Theme: Technology and Mental Health

The Psychiatric Eye

The London Division e-Newsletter

A warm welcome to the Summer Edition of the PsychEye, the newsletter of the London Division of the College and a special "hello" to the trainees newly embarking on a career in psychiatry. The theme of this issue is 'technology and mental health', a topic never far from the headlines and which increasingly seems to factor into our daily work.

As apps and electronics become commonplace in the assessment and management of mental illness, Dr Claudius-Adeniyi and Sarah Andrews remind us not to lose sight of the 'human touch' as a necessary and powerful intervention in responding to people in mental distress. Other authors continue the note of caution struck by this article by highlighting the adverse effects of over-exposure to screens and the potentially negative effect of social media on people's wellbeing, including a creeping sense of dissatisfaction and FOMO (fear of missing out) and, paradoxically, greater feelings of loneliness. Dr Henry Ashcroft draws on personal and clinical experience to highlight some of these issues while Dr Peter McRae brings together some of these worries in a reflective piece that calls for reasoned and informed debate about place of technology in mental healthcare and alerts us not to neglect other social ills.

As usual, we also have our regular pieces including a Conference Watch article in which Dr Marcus Tan tells us about a Fellowship award that funded a trip to Japan! In this edition's Culture Vulture Dr Catriona Neil reviews a novel set in Afghanistan that gave her pause for thought. Thank you to all our contributors – it's fair to say that we couldn't survive without them and we're sure you'll enjoy reading their pieces.

The theme of the next issue is "psychiatry's legacy and future with the LGBTQ+ community" – we're expecting lots of articles so don't delay putting pen to paper and let us know your thoughts.

And finally, we're always on the lookout for colleagues to join us on the newsletter committee – if you're interested in finding out more please don't hesitate to drop us a line at ThePsychiatricEye@rcpsych.ac.uk.

Rory and Chris

Inside this issue

Chair's Message
Dr Peter Hughes
Chair of the London Division Executive Committee

Greetings to all London members of the College and to all readers with an interest in mental health.

For myself, I am now back from a period of time overseas and glad to be back in the UK to carry on support of the London Division. We welcome our new Service User Rep, Diane Goslar, together with whom we aim to strengthen the patient's voice in all of the London Division's work. Our Choose Psychiatry work remains vibrant, with representation from all levels of doctors.

The theme of this edition is technology. This is timely as we have a London-wide lack of psychiatrists and we need imaginative ways to deliver mental health services using technology. Hestia housing have launched a mobile phone app to support those who have experienced domestic violence. There is telepsychiatry, mobile technology, and we celebrate new innovations in technology to improve patient care. I hope this continued technological progress will generate new ideas, encourage sharing, and spark inspiration.

The annual International Congress has come again to our home in London; in total 646 London Division members attended, and 84 members contributed either through presenting or chairing a session. We thank all the London Division members who attended and presented, and hope to see more members involved in International Congress 2020 that will take place in Edinburgh on 29 June - 02 July. The Congress Committee are currently accepting proposals for sessions and masterclasses for next year's Congress, more information can be found on the Congress webpage.
The deadline for submissions is **30 September 2019**.

Technology and mental health - revolution without human touch
Dr Olusegun Claudius-Adeniyi and Staff Sarah Andrews

Big data, artificial intelligence and digital hospitals are set to revolutionise the healthcare system. As exciting as these may seem, there is a dangerous looming risk that we will lose a valuable aspect of healthcare and especially mental healthcare: the human touch.

Technological revolution will alter and affect our existence in unpredictable ways, yet there is need for caution in the wholesome embrace of this surging phenomenon. Information technology is almost at our fingertips. In the UK, nine out of ten people have access to the internet at home, 78 per cent of adults use a smartphone and 20 per cent of households have wearable technology such as fitness trackers. The result is easy access to apps of various sorts and to websites that were hitherto unimaginable. The inherent liberalism of technological revolution makes strange the notion of regulation and is not always a force for good. It is an unfiltered field that is directly connected to abuse. It exposes vulnerable individuals to the whim and caprices of keyboard warriors with consequent cyberbullying, grooming and all forms of mental subjugation. There is increased access to drugs (both recreational and prescription), suicide websites and exposures to other dangerous influences.

An integral part of the technological revolution is the rise of social media. This has been said to create an expansion in social connectivity but is replete with deficits. Indeed, people are connecting, but not in the real sense of the word, as the "human touch" is missing.

The human touch is perhaps the delicate but infinite attribute of a genuine social connection and integration. This is highlighted by the fact that the rise of the use of social media has inadvertently worsened the problems of loneliness by reducing physical social interaction and integration. There are other adverse impacts, such as the rise of body image disorders relating to the glorification of underweight models on Instagram and other platforms, creating a deceptive perception of body images. Social media has also hugely contributed to the alarming rise of radicalisation and hence terrorism. It has created a colony of individuals that live in a fantasy world or virtual reality, which can impair normal development of appropriate skills.

No doubt, increasing technological sophistication has allowed access to large pools of data with valuable insights into data trends with undeniable impacts on the diagnosis and treatment of mental illness. Apps have been developed regarding cognitive behavioural therapy, meditation, relaxation techniques, lithium therapy monitoring, sleep hygiene and so on. However, these apps are open and accessible for uncontrolled and unlimited uses, with no age or user limitation. These make them open and accessible for uncontrolled and unlimited uses.

Technology has indeed opened access to innovative ways of delivering services, however, the benefits can be appropriately accessed by all users only when necessary measures are introduced. There is the urgent need to tighten existing regulations and introduce new ones which will introduce elements of filter. These are achievable measures with concerted efforts across nations. There is also the need for the development of more apps relevant to specific psychiatric conditions to help and support patients. Revolution can be complete only if it will lead to a system that will allow direct online access to psychiatric professionals, thus further strengthening the argument for the human touch in technological advancement.

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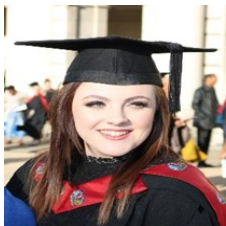
Staff Sarah Andrews
Community Psychiatric Nurse

Electronic device use and sleep in young children and adolescents

Dr Tania Saour

Insufficient sleep, delayed sleep-wake behaviour, and sleep disturbances are common among young people and adolescents .**(1)**

A 2006 survey showed that nearly all adolescents have at least one electronic device in their bedroom. Having electronic devices in the bedroom, along with increased screen time, does have a detrimental effect on sleep. A 2014 review found consistent evidence that screen time before bed was associated with shortened sleep duration and a delay in the timing of sleep. **(2)**

Sufficient sleep is very important for the development of young brains. A small short-term study of 13 UK children aged between 5 and 12 comparing a "normal" night's sleep to a restricted night's sleep showed that with restricted sleep there is an increase in deep sleep waves both in the frontal and occipital parts of the brain. The study's authors speculated that deep sleep waves could disrupt or slow down normal plasticity development in children, though this would require further study to establish. **(3)**


Video gaming among young children and adolescents is increasing. In 2016 it was reported that the UK is home to the sixth -largest video game market worldwide (**4**). The estimated number of hours UK children aged between 12 and 15 spent gaming has increased from 10.7 hours a week in 2013 to 12.2 hours a week in 2017.

Sleep requirements for children and adolescents

The National Sleep Foundation (NSF) has provided guidance on how long children of different ages should be sleeping within 24 hours. They recommended that school-aged children (6–13 years) should have 9–11

hours of sleep in 24 hours, while teenagers (14–17 years) should have 8–10 hours. **(5)** Several studies have suggested that young children and adolescents are not having adequate sleep.
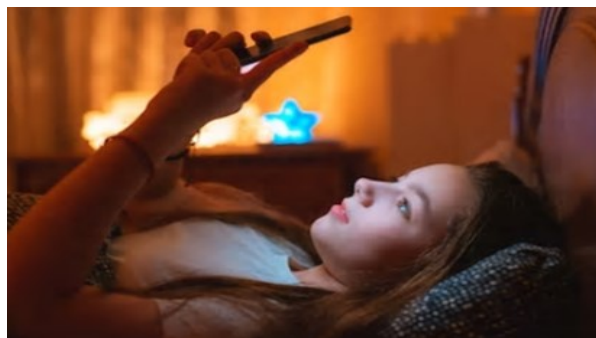
Consequences of insufficient sleep for cognitive, psychological and physical wellbeing

Analysed NHS data has shown that hospital attendances in England for children under 14 with sleep disorders have tripled over that past 10 years. **(6)** Over the same period, ten times more prescriptions of melatonin have been issued for both children and adults under the age of 55. Research has shown that poor sleep in children has been linked to a greater risk of obesity, lower immunity and mental health issues. It has also been linked to poor emotional control and poorer school performance.

The Department of Sleep and Cognition at the Netherlands Institute for Neuroscience conducted a study which examined more than 35,000 children aged between 5 and 12. The study found that shorter episodes of sleep (short sleep duration) was associated with poorer academic performance.

Insufficient sleep also seemed to influence cognitive performance and aggravated behavioural problems. **(7)**

Another large study looking at 32,662 toddlers found that short sleep duration (≤ 10h/night by maternal report) and nocturnal awakenings (≥ 3/night) were associated with the development of behavioural and emotional problems at age 5. (8) A large study of adolescents (N=67,615) showed that when compared to those who slept on average 8 hours a night, those who

who slept less than 6 hours were more likely to use tobacco, alcohol, marijuana or other drugs. The strongest associations were found between sleep duration and mood and self-harm. Those who slept less than 6 hours were more than three times as likely to report feeling sad, hopeless, and suicidal. **(9)**

Summary

The use of electronic devices before bed time can affect sleep in young children and adolescents. A literature review of 67 studies published between 1999 and 2014 found that 90% of those studies linked screen time with problematic sleep patterns. These mostly included shorter "bouts" of sleep and delayed bedtimes **(10)**. More recent studies continue to reflect this finding **(11)**. It is important for clinicians to promote positive sleep hygiene for our young patients ensuring that both young people and parents are aware of the detrimental effects screen use at bedtime can have on sleep.

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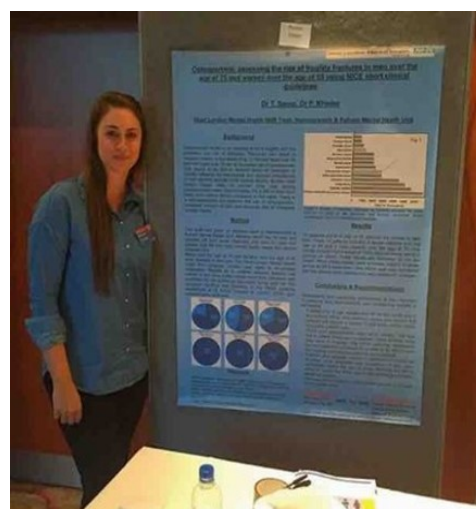
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Social media provides new ways of connecting but why has use been linked to mental illness?

Dr Anju Soni, Dr Gracious Simon and Dr Ian Treasaden

Hardly a day passes without concern, bordering on moral panic, being expressed in the news about the detrimental effects of social media on mental health. This came to a head after the death of 14-year-old Molly Russell in November 2017 for which Instagram was felt to be partly responsible. 89% of the UK population uses the Internet. 77% of the Internet users in the UK have a social media profile[1] and 17 % of adolescents aged 12 -15 years use social media for at least 5 hours a day.[2]

Figure 1[3]

Figure 1: Since 2011, the 65 to 74 years age group has seen the largest increase in recent internet use

Recent internet users, UK, 2011 and 2019
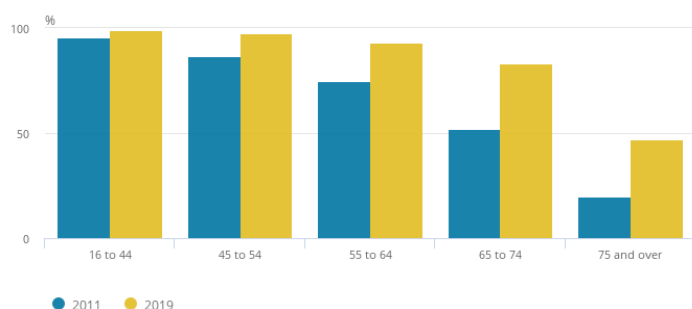
Source: Office for National Statistics - Labour Force Survey

However, are the purported negative effects primarily caused by social media, or are other factors more important?

The Royal Society for Public Health in 2017 found that social media use can exacerbate anxiety, depression, sleep difficulties, body image, bullying and FOMO (the fear of missing out). [4]An association has also been found between self-harm and suicidal behaviour and high levels of internet use and websites with graphic self-harm and suicidal content.[5,6,7]
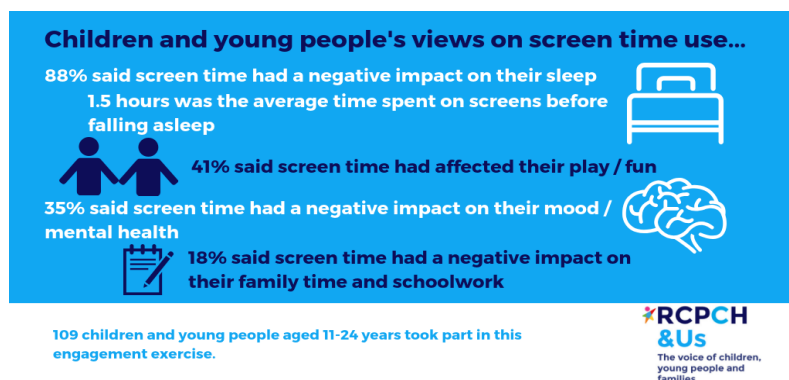
However, a study in Kansas, USA, involving two surveys conducted over two years did not show increased rates of depression and isolation [8] although close reading of the paper shows that people using social media at the outset had less social contacts 2 years later.

NHS Digital [9] reported that those aged 11-19 years with mental disorders were more likely to use and spend more time on social media every day, and that the association was stronger for females. As we know, association is not proof of causation. But social media could amplify concerns about health, and conspiracy theories about medical treatments.

The negative consequences of social media can exacerbate or precipitate mental disorder of all types, especially in those with a vulnerable premorbid personality. However, those who are unhappy, insecure or have an extrovert personality, ADHD or mood disorders such as hypomania may all consume more social media. Those with narcissistic and borderline personality disorders may be especially attracted to social media, for instance with a number of "friends" of 1000 or more.

Figure 2[11]

Children and young people's views on screen time use…

88% said screen time had a negative impact on their sleep
1.5 hours was the average time spent on screens before falling asleep

41% said screen time had affected their play / fun

35% said screen time had a negative impact on their mood / mental health

18% said screen time had a negative impact on their family time and schoolwork

109 children and young people aged 11-24 years took part in this engagement exercise.

RCPCH &Us
The voice of children, young people and families

A study[10] of 10,000 pre-teens and teens found little evidence for a negative association between adolescent wellbeing and digital technical use. 99.6% of adolescent girls' dissatisfaction had nothing to do with social media.

Overall, the Royal College of Paediatricians [12, 13] concluded that spending time looking at screens was not intrinsically bad for health and the potential negative impacts could be countered by attention to sleep, exercise and family interaction. Benefits cited for social media include reduction in feelings of loneliness, improved communication, self-expression, sharing ideas, improved problem solving, emotional support, access to expert health information, improved cognitive skills, a faster reaction time and improved IQ scores.

On the other hand, negative consequences cited for social media include comparing oneself to others ("compare and despair"), including in terms of followers and likes, resulting in feelings of envy and inadequacy. The narrow, distorted reality that is displayed on social media is almost perfectly constructed to make viewers feel discouraged. A reduction in attention span and memory abilities has also been recorded. Also described are cyber- bullying, hate speech, identity theft, exposure to sexually explicit or violent images, sharing of too much personal information (akin to Freudian free association) and on-line grooming, loneliness, and reduction in interpersonal skills, associated with lower emotional intelligence.

People who self-harm, have an eating disorder such as diabulimia, or a paraphilia such as paedophilia, or users of dare-based games, may use social media to liaise with and reinforce each other to the detriment of their own welfare. One example of a dare-based game was the Russian Blue Whale Challenge which was reported to involve a series of tasks eventually introducing elements of self-harm and a final challenge of suicide. However, subsequent reports suggest the game may not have existed – it instead being a media reaction to discussions about suicide on internet forums - and no suicides have been confirmed to be linked with it. WhatsApp is also known to facilitate communication with drug dealers.

It continues to be debated whether social media addiction exists.[14] DSM-5 has recognised for the first time the concept of behavioural addiction (as opposed to an addiction to substances) in the form of gambling disorder. It also recommended that Internet Gaming Disorder is worthy of more study regarding its potential future inclusion in DSM. However, it made no such recommendation regarding Internet or Digital Addiction. Problematic Internet Use (PIU) is recognised. Excessive social media use could constitute an internet addiction. Smart phones, which the average Briton checks 28 times a day, with a total average use of two hours per day [2], have a demonstrable powerful effect on the brain dopamine reward system, not only in terms of improved mood, but by its calming and distracting effects. It's use is akin to variable intermittent reinforcement. Advertising algorithms can also lead to increased use.

Conclusions

Every new media development has historically been met with concern and one should be cautious, given the number of people who use social media (2.77 billion [15] - roughly 40% of the world's population) of overestimating its role in the development of mental disorders. Social media will affect individuals differently depending on their personality and situation and may increase the ease of access to material likely to have both positive and negative effects on mental health.

In April 2019, the government published its long-awaited Online Harms White Paper[16] proposing a new system of regulation for social media companies recommending a new statutory duty of care and an arm's length regulator. This has been endorsed by the Royal College of Psychiatrists. It is hoped that these measures [14] will reduce the accessibility of harmful images and online grooming and even reduce the addictive properties of social media.

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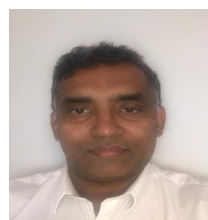
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Antisocial Media

Dr Henry Ashcroft

Recently I assessed a young woman in Accident and Emergency who had recurrent suicidal feelings. She had reasonable success as an 'influencer' on social media. She mentioned how many 'followers' she had, and then told me how lonely she was. She spoke to me about how empty she felt, how she felt none of the relationships she had were supportive or fortifying and admitted she didn't feel like anyone actually liked her, or even really knew her. During the assessment, moments of vulnerability alternated with vapid comments about her clothes or make-up. She moved from being open and sincere to defensive and cynical and then back again throughout the hour that we spoke.

She had spent years pursuing a life that had been sold to her online and found out that it was actually all empty. It was a con, and she appeared to be lonely and angry. Angry about being cheated, by obtaining the material possessions she desired but left feeling hollow. She told me 'it doesn't matter what your life is actually like, it only matters what your life looks like'. This was a person who had cultivated a successful 'online life', a level of achievement, measured in number of 'likes' and 'follows'. Driving this pursuit was a promise of a better life, specifically designed for her via social media, 'click bait', and targeted advertising.

I believe social media intentionally preys on insecurities in order to exploit them. A person's google-search is revealing, it could be considered a window in a person's psyche, and this is a lucrative resource when it is then exploited by advertisers, businesses and even politicians. Continually reminding me that I need to boost my testosterone and cut my body fat certainly perpetuated my low self-esteem, so I find it easy to empathise with young people hearing similar messages online. I have never suffered from a serious mental illness, but it is easy to see how this 'keeping up with the Joneses' on steroids, is damaging to the mental health of our society.

I deleted my social media a year ago and have noted a sustained improvement in my own mental health. Throughout the latter part of my twenties I had a daily

reminder of how my pale and doughy physique, my mundane culinary efforts, my old clothes that I always managed to spill food on, and my cramped, untidy flat were signs of a distinctly 'unglamorous life'. Then I deleted my profiles and my life markedly improved. Or perhaps the perception of my life improved. I still can't cook, I'm still messy, I'm still pale (and doughy), but I consider these flaws to be acceptable, and I no longer consider myself to be far outside of the norm.
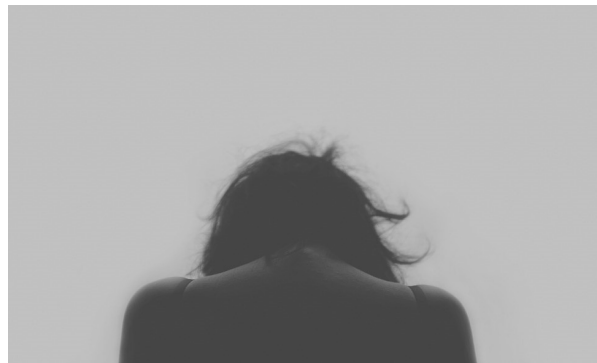
The young woman I assessed in A&E is only one example, but there is a growing body of evidence that such unhelpful comparisons is a growing problem, particularly amongst young people, which is not to mention the other serious issues such as cyber-bullying, radicalising and grooming.

For these reasons I believe that social media is a significant contributor to the population's mental health problems, and I encourage everyone to reflect on their own use of these platforms and how it affects them. We need to continue dialogue about this problem in our clinics, in our research and in our society.

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Themed article: Future Dystopias Now!
Dr Peter MacRae

MORAL PANICS ABOUT TECHNOLOGY:

- **SOCIAL MEDIA CREATES HATE AND VICTIMISATION**
- **VIDEO GAMES CAUSE ADDICTION AND VIOLENCE**
- **ARTIFICIAL INTELLIGENCE IS BIG BROTHER**
- **HEALTH APPS EXPLOIT ILLNESS FOR CASH**
- **VR MAKES YOU FEEL A BIT SICK**

Is a trend for people sitting quietly looking at screens and not bothering anyone really going to destroy society? Not according to the reassuring podcasts and Guardian articles that I'm familiar with. Everyone should just be as forward thinking, progressive, and generally relaxed about change as I am. We just need to point out the lack of evidence that these technologies cause significant harm, and everyone will calm down. Maybe we start calling screens 'portals' instead, and everyone will feel more connected and comforted.

Then someone like Stephen Hawking expresses concern that AI could destroy humanity, and suddenly I'm a little less cavalier about the whole thing. Suddenly I realise that social media has been trying to prevent me from seeing opinions that conflict with my own. I'm furious. Whose fault is that? (Twitter says it's the Conservatives).

So, what should psychiatrists be doing about technology moral panics?

(1) Have a framework for approaching the issues: What are the areas of moral priority for debating the impact of a new technology? Is it the impact on the already disenfranchised, and the potential for widening social inequality? Is it the sanctity of human relationships and interactions? Is it the effects on personal and societal identities, and the further rise in power of manipulative commercial organisations? Who's responsible for protecting me from my own bad choices? It's not just one worry, it's a complex mix of differing moral priorities, and we should try to figure out a structure for reflecting on these concerns, and explicitly considering the risks.

(2) Advocate for reasoned debate: Calling anything a moral panic probably isn't a great way to change people's minds. If you're going to persuade someone, you need to convey that you've tried to share their emotional and moral perspective, and you should also try to convey your own. We should use our professional status to add credibility to a reasoned, balanced point of view: Speak out against sensationalist media statements that lack convincing evidence to back them up. But we also need to acknowledge that it's not just about scientific evidence, we need to address conflicting moral views.

(3) Contribute to a convincing evidence-base: Complaining about the lack of evidence-base should come with an obligation to do something about it. For psychiatrists, this might be particularly for people with mental disorders who could be more vulnerable to the effects of new technologies. Psychiatrists could lend their time to the ongoing efforts of UK research groups who are conducting large-scale studies with enough power to demonstrate meaningful effects (or the lack of them).

(4) Not get distracted from helping people with the things that are definitely bad: Social deprivation, isolation, inequality, lack of access to effective support and treatment for mental illness. These are the overwhelming problems in society that

lead some people to redirect their unpleasant emotional states towards more manageable enemies like social media or video games. There isn't enough of a moral panic about these wider societal issues.

(5) Come to PsychTech 2019, the Mental Health and Technology conference that we're organising. Okay, so this is a shameless plug, but the aim of our conference is to help with all of the above, as well offering the experience of new developments in healthcare technology including VR, gaming, and apps. The conference is happening in London on 23rd November 2019. Details and tickets are available at www.PsychTech.UK. This year's theme--- is '*FUTURE DYSTOPIAS NOW!*' The plan is to debate the evidence and morality about moral panics, to help us all decide what to do personally and professionally about these new technologies.


Dr Peter MacRae
Consultant psychiatrist

Conference watch: The Japanese Society of Psychiatry and Neurology Annual Conference Fellowship Award: an invaluable opportunity

Dr Marcus P.J. Tan

I was very privileged this year to be able to attend the Conference for the Japanese Society of Psychiatry and Neurology (JSPN, the governing and academic body for Japanese psychiatry), held in Niigata, Japan, from the 20th to 22nd of June. This was my third time attending the conference. 2 years ago, I was awarded the "JSPN Fellowship Award" and I have since had numerous opportunities to collaborate on projects at an international level, the most recent being a project on hikikomori1, a Japanese concept describing prolonged social withdrawal, which may be related to Japanese cultural values.

The Fellowship is awarded annually and can be competitive, this year being given to only 12 of the 51 applicants. The application process involves submitting a short CV and an abstract on one of two topics chosen by the JSPN committee. You also need to submit a letter from the president of the RCPsych proving that you are in training, which for me came in the form of a most flattering letter by Sir Simon Wessely. The payoff is well worth it: a subsidy for flights to Japan, free entry to the conference, accommodation in a luxurious hotel for its duration, and numerous opportunities for networking and academic collaboration. My Japanese colleagues have proven themselves unfailingly hospitable and extremely keen in this regard! Fellowship awardees are also taken on a tour of a local hospital, which provides an invaluable insight into how Japanese psychiatry is practiced today.
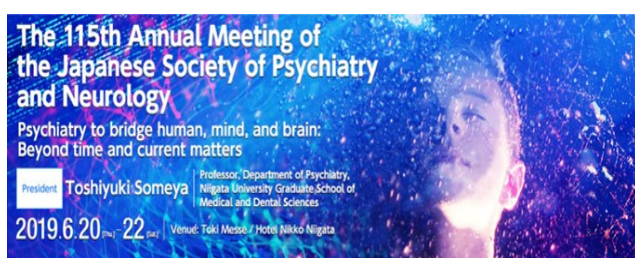
Each time I have attended the conference, I have always been impressed by the international outlook of the topics chosen. This year's conference included discussions on women's mental health and the upcoming ICD11 by internationally renowned experts, while the Fellowship topics were gaming addiction and coercive measures in psychiatry. The keynote speeches are translated to Japanese, for the benefit of local speakers. While most of the conference is conducted in Japanese, not knowing the language is no barrier to awardees as the Fellowship Award symposia are conducted entirely in English.

I would recommend anyone to apply for the JSPN Fellowship Award . Those with an interest in transcultural psychiatry and Japanese culture, like myself, will likely find it particularly fascinating! : https://www.jspn.or.jp/modules/english/index.php?content_id=86

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[1] Kato TA, Kanba S, Teo AR (2019). Hikikomori: Multidimensional understanding, assessment, and future international perspectives. *Psychiatry and Clinical Neurosciences.* https://doi.org/10.1111/pcn.12895

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Culture Vulture: A Thousand Splendid Suns - An emotional portrayal of trauma and the strength of women

Dr Catriona Neil

Psychiatry has long been linked with the arts and how we can use them to understand and explore mental illness. The arts also have a role in raising awareness and educating the wider public. The theatre adaptation of the best-selling novel A Thousand Splendid Suns which ran at the Hackney Empire as part of a UK tour, brought to the forefront many current issues in a powerful yet sensitive way.

The book is set in war-torn Afghanistan and tells the story of two women, Mariam and Laila, who are both wives to the same violent and abusive husband. Their unlikely friendship slowly evolves as they protect each other from him. Their story takes place in an increasingly unstable society experiencing a growing restriction of women's rights.

Throughout the play, we learn the personal stories of the women. Laila's idyllic childhood is in stark contrast to Mariam's. Born out of wedlock, Mariam was raised by her mother, who devastatingly died by suicide. We relive this day with Mariam through the simple use of a noose and black cloth, which is both powerful and shocking. We then see the way in which her husband utilises the guilt, shame and stigma of Mariam's illegitimacy and her

mother's death in order to control her.
In addition to emotional control, the play also portrays domestic violence and the horror in the theatre was palpable. Despite this, Laila's hope for her family, which gives her strength to stand up to her husband, carries through even the darkest scenes.

As well as telling Laila and Miriam's personal stories, the play also presents us with a glimpse of the rich culture and beauty of Afghanistan. Given the fact that media depictions of Afghanistan can often be very negative, the play emphasized that behind each news story is a society being torn apart, with women and children as innocent bystanders.

As the story progresses, you feel Mariam and Laila's grief at being forced to leave their home, a country they love. Through these two women's struggles, we are made to think about the struggles of women throughout the world. Within psychiatry, we meet these women at different points on their journey. Our role is to listen, try to understand, to empathise and to provide support to people when they need it most.

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Dr Catriona Neil
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London Division News

The London Division would like to congratulate our Patient Representative, Diane Goslar for being awarded the RCPsych President's medal at this years' International Congress.

Diane is involved with several Committees and Groups addressing alcoholism. Working with the College she often gives presentations, has published numerous articles, and has made three podcasts the most recent being on alcohol and stigma. Diane is very active in lobbying Local, National and European politicians on policies regarding alcohol addiction particularly the need for after-care services.

For information on honorary Fellowships and President's medals awarded during Congress, please use our website.

Keep an eye out for the call for articles via email and twitter for the next themed newsletter:
'Psychiatry's legacy and future with the LGBTQ+ community'

Congratulations to Dr Olusegun Claudius—Adeniyi and Staff Sarah Andrews for winning best articles for the Summer 2019 Edition — read this themed article on page 3 of the newsletter.

Join us!

We're looking for a new member to join the PsychEye newsletter team! Enthusiasm, creativity, and interest in writing and editing are vital. Please send us an e-mail if you're interested in getting involved!

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Kindly note that The Psychiatric Eye Twitter has merged with the London Division account. Jump on over and follow us @RcpsychLDN.

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