum uric acid levels leading to inactivation of nitric oxide. This in turn can lead to vascular effects including hypertension. High fructose in the diet can also lead to leptin and insulin resistance which in turn can increase the risk of diabetes mellitus and dementia. In addition, studies suggest that drugs such as the xanthine oxidase inhibitor allopurinol, can help to reduce the harmful effects of fructose by blocking the effects of uric acid. In many countries the normal range for serum uric acid values for adult males and postmenopausal women is between 3.5 and 7.2 mg/dL and for premenopausal women is between 2.6 and 6.0 mg/dL. Desideri et al (2014) recommended an upper limit of 6.0 mg/dL for all healthy subjects. Perlmutter goes further, he stresses the importance of keeping serum uric acid levels below 5.5 mg/dL.

According to Perlmutter, this means that individuals with uric acid levels at the upper end of the normal range may be asymptomatic, but carry an increased risk for metabolic problems.

Part II of the book is titled 'U Turn: The LUV Plan of Action'. Here LUV stands for lowering uric acid value. In this part, the author provides advice on dietary changes and the taking of supplements as well as a list of recipes to help reduce serum uric acid levels. As expected, there are suggestions on cutting down on purines by reducing dietary intake of meats such as red meat and organ meats (e.g. liver and kidney), as well as reducing alcohol intake, especially that of beer. One dietary supplement that is much emphasised is quercetin. This is a flavonoid with powerful antioxidant actions and is found in high concentrations in capers, red onions and cherries. Other supplements include luteolin, omega-3 fatty acids especially the docosahexaenoic acid (DHA) form, vitamin C and chlorella. The recipes at the end of the book are not completely restrictive in their use of ingredients and indeed look like they are worth trying out.

I would highly recommend *Drop Acid* to all my healthcare colleagues as it is a well-written and well-constructed



Book Review: 'Drop Acid'

By Dr Sepehr Hafizi

book. The author comes across as sincere and also shows a sense of humour. I've found it to be a rewarding read as it has made me think more about the mechanisms of action behind the genesis of metabolically-related disorders. In particular, it has made me want to delve deeper into the role that uric acid plays in obesity and degenerative disorders. Perhaps, measuring serum uric acid levels will become a routine blood test in the future. In the meantime, like Dr Perlmutter I believe that we can all help to champion preventative medicine when it comes to the health of all our patients.

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Perlmutter D, Loberg K (2015). *Brain Maker: The Power of Gut Microbes to Heal and Protect Your Brain for Life*. Yellow Kite. 320 pages (pb). ISBN-10: 1473619351; ISBN-13: 978-1473619357.



Dr Sepehr Hafizi

Consultant Psychiatrist

Cambridgeshire and Peterborough NHS Foundation Trust

RCPSYCH Library Services

Our Library aims to support members in their practice by providing easy access to the best resources. The vast majority of these are available online but there is also a library space at 21 Prescott Street that is staffed Monday to Friday, 9.30am - 4.30pm.

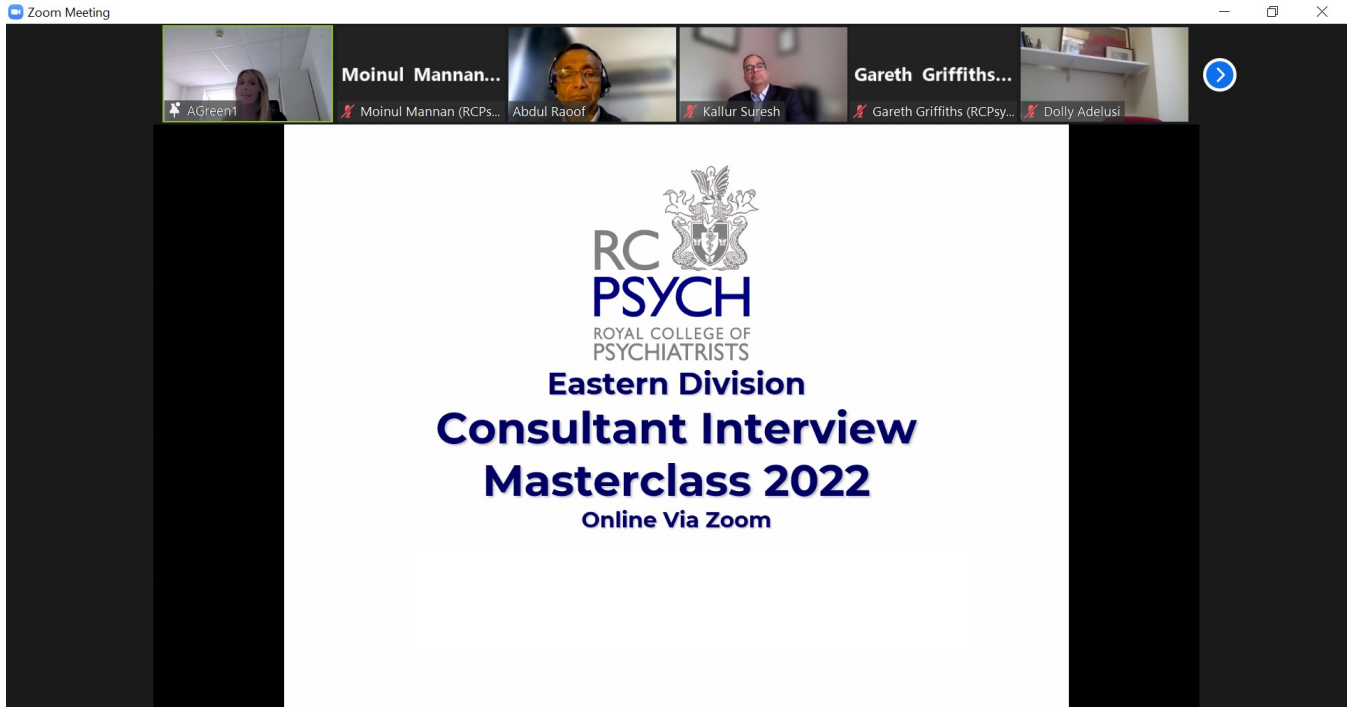
Library services include: access to databases and journals, book borrowing, free literature searches and document supply.

For more information please click on following link:
[Library | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)



Consultant Interview Masterclass April 2022

By Dr Kallur Suresh



The Division held its second Consultant Interview Masterclass on 28th April 2022 online via zoom. Last year's masterclass was very popular and received extremely positive feedback which encouraged us to conduct the masterclass again this year. It attracted some 34 delegates consisting mainly of higher trainees who are about to finish their training and some psychiatrists of other grades, all keen to do better at their upcoming consultant interviews.

The programme consisted of talks by Alex Green, Executive Chief Operating Officer at Essex Partnership University NHS foundation Trust who spoke about 'what a chief executive would be looking for' in a prospective consultant. This was followed by a talk from a newly appointed consultant Dr Rana Moharam on her experience of having been through a consultant interview recently.

Dr Kallur Suresh, Chair of the Division and Deputy medical director at Essex Partnership gave some tips on excelling at consultant interviews, including handling pre-interview visit and meetings and dos and don'ts in the first year. There were two breakout sessions where delegates could network and interact in smaller groups and discuss topics such as coping with virtual interviews, handling difficult questions and negotiating terms and conditions.

The afternoon session saw Professor Asif Zia, Executive Medical Director of Hertfordshire Partnership Foundation Trust give his take on what is expected of a prospective consultant from a Medical Director's perspective. He spoke about how consultant jobs have changed over the years, with different expectations. The last talk of the day was by Dr Abdul Raoof who summarised for the delegates a plan of what higher trainees need to do during their ST4, ST5 and ST6 years to build up a good portfolio for consultant interviews.

Feedback from delegates has again been highly positive with one of delegates stating "Genuinely one of the best events I have attended in terms of it's usefulness to my stage of training", We are taking the feedback on board and already planning our next year's masterclass in spring 2023.

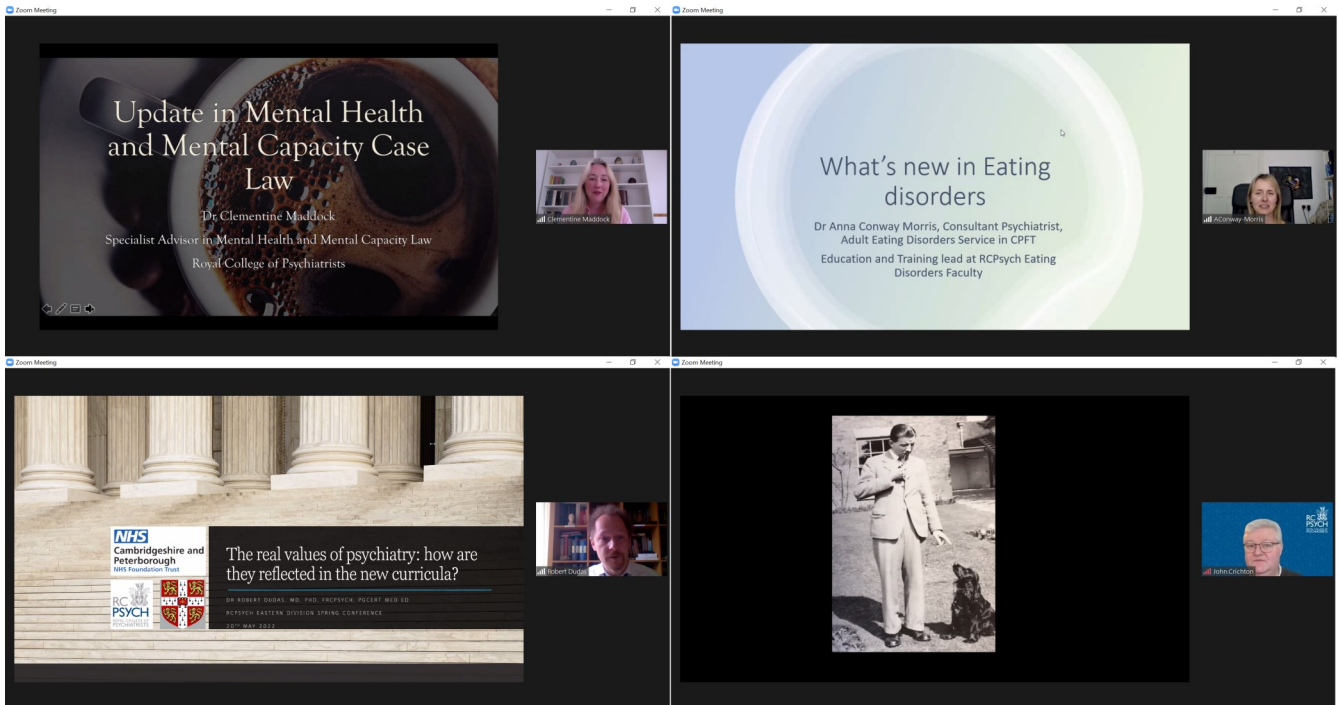
Please visit <https://www.rcpsych.ac.uk/members/england/eastern/events> for more details and follow the Eastern Division's official Twitter account @rcpsychEastern.

Dr Kallur Suresh
Chair, Eastern Division



Eastern Division Spring Conference 2022

By Dr Manal El-Maraghy



The Eastern Division Spring Conference was held on 20th May, online via Zoom. It was an excellent enjoyable day, very informative with various topics.

After the welcome address by Dr Kallur Suresh, Chair of the Eastern Division, as he highlighted the activities within the division; he invited all to have more of a say and contribution.

Our first key note speaker was Dr Clementine Maddock. She threw light on the mental capacity and mental health law updates. Dr Maddock is a Consultant Psychiatrist and Medical Director for the Priory Group. She is holding a Specialist Adviser role in the mental health and mental capacity law in the Royal College of Psychiatrists. She covered the Liberty Protection Safeguard with a brief overview. We were interested to hear about few incidences where she referred to practice where we learn various ways to prevent future deaths. Best lessons are the hard ones we learn from sad incidents. In summary, she concluded that risk assessment and documentation prior to authorised leave are essential, adequacy of observation, assessment prior to discharge from Section 136; always be conscious of compassion fatigue. We all need a safety net so to avoid fatigue, it comprises team work, communication with relatives and patients. We always try to balance on a tightrope of Liberty vs Safety, never easy.

At the end of the day risk assessments are an art and not a perfect science.

There could be nothing better to follow on from that than to listen to individual's lived experiences. Mrs Kate King MBE sits on various boards: The core working group of Simon Wessely's MHA Review 2018 and has continued working with DHSC and NHSE on MHA and Covid response; also working with RCPsych on online S12 and AC training modules and webinars during the pandemic. She has not shied away from sharing her experience when she was treated under the MHA. It was a very enjoyable session and emotionally provoking. She has put some of her experiences in a number of poems, in a way inviting the audience to feel the experience with compassion and not only on paper. Almost all of the audience requested her poems to be written in a book, which she promised to do.

Following the first coffee break, the second session was chaired by me and I introduced Dr Robert Dudas, Consultant Psychiatrist in Cambridge and Peterborough, visiting researcher in the Department of Psychiatry in Cambridge University. He spoke about the "Real Values of Psychiatry". Although the talk was titled 'How are they reflected in the new curriculum', the topic was relevant to every practicing psychiatrist. He made reference to the



Eastern Division Spring Conference 2022

By Dr Manal El-Maraghy

bio-psychosocial model development, probably dating back to 1977 raised by Dr Engel. He highlighted Value Based Practice, acknowledging that we offer respect for differences, framework values and good processes. The values of psychiatry are unconditional, positive regard, recovery orientation, multidisciplinary bio-psychosocial model. The patient's narrative takes centre stage and we have to have a systemic approach to explore changes in social roles and identifies and we have to work with the patient with co-production.

The lunch break was followed by poster presentations and prizes. Dr Sadgun Bandari, Consultant Old Age Psychiatrist in Hertfordshire, invited the various presenters to give a 5 minute talk about their poster. We had a number of excellent presentations. Interestingly a medical student presented on the impact of TikTok on the increased number of self diagnosed ADHD in young people. We also had a presentation from the FY trainees and a number of excellent presentations under the General category and under the multidisciplinary category.

Following the announcement of the winner, Professor John Crichton took over the stage to talk to us about "From suicide prevention to Homicide Prevention. Professor Crichton is the Treasurer for the Royal College of Psychiatrists. He trained in Fulbourn Hospital in Cambridge, then took up his role as a Consultant Forensic Psychiatrist with an interest in research. He has been honorary Fellow at the University of Edinburgh School of Law where he teaches modular criminology and in 2019 he became the honorary professor. He raised the curiosity and thinking of the audience by presenting the need to change the design of kitchen knives inside each home to reduce fatalities.

He explained that over the last 5 years in Edinburgh, 70% of deaths and 94% of sharp instruments were incurred by the use of kitchen knives. Thinking back, 6 years ago our domestic gas supply was changing from coal gas rich in carbon monoxide to natural gas, which had an impact on reducing the rate of suicide using carbon monoxide. It was one of the most successful life saving measures in the UK and it had nothing to do with medicine at the time.

Our last talk was delivered by Dr Anna Conway-Morris, Consultant Psychiatrist for Adult Eating Disorders in Cambridgeshire and Peterborough. She is the Education and Training lead at RCPsych Eating Disorder Faculty. We

were grateful to her for stepping in at the last minute to deliver her interesting talk as Dr Ayton, Eating Disorder Chair, could not join in. Dr Conway-Morris shared with us the most up to date understanding of the diagnosis, introducing the new diagnosis ARFID, Avoidant and Restrictive Food Intake Disorder. She took us through the impact of anorexia nervosa and the consequences, along with the impact of the pandemic, on eating disorders, acknowledging that hospital admissions for eating disorders increased by 84% over the last 5 years; CAMHS referrals for eating disorders has tripled. She took us through the most recent Royal College report MEED, the new guidance for all staff managing emergencies related to eating disorders.

It is amazing that the Eastern Division has delivered yet again a very interesting informative conference. The Chair and the committee would very much welcome views and suggestions for future speakers and topics for talks and to encourage all members of the Eastern Division to interact and present posters at a competitive level.

You may email; manal.el-maraghy1@nhs.net, moinul.mannan@rcpsych.ac.uk, kallur.suresh@nhs.net



Dr Manal El-Maraghy FRCPsych
Academic Secretary, Eastern Division



Upcoming Eastern Division Events 2022

Eastern Division Development Opportunities Midway Consultant Career Thursday 29 Sep 2022

Our new event which will feature talks by experts on how to improve your research portfolio, advice on diversifying your interests, taking on management roles and how to avoid burnout.

Speakers: Dr Sarah Maxwell, Dr Louisa Mann, Dr Kallur Suresh, Dr Helen Crimlisk and Dr Zuzana Walker.

Bookings will open soon. Please click:
[Eastern Division events \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

Eastern Division StartWell Event Thursday 13 October 2022

StartWell is a Consultant led initiative for Psychiatrists in their first five years as a Consultant or Locum Consultant. The event is also open to Higher Level Trainees.

Speakers: Prof Nandini Chakraborty, Dr Nita Agarwal and Dr Ashish Pathak.

Bookings will open soon. Please click:
[Eastern Division events \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

Eastern Division Autumn Conference Friday 25 November 2022

Our annual Autumn Conference suitable for Psychiatrists of all grades. The event will run online again via Zoom with excellent speakers, Poster Awards and Medical Student Essay Prize competition.

Free Entry for Foundation Year and Medical Students through 'Enhancing Foundation Experience in Psychiatry' initiative of HEEoE School of Psychiatry.

Speakers to be confirmed
More information will be available soon. Please click:
[Eastern Division events \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)

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The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

The Eastern Division is made up of members from Essex, Hertfordshire, Cambridgeshire, Bedfordshire, Norfolk and Suffolk.

We would like to thank all members for their contributions towards Eastern Division activities throughout the year.

Eastern Division Medical Student Essay Prize Autumn

The Eastern Division has established this prize in order to raise the profile of the Division and to encourage medical students to pursue further study and professional training in Psychiatry.

Prize: £200

Eligibility: All medical students training in Medical Schools located within the Eastern Division.

Where Presented: Eastern Division Autumn Conference 25th November 2022

Regulations:

1. Eligible students are invited to submit an original essay of up to 5000 words on any aspect of psychiatry. The essay should be illustrated by a clinical example from medical or psychiatric practice relevant to mental health and should discuss how the student's training and awareness has been influenced as a result. The essay should demonstrate an understanding of the Mental Health issues pertinent to the clinical problem and should include a discussion of the effects and consequences of the condition for the individual, their family and the wider healthcare system.
2. The essay should be supported by a review of relevant literature and should be the candidate's own work.
3. The Eastern Division Executive Committee will appoint three examiners to judge the entries. Criteria for judging merit will include: clarity of expression, understanding of the literature and evidence, cogency of argument and the overall ability to convey enthusiasm and originality. The Division reserves the right not to award the prize if no entry reaching the agreed minimum standard is received.

Closing date: Friday 11th November 2022

Submissions should be made to:

Moinul Mannan
Eastern Division Manager
moinul.mannan@rcpsych.ac.uk

Deadline for next edition

Submit your articles for Winter 2022 edition by 18 Nov 2022 at psychiatry.east@rcpsych.ac.uk

Royal College of Psychiatrists - Eastern Division E-Newsletter

Editorial Team: Dr Nita Agarwal, Norfolk and Suffolk NHS Foundation Trust, Dr Sepehr Hafizi, Cambridgeshire and Peterborough NHS Foundation Trust (Co-Editor)

Chair: Dr Kallur Suresh, Essex Partnership University NHS Foundation Trust

Review Board: Eastern Division Executive Committee, Royal College of Psychiatrists

Production: Moinul Mannan, Eastern Division Manager, Royal College of Psychiatrists, Gareth Griffiths, London and Eastern Division Administrator, Royal College of Psychiatrists

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