

Issue 29 | Autumn 2024



# RCPsych INSIGHT



Advocating, influencing,  
and championing change

## Contents

4-5

### Party conferences and beyond

Advocating for mental healthcare in the political sphere

6-7

### The potential of psychedelics and related substances

In light of growing interest in this area, the College is publishing a position statement and guidance

8

### From strength to strength

Celebrating RCPsych in Scotland's 30th anniversary

9

### CCQI peer reviewer perks

Fresh insights, networking opportunities and professional development

10-11

### Continuing to Choose Psychiatry

The College's recruitment and retention campaign returns

12-13

### A win-win for everyone

How the Medical Training Initiative is bringing global psychiatry expertise to the UK

14-15

### For the love of books

Outgoing RCPsych Books Editor reflects on her time in post and encourages applications to be her successor

16

### National problems, local solutions

A new College initiative looks to influence mental health policy from the ground up

17

### Getting to grips with your Green Plan

The College's net-zero mental healthcare guidance

18-19

### Championing an ADHD-friendly world

The College's new ADHD Champion considers the challenges ahead

20

### Let's talk about...

A podcast exploring mental health and wellbeing contextualised to the Middle East

# COLLEGE NEWS IN BRIEF



## Political engagement

There has been significant recent political engagement from the College, largely focused on building relationships with the new government following the general election in July. RCPsych President Dr Lade Smith CBE has reached out to key Ministers, including Baroness Merron, the newly appointed Minister for Mental Health.

In the King's Speech, the government outlined over 40 pieces of legislation for the current parliamentary session. Of these, the College has identified six priority bills, including Assisted Dying, Mental Health Act Reform, and the Ban on Conversion Practices. These areas will be central to the College's advocacy efforts in the coming months.

In September and early October, the College actively participated in the party conference season, attending the Liberal Democrat, Labour, and Conservative conferences. In partnership with the

Royal College of Emergency Medicine, the British Geriatrics Society and Prospect magazine, the College co-hosted an invite-only roundtable at the Labour Party Conference on emergency admissions, engaging with key stakeholders on this critical issue.

In Parliament, the College provided briefing materials for debates on the King's Speech and the Covid-19 Public Inquiry Report. Additionally, Lade contributed to Lord Darzi's report and participated in a roundtable discussion on mental health hospital detentions hosted by Baroness Hollins.

Looking ahead, the College is preparing to welcome the next cohort of its Parliamentary Scholars, who, as part of an RCPsych programme, are placed in the offices of Members of the House of Lords, allowing them to gain first-hand experience of the legislative process and understand how mental health policy is developed.

## RCPsych media coverage

During the past quarter, despite pre-election campaigning restrictions, the RCPsych secured 1,518 pieces of media coverage. Key stories included the National Audit of Dementia, which received coverage from nine national outlets, highlighting significant delays in care. The College's expertise was featured in a *Guardian* investigation into a surge in anxiety referrals, making the front page and generating widespread national coverage.

RCPsych in Scotland responded to the Age Scotland Survey, with commentary from Dr Vivek Pattan on the worrying isolation of older people. Gambling harms during Euro 2024 and ADHD backlogs were other major stories, with broad media pickup, including BBC coverage.

The College continues to be a trusted authority in mental health, influencing national conversations on key issues like suicide prevention and anxiety in children.

## Call for submission proposals

*BJPsych Advances*, the College's CPD journal, is inviting clinical experts to submit proposals for journal content in all areas of psychiatry. Of particular interest is content focused on addictions, ethics, liaison psychiatry, perinatal psychiatry, neuropsychiatry, rehabilitation and social psychiatry. Submissions should be practical and educational, supporting the CPD of consultant psychiatrists.

The journal accepts articles

discussing clinical problems, clinical reflections on dilemmas in practice, quick updates on specific topics, explorations of key psychiatric works, and educational pieces on research methods. Please note that *BJPsych Advances* does not publish research or systematic review papers.

You can find out more or submit a proposal (150-word summary) by emailing [bjpadvances@rcpsych.ac.uk](mailto:bjpadvances@rcpsych.ac.uk) or searching '*BJPsych Advances*' at [www.cambridge.org/core](http://www.cambridge.org/core)

## Reclaiming narratives

Each October, RCPsych celebrates Black History Month, honouring the contributions of Black psychiatrists and their impact on mental health services. This year, the theme is 'reclaiming narratives', with a focus on being visible – highlighting the contributions of Black psychiatrists and the experiences of Black people using mental health services.

In addition to a recent members' webinar about leading change in healthcare, a key feature in this year's

celebrations is a blog post by Dr Uju Ugochukwu, a consultant psychiatrist, who explores how we can reclaim a positive narrative for Black people navigating mental health services. Dr Ugochukwu, a leader in improving equity of access, encourages both individual and collective action in transforming mental health outcomes.

Read the blog and access a soon-to-be available recording of the webinar from [www.rcpsych.ac.uk/blackhistorymonth](http://www.rcpsych.ac.uk/blackhistorymonth)



## President's update

Welcome to this autumn issue of *Insight*. Much has changed since our last issue, both inside and outside of the profession.

We begin with a look at the College's recent influencing work at the three main UK-wide party conferences, at which we strove to ensure the prioritisation of mental health in various key areas. Our work to establish ourselves as a source of advice and collaboration will stand us in good stead for future influencing.

We also hear from Dr Jo O'Reilly of RCPsych's Medical Psychotherapy Faculty and Professor Oliver Howes of the Psychopharmacology Committee, who speak about a new RCPsych position statement they co-authored on the use of psychedelics and related substances, as well as related therapeutic guidelines.

Taking a moment to reflect on the fantastic achievements of the RCPsych in Scotland as it celebrates its 30th anniversary, we consider the many ways it has forged a strong identity and culture for itself over the years.

Looking to the future, Associate Dean of Recruitment, Dr Declan Hyland, discusses this year's Choose Psychiatry campaign, which aims to inspire the next generation of medical students to join the profession, and to encourage those already in training to progress in the way that suits them best.

Dr Lade Smith CBE

**Editors:** Gemma Mulreany and Frances Wotherspoon

**Membership Engagement Advisors:** Dr Lenny Cornwall and Dr Anand Ramakrishnan

**Writers:** Colin Richardson, Rebecca Harrington, Jessica Bradley, Samara Linton, Gemma Mulreany and Frances Wotherspoon

**Design:** Lee Braithwaite

**Photography:** Grainge Photography

To send us any feedback on *Insight* magazine, email [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk) or tweet using #RCPsychInsight

# Your Insight



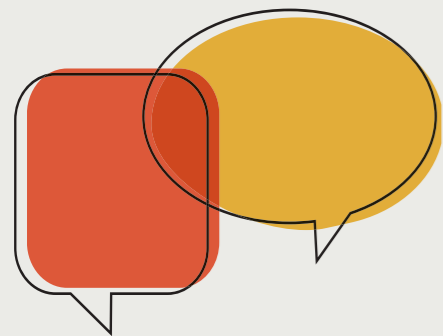
## Let us know what you think!

We value your thoughts on this magazine and want to ensure it continues to serve you well.

Whether you've enjoyed a particular article, think there's room for improvement, or have ideas on topics you'd like to see covered, do let us know! Such feedback can help shape future content and ensure *Insight* magazine remains relevant and engaging for our members.

Please take a moment to share your comments on this issue or previous ones. You can drop us a line at [magazine@rcpsych.ac.uk](mailto:magazine@rcpsych.ac.uk) or tweet using the hashtag [#RCPsychInsight](https://twitter.com/RCPsychInsight).

Let's keep the conversation going.



Labour Party conference, Liverpool

# College influencing at party conferences and beyond

A team of RCPsych representatives recently attended the three main UK-wide party conferences to advocate for mental healthcare, but the College's influencing work doesn't end when conference season is over.

**W**ith the momentous change in power following July's general election, this party conference season was always going to be an important one for anyone involved in NHS reform. The conferences offered a chance for RCPsych representatives to engage with members of a government that is still in its infancy and setting out its priorities for the next few years. The conferences also offered the opportunity to ensure that relationships are made with key members of the other parties in opposition as they will help influence government policies.

**"It is important to think mental health first in everything"**

This stage is crucial. It has been acknowledged that change is needed – with the recent Darzi report describing the NHS as "broken not beaten", and now is the time to help shape the way forward.

A team from the College, headed by

College President, Dr Lade Smith CBE, attended the recent three main UK-wide party conferences to continue the College's ongoing engagement work to ensure that mental healthcare is high on the agenda of spending reviews, legislation, the expected new NHS workforce plan and the emergency budget.

The fruits of last year's work on influencing the main parties' manifestos have been evident and the importance of the early prevention of mental ill-health to all sectors has landed. As Lade says: "Last year, there was little mention of mental illness. I made sure I set out the evidence and it almost became a mantra. The message hit that if you intervene early enough, you can reduce mental illness in children and young people, so they will not become adults with chronic relapsing and remitting mental disorders – this has a knock-on effect on productivity and the economy."

Lade says it is vital that the College has a presence beyond health itself, because mental ill-health affects every area of life, and government departments – such as trade and industry, education, work and pensions, justice, home affairs and the environment, food and rural affairs – need to consider it in their work. "What we are calling for is a

cross-government approach to mental healthcare," she says. Of the 42 pieces of legislation mentioned in the latest King's Speech, the College has an active interest in at least 10 of them. Asking about the mental health of asylum seekers or the impact of environmental issues on mental health puts it at the forefront of people's minds when considering change.

"It is important to think 'mental health first' in everything. We want any policy or legislation to have a mental health impact assessment similar to an equality impact assessment – and RCPsych will offer support to do this right," she says.

Attendance at the conferences involves participating in panel meetings, receptions, one-to-one meetings, making contact with MPs and renewing existing alliances. It is a chance to lobby for change using the College's distinct voice while cultivating links with like-minded groups. It is also a chance to have productive and thought-provoking conversations. For example, Lade was invited to join a discussion panel for a fringe event hosted by policy think tank Social Market Foundation, at all three main UK-wide party conferences to discuss how education policy can support children's

wellbeing and mental health.

It is also important that individual members in the Commons or the Lords support legislation that will improve mental health outcomes. The Lib-Dems have 72 new MPs to engage with and it is crucial to talk to other new MPs about the importance of mental health and to gain their interest early on in their parliamentary careers. The Conservative Party has taken up the role as the official opposition, and it is vital to engage with them, so they use this role to advocate for mental health services.

RCPsych representatives have made it clear that the College can be a useful resource to support government in the coming years to be relied upon for advice and collaboration to ensure better outcomes for patients and health professionals by presenting sensible, considered solutions to ongoing issues.

At the Labour Party conference, the College hosted an event with the Royal College of Emergency Medicine, the British Geriatrics Society and Prospect magazine on reforming emergency care. This event laid out issues surrounding long waits in A&E, which Prime Minister Sir Keir Starmer has referred to as "a matter of life and death". RCPsych emphasised that, on average, people with a primary mental health diagnosis wait over twice as long in A&E than those with a physical health condition – and that when people present at A&E on mental health grounds, they have often reached a crisis point because they have not received the mental healthcare they need in the community; there are not enough properly resourced beds in some areas, and some people are not able to leave hospital because they have no suitable accommodation to go to. Crucially, concrete solutions for this were presented, with an invitation to consult with the College to find a positive way forward.

RCPsych's political influencing work does not stop when conference season is over. Contacts made at the conferences will be followed up and the influencing continues long after the seats are packed away and the podiums put into storage. The conferences offer a great opportunity to advocate for mental healthcare, but they are just a small part of the influencing and engagement work the College is involved with.

*There are various ways to get involved with influencing and engagement work, and we encourage as many members as possible to do so. You can contact [press@rcpsych.ac.uk](mailto:press@rcpsych.ac.uk) to find out more.*

# The potential of psychedelics and related substances

In light of growing interest in psychedelic treatments for many mental illnesses and psychedelic-assisted psychotherapy, RCPsych is publishing new guidance for its members on the therapeutic use of psychedelics and related substances.

**T**here was widespread interest in the therapeutic potential of psychedelics and related substances (PARS) in the 1950s and '60s for a range of presentations, including LSD and psilocybin for mood and substance misuse and MDMA for couples therapy. But by the end of the 1960s, they were classed as Schedule 1 substances deemed to have no medical purpose, and research and clinical use largely ceased.

Interest has been growing again since the 1990s and research into PARS – used on their own and in conjunction with psychotherapy – has been producing interesting results, particularly for patients with complex trauma and treatment-resistant depression.

Professor Oliver Howes, Chair of RCPsych's Psychopharmacology Committee, says: "This is a fast-moving area with lots of claims being made in the media, and patients are asking about trying psychedelic treatments." With this in mind, RCPsych was keen to produce a clear position statement for members with a round-up of evidence and an overview of the issues surrounding the therapeutic use of these substances.

The Psychopharmacology Committee and the Medical Psychotherapy Faculty have created a joint statement on PARS for medical use, including pharmacologically assisted psychotherapy, which will be published soon. A Medical Psychotherapy Faculty working group has also produced

guidelines for good therapeutic practice for psychedelic-assisted psychotherapy for those involved in research.

Professor Howes, also co-author of the position statement, says there have been growing numbers of queries from College members whose patients have been interested in these potential new treatments. He says that their portrayal as dramatic and transformational in documentaries, and their connection with counterculture and spirituality has also fed the feeling of excitement surrounding them.

The position statement refers to psychedelics such as LSD, psilocybin and DMT, and related substances, such as MDMA and ketamine – the latter being the only related substance that can be prescribed in the UK and which has a fairly strong evidence base as an effective treatment for depression.

The use of PARS at high psychedelic doses used in conjunction with psychotherapy is examined in the position statement. Dr Jo O'Reilly, Chair of RCPsych's Medical Psychotherapy Faculty, who co-authored both this document and the therapeutic guidelines, has trained in MDMA-assisted psychotherapy for PTSD under the Multidisciplinary Association of Psychedelic Assisted Psychotherapy training programme.

She describes the approach as presenting a potential paradigm shift. "High doses of psychedelics can have a profound effect on the functioning of the mind, brain and body when used alongside psychotherapeutic

input," she says. The guidance suggests trained therapists work in pairs to best support the emerging therapeutic process, including during the dosing session which may last for 6–8 hours.

The therapeutic relationship is a key part of the process, she says, as is the setting, the training and the preparation. "MDMA is a catalyst for change and augments psychotherapeutic processes. People are often in a very vulnerable state during dosing sessions and the quality of the therapeutic presence – the attunement, containment and support – that the therapists offer is crucial to the ability to process the difficult material that might emerge," she says.

"These substances can rapidly reorganise brain pathways and the patient's usual psychological defences can be disrupted. You need to gain an understanding of their vulnerabilities, what their bodily, psychological and social resources are, and what might be expressed during treatment," she says.

Preparation and integration sessions with the therapists, before and after the dosing sessions, are an essential part of the treatment process. "There is an increasing

recognition that it is the relational aspects and the opportunities to find meaning in the material that emerges during the sessions is where the potential for growth, learning and recovery really lies."

The results can be compelling, but the current evidence base is limited, especially for use in clinical populations. There are still many unknowns about PARS – the long-term effects, the safety and efficacy of using them, and what the best way to conduct research is when running the gold standard of properly blinded studies would be difficult.

There is also a question mark over whether the therapeutic use of PARS could cause psychosis or hallucinatory disorders. Other areas to research include whether the psychedelic experience is necessary and what type of psychotherapy is required.

For now, the evidence base is not substantial enough to warrant routine use of PARS. In some areas, such as the use of MDMA-assisted psychotherapy for PTSD, US studies have shown that it is safe and effective in populations that are similar to those attending NHS trauma services, says Dr O'Reilly. But there are also questions about the practicalities of the use of PARS and how they could fit into NHS services.

Some countries, such as Australia, Canada and Israel, have relaxed laws on the use of PARS in clinical practice but Professor Howes says: "The College's view is that this is premature." He warns of the dangers of "getting swept along with the tide" before there is sufficient evidence that the benefits outweigh the risks. "Members may not appreciate just how limited the evidence base is. We are only now beginning to see large and rigorous clinical trials," he says. "The evidence does not support the use of PARS in routine clinical practice, but if members are asked by patients, they could link them up to clinical trials," he says. For example, members can contact the centres for psychedelic research at Imperial College or King's College London to see what trials and other studies are ongoing.

The College wants to encourage more research into PARS with rigorous studies that have careful patient selection, monitoring and long-term follow-up. In this rapidly evolving area, it is envisaged that the documents will be updated as evidence accumulates. "In a few years' time, when big clinical trials will have been completed, we will know if they have lived up to the hype," says Professor Howes.

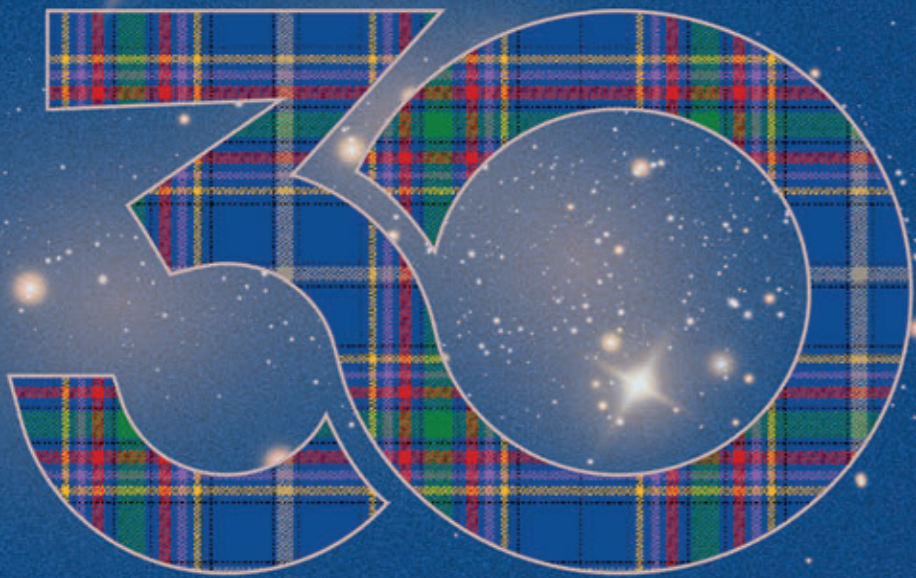
Dr O'Reilly supports the need for more research and evidence. "There is a lot of hype around these substances that can raise false hopes. There are so many people struggling with their mental health and there is a hunger for new treatment approaches. It is important to have a sober, curious, open mindset in supporting research involving more clinical populations for this potentially new approach," she says.

## Position statement and guidance

The position statement on PARS for medical use will be available soon via the RCPsych website, as will the related therapeutic guidelines on psychedelic-assisted psychotherapy.

## The Psychopharmacology Committee's newsletter:

For updates on PARS and other relevant issues, you can sign up to receive this soon-to-be-launched newsletter: [www.rcpsych.ac.uk/psychopharm-news](http://www.rcpsych.ac.uk/psychopharm-news)



# From strength to strength

Celebrating RCPsych in Scotland's 30<sup>th</sup> anniversary, achievements, and pride and determination to advocate for more representation and recognition.

**R**CPsych in Scotland has come a long way since its days as the 'Scottish Division'. An old brass plate at its Queen Street office in Edinburgh still bears this former name – a discreet nod to the College's history, but its progress is anything but understated. "Every time I pass it, I think how far we've come," says Dr Jane Morris, Chair of RCPsych in Scotland.

This transition, which was much more than a change of name, happened in October 1994, when the Scottish office gained administrative independence following concerted lobbying by its Scottish Executive. "This milestone set the tone for a new era of autonomy and influence," says Dr Morris.

This elevation in status preceded Scotland's political evolution by just five years, with the return of the Scottish Parliament marking a major moment in the nation's governance in 1999. RCPsych in Scotland seized this

opportunity to help to shape mental health policy by establishing the Cross-Party Group on Mental Health, for which it provided secretariat support for nearly two decades. The group's work was pivotal in raising the profile of mental health within Scotland's political landscape.

Through the years, RCPsych in Scotland has put its name to many achievements, including involvement in creating the UK's first mental incapacity legislation, shaping legislation to protect vulnerable adults, successful campaigning for better maternal and early years mental health services, and helping Scotland to become the first country in the world to set a minimum unit price for alcohol, to name just a few.

And even in the five years since RCPsych in Scotland celebrated its 25th anniversary, it has achieved remarkable feats despite the pandemic, especially in recruitment. The dedicated Choose Psychiatry in Scotland

campaign, a subsection of the College's wider recruitment campaign, "inspired a 100% fill rate for core trainee positions," says Dr Morris, which is a "real cause for celebration".

This has also meant the Scottish office's mindset has moved to retention, leading the way on research into how to bridge the gap between core and higher training, having published two groundbreaking reports last year: *A threatened species: where have all the higher trainees gone?* and *State of the nation report: The psychiatric workforce in Scotland*, which, despite containing some Scotland-specific considerations, offer learnings for all four nations.

Additionally, Scotland has pioneered efforts to support IMGs through the CESR process. An initiative that started as virtual observerships during the pandemic became a CESR fellowship scheme in Aberdeen, providing structured support, such as weekly mentorship and psychotherapy supervision. "It's almost like a mini higher training programme," says Dr Morris, adding that it's been "heartwarming to see how the CESR fellows have formed a cohesive group." The scheme, now expanding to Lothian and Glasgow, also provides practical assistance with visas and GMC registration.

Scotland's sense of identity and desire for a stronger sense of recognition within the College is evident. "We decided to launch our own tartan," says Dr Morris, referring to a members' competition earlier this year which set this design challenge, "so that we'd have our own branding." But this isn't just about aesthetics. "We have our own mental health act, our own NHS, our own children's act – it's all devolved," she says. "And above all, we have our own culture."

Part of the College in Scotland's growth has come from its improved media presence, with members trained to be media-savvy and messaging tailored for diverse outlets. This growth is staff driven, and Dr Morris expresses tangible pride in her small staff group, describing them as a "professional family who absolutely punch above their weight" and "bring with them a wealth of experience".

Looking to the future, Dr Morris emphasises the importance of ensuring Scotland is fully integrated into UK-wide projects from the outset. She calls for more involvement and recognition, not just in name but in meaningful participation.

Having recently celebrated its 30th anniversary, complete with bagpipes, RCPsych in Scotland has a tangible sense of both pride and ambition. With measurable outcomes firmly in mind – such as improved job plans, shorter ADHD waiting lists, and reduced reliance on unqualified locums – it remains committed to ensuring mental healthcare in the nation continues to thrive.



# CCQI peer reviewer perks

Becoming a CCQI peer reviewer offers you fresh insights, meaningful networking opportunities and professional development, all within a manageable time commitment.

**U**nlike peer reviewing journal articles, participating in peer reviews for the College Centre for Quality Improvement (CCQI) involves assessing mental health services and enhancing care quality.

By setting standards, managing accreditation programmes, and facilitating networking, CCQI supports ongoing improvements in mental health services across the UK. Regular peer and self-reviews against service standards promote high-quality care within CCQI's Quality Network member services – of which there are 1,600 – employing 50,000 staff working across a range of specialties.

"Peer reviewing offers significant value to both the reviewer and the service," says Dr Mary Docherty, who is the Clinical and Strategic Director of CCQI, as well as the Acting Chief Medical Officer at SLaM.

The process involves a review team visiting other mental health services about once a year (usually in person, but occasionally virtually) to assess their performance against established standards, interview staff and patients about their experiences, and offer constructive feedback by contributing to a report.

This reciprocal learning is one of the key benefits of peer reviews. "Reviewers get to see how different services operate and critically reflect on their own practices, while services gain fresh, external perspectives, often sparking ideas for problem-solving and improving service delivery," says

Dr Docherty. "And, because the purpose is about genuinely learning from each other, and not regulation, it fosters a collaborative, non-judgmental, positive environment."

Going on reviews offers opportunities to see other teams handling similar challenges to those you're facing. "And often, you'll come across innovative approaches that can be adapted to your own service – ones you might otherwise not have encountered," says Dr Docherty.

"You might see how services have solved certain workflow issues," she says. "Or if you're unsure how a new role will fit into your service, visiting other services that have successfully implemented the role can provide valuable insights into operationalising it."

In her own reviewing experience, Dr Docherty, who is also a consultant liaison psychiatrist, was inspired by how other services were gaining patient and carer feedback: "This is something that is challenging to obtain in liaison psychiatry as the period of contact with our patients is so short, and they are often very unwell," she says. "Having seen a solution elsewhere, I could take this back to my own service."

The team for each peer review is made up of a range of volunteer multi-disciplinary clinicians and healthcare workers, and there will usually be a patient or carer representative providing their valuable lived experience perspective, as well as a member of College staff.

The reviewer role is therefore also about building relationships with team members and a wider network of professionals in the field, which can lead to ongoing collaboration

and shared learning long after the review has ended. "You often meet like-minded people you might not have otherwise got to meet," says Dr Docherty.

CCQI peer reviewing can help fulfil CPD requirements and can be particularly useful for the quality improvement section of the revalidation process. And belonging to a Quality Network also means you have access to a high-quality CPD offering.

Most reviews require a time commitment of just one day (apart from forensic reviews which might need 2–3 days). Clinician peer reviewers are typically consultants or SAS doctors, but there is opportunity for higher trainees to be involved in a review team in an observational capacity to see how it all works. Retired members can also take part up to two years after they've ceased clinical practice.

Comprehensive support and training are provided to prepare reviewers for this role, so they are equipped to contribute meaningfully to the process. CCQI also holds regular forums, webinars, and training days to keep reviewers connected and up to date with the latest developments in mental healthcare.

In an ever-increasing world of digital learning, peer reviews offer tangible, real-world professional development. "Peer reviewing is energising, and it's honestly fun," says Dr Docherty. "And I might be a geek in what I find fun, but the critical point is that what you get from attending these reviews is genuine, practical, experiential learning and a fresh perspective to improve care for patients – and that is what is so reinvigorating."

## Get involved!

Find out more about becoming a peer reviewer at: [www.rcpsych.ac.uk/CCQIpeerreviewer](http://www.rcpsych.ac.uk/CCQIpeerreviewer)

# Continuing to

## CHOOSE PSYCHIATRY

This year, the College's annual recruitment campaign returns with an increased focus on retention of trainees, delving into and aiming to ease their possible concerns about taking a break from, or returning to, training.

**T**his autumn, RCPsych's Choose Psychiatry campaign has returned with a new look and an enhanced focus on trainee retention, building on previous years' achievements. Since the campaign's launch in 2017, psychiatry has seen nearly a 100% fill rate for core trainee posts, reflecting both the campaign's success and growing interest in the field. This prompted an expansion of training posts to accommodate more aspiring psychiatrists.

In light of this, the campaign expanded its remit in 2021 to include retention, and its key message and slogan have evolved in line with this to become 'Continue to Choose Psychiatry'.

Dr Declan Hyland, RCPsych Associate Dean for Recruitment, explains that while recruitment remains crucial, retention will be equally prioritised. "We're continuing to encourage undergraduate interest in the field," he says. "But to aid retention, another primary focus will be on trainees that either need to take a break from training or are returning following a break."

Central to this year's campaign are two short films, one focused on recruitment and the other on retention. These films each take highlights from one-on-one interviews in which either a medical student or core trainee asks a psychiatrist at a more advanced stage of their career about working in the profession or taking a break mid-training. "We wanted to ensure we had different



Dr Declan Hyland

perspectives of the profession represented," says Dr Hyland. "So, we hear from medical students, core and higher trainees, and consultants."

The strength of these films lies in their authenticity. These are real students and real core trainees asking real questions that will help to inform their future choices.

In the retention video, Dr Nancy Youssef, a CT3, speaks about how she is considering taking a break, perhaps to become an SAS doctor, after having had to balance working full time as a core trainee, completing exams, fulfilling competencies, and looking after her children. She speaks with Dr Timmie Labèr, a higher trainee, who shares her

positive experience of taking time off before returning to training. Nancy is encouraged by Timmie's account, commenting: "That really gives me reassurance."

Dr Hyland explains that the film helps to emphasise that the College and the wider profession values the option of taking a break as it's a way for trainees to look after their wellbeing and prevent burnout and fatigue.

"We don't want trainees to feel like there's any stigma associated with taking a break. We're acutely aware that you need to maintain your own wellbeing for you to be able to treat patients," he says.

"A break can also be beneficial to your career. You can focus on getting your exams or your psychotherapy cases, if you haven't already. Or you can pursue ways to increase your levels of confidence and experience – lots of core trainees are doing that now, and I think they can become better psychiatrists for it."

The campaign also continues to promote psychiatry as an exciting career with a wide range of sub-specialisation options, stressing that psychiatry is especially supportive of less-than-full-time training. Retention-focused efforts will highlight the special interest days and the option of out-of-programme training for higher trainees.

Supporting international medical graduates (IMGs) is another key focus this year. "When IMGs start core training,

they are faced with daunting prospects in addition to training in psychiatry," says Dr Hyland, "such as getting to grips with living and working in the UK." He underscores the importance of providing IMG-specific support at both local and national levels, and that RCPsych is committed to easing this transition.

Both campaign films can be viewed on the RCPsych website and will be shared via social media over the coming weeks of the campaign. Full, uncut versions of the interviews will also be made available as videos and podcasts.

In addition to the films, the campaign features a series of blog posts and free webinars exploring the campaign's themes in greater detail, offering practical advice on becoming a trainee psychiatrist and on transitioning from core to higher training.

The College is proudly and actively promoting the [#choosepsychiatry](#) campaign across social media, news outlets and on its website. Endorsements from prominent celebrity mental health advocates, like Ruby Wax and Jo Brand, are also helping to amplify its message.

**You can get involved and support the campaign by posting on social media using the [#choosepsychiatry](#) hashtag and more. For more details go to: [www.rcpsych.ac.uk/supportchoosepsych](http://www.rcpsych.ac.uk/supportchoosepsych)**



Filming on set for Choose Psychiatry's retention video with Dr Timmie Labèr (left) and Dr Nancy Youssef (right)

### Taking a break from training

Summarised below are some useful snippets from the conversations featured in the retention film for this year's Choose Psychiatry campaign, discussing the support available for trainees taking a break or returning from one.

**Q:** What advice would you give other psychiatrists thinking of taking a break?

**A:** Go for it. Psychiatry and the NHS will always need you – and psychiatry, in particular, welcomes you back with open arms. Be open about your concerns from the start. There will always be someone to contact before, during, and after your leave to support your transition.

**Q:** I've heard I shouldn't take too long a break because it might be hard to get back into training. How would you recommend staying connected in a manageable way while still protecting my break?

**A:** You can stay connected by keeping in touch with your educational supervisor or whoever manages trainees on leave. Sending check-in emails and discussing your leave plans early on is helpful. The College offers many courses and conferences that you can attend either in person or online, so you can choose how much or how little you want to engage during your time away.

**Q:** When trainees come back after a break, how do they make the transition?

**A:** It's important that they feel supported and not overwhelmed. It's common to have a phased return to previous hours or reduced clinical responsibilities, for instance, by avoiding on-call shifts initially, to help ease them back into the role.

**Q:** What's your advice for IMGs – who face additional pressures, such as adjusting to a new system and visa concerns – when reducing their hours or taking a break?

**A:** An important thing for IMGs to do is speak with their training programme director or supervisor to address these worries. Usually, these issues can be worked through, and there's nothing preventing IMGs from taking a break or going part time.



Dr Naa Adoley Addo

# A win-win for everyone

How the Medical Training Initiative is bringing global psychiatry expertise to the UK, enriching both NHS trusts and psychiatry trainees from low- to middle-income countries.

Initially drawn to psychiatry as a medical student in Ghana, Dr Naa Adoley Addo is now halfway through her psychiatry trainee placement at Lancashire and South Cumbria NHS Foundation Trust (LSCFT) through the RCPsych Medical Training Initiative (MTI).

"It was the kind of exposure I was looking for," Dr Addo says of the scheme that supports psychiatrists from mainly low- to middle-income countries to train in the UK for up to two years before returning home. The MTI is designed to foster international

**"You get the expertise of professionals from different countries, and that can help our communities"**

collaboration and a knowledge exchange, bringing mutual benefits for participating doctors and the NHS trusts that employ them.

Dr Fabida Aria, Executive Medical Director at Birmingham and Solihull Mental Health NHS Foundation Trust and Specialist Advisor for the MTI at RCPsych, expands on how the scheme can benefit psychiatry and the health system in the UK. "You get the expertise of professionals from different countries that can help our communities because we're very multicultural, and there's a lot we need to learn from other countries," she says. In turn, she explains that MTI doctors can "learn the NHS system and then take a lot of that back to their countries".

RCPsych collaborates with the Academy of Medical Royal Colleges and employing medical bodies to support up to 50 psychiatrists from countries such as Nigeria, India and Pakistan. The scheme exposes MTI doctors to the NHS's multidisciplinary approach and subspecialties like child and adolescent psychiatry or neuropsychiatry – fields that may not be fully developed in their home countries. In many cases, patients from multicultural backgrounds feel more comfortable with MTI doctors who share similar cultural experiences to them or speak their language.

Many MTI doctors bring years of psychiatric experience with them from their home countries and offer fresh insights into patient care. "Although the selection criteria are for a CT3 level, often these doctors are much more experienced," Dr Aria notes. "They can really learn fast and work at that more senior level."

When Dr Addo applied to the scheme, she had just begun forensic psychiatry training, making her one of the few psychiatrists in Ghana with subspecialty training. "I wasn't sure if my team would

be supportive enough to let me go to the UK because we are trying to build the psychiatric system in Ghana, and we have very few psychiatrists," she explains. "But my consultants there were so supportive. They felt it was a valuable initiative."

Dr Addo and her colleagues recognised the potential of the opportunity at hand, having attended a lecture series hosted by RCPsych in collaboration with the Ghana College of Physicians and Surgeons. With the support of her team, Dr Addo applied for the MTI and, after a competitive selection process, was accepted.

While the MTI offers tremendous career development opportunities, moving to a new country can be daunting and filled with logistical hurdles.

Dr Aria, an International Medical Graduate herself, says that small but meaningful gestures can ease the transition. "A really good trust or health board would offer to pick up MTI doctors from the airport, give them free accommodation for the first few months, help them with all their onboarding and bank statements, and, perhaps, give them an advance on their wages, to make them feel like they've come to a safe place and they've been looked after."

LSCFT supported Dr Addo with everything from assistance with visa applications to finding schools and childcare for her three young children, ensuring that her relocation "was a smooth process". The LSCFT's approach is likely influenced by its Head of Medical HR and Relationship Manager, Imran Chatti, who is recognised by the College as being particularly dedicated to ensuring MTI doctors receive ample support and facilitates learning and development opportunities.

While several royal colleges operate the MTI, RCPsych prides itself on going the extra mile to prepare and support MTI doctors, overseeing the selection of candidates and employing bodies, and providing GMC sponsorship for doctors. The College also acts as a point of contact for MTI doctors throughout the scheme.

"We are like their safety net wherever

they go. They can always count on us and contact us," says Dr Aria. "I don't know of any other college that does it in this way."

RCPsych also helps foster connections between MTI doctors, creating support networks through tools like WhatsApp groups and virtual meetups.

Still, some relocation challenges are unavoidable, like adjusting to the often-incremental British weather and quirky social norms. "It took me a while to realise I don't need to respond literally to 'You alright?' all the time," Dr Addo laughs. "It's just a way of saying 'hello'."

Beyond cultural adjustments, Dr Addo also had to navigate the NHS system, with its different resources and approaches to patient care: "The home treatment team is not an established system in Ghana. So, it's a whole new process for me, learning how to accept referrals and assess whether a patient is suitable for our caseload."

However, these challenges are what make the MTI such a transformative experience. Dr Addo hopes to apply her learnings to improve mental healthcare in Ghana, particularly by establishing a home treatment system to intervene earlier in psychiatric cases. "By the time we see them back at home, the illness has gone through a lot of cycles," she explains. "Here in the UK, early support is provided. That's one of the things I would really take with me."

Like many MTI doctors, Dr Addo also plans to take her MRCPsych exams and maintain connections with UK colleagues, contributing to a global community of psychiatrists committed to advancing mental health care worldwide.

For NHS trusts employing MTI doctors, the benefits are clear. MTI doctors enhance diversity and expertise within mental health services, often bringing innovative approaches to patient care. Still, Dr Aria stresses that providing effective support is critical to ensuring the scheme's success.

"Until you've had an MTI trainee, I don't think you realise how valuable they are," she remarks, noting that most trusts and health boards that employ MTI doctors continue to do so time and time again. "It's a win-win for everyone."

# For the love of books

As Professor Anne Doherty prepares to step down as RCPsych Books Editor, she reflects on her time in the role and the importance of the Books Committee, and encourages book-loving psychiatrists to get involved.

**R**CPsych Books has been steadily building an eclectic collection of resources for RCPsych members and, on occasion, for the public. Its catalogue includes comprehensive, edited collections on subjects as diverse as spirituality in psychiatry, personality disorder, volunteering in global mental health and neuroscience. There are guides for patients and their families on obsessive-compulsive disorder and how to stop gambling, and resources for trainees – the College Seminar Series has most recently covered forensic psychiatry. There is even an intriguing title called *Dracula for Doctors*, which explores how medicine and psychiatry are portrayed in gothic literature.

Professor Anne Doherty, first RCPsych Books Editor, has been in the role since 2015 and will soon be stepping down. The role is undertaken in five-year terms for a maximum of ten years, and she is keen to hand over the baton to someone who is as enthusiastic about the books as she is.

She is clear about the primary purpose: “Our main aim is to serve the needs of the membership. We publish books that are of interest to the typical frontline psychiatry clinician – they’re not obscure tomes, but books that are relevant to the average person delivering services,” she says.

When Professor Doherty took on the role, the books were produced entirely in-house at the College. The Books Committee was formed a year later in 2016, and in 2017 the College partnered with Cambridge University Press (CUP) which provides crucial editorial support to co-publish the books across the entire process, from commissioning



Professor Anne Doherty

and liaising with authors to delivering and marketing the finished product.

The Committee is made up of College members, staff from CUP and College representatives. It includes retired psychiatrists with a wealth of experience, and trainee members who can offer insight into the publishing needs of the next generation of psychiatrists. Professor Doherty would like the Committee to have representatives from every faculty and is keen for ‘new blood’ – people who are “interested in improving the experience of our colleagues by ensuring the right books are available to them,” she says.

Potential authors, contributors or editors of books should be comforted by the level

of input they can access from the Books Committee, expert peer reviewers and the professional RCPsych publishing team.

The Committee ensures that every book is worthy of the RCPsych name and will reflect the values and integrity of the College, with sensitivity of tone and a solid evidence base. Creating an RCPsych book involves two rounds of peer review, examining the initial proposal and, unusually, the completed manuscript. Each book starts with a proposal which may include sample chapters. It will have an outline of content and chapter titles, proposed contributors and how it will be relevant to members. It also considers other publications in the field and “what the title would bring to the world”, says Professor Doherty.

Peer reviews are considered by Committee members and the information fed back to authors. This collaborative effort ensures that the book is suitable and gathers expert input to make sure that it will be the best it can be. Professor Doherty says this stage is crucial: “We focus on how to strengthen the proposed book and make it a leader in its field. Do we have breadth of experience? Do we have the right people involved? Would the editor/

author consider contributions from experts by experience or include a chapter from an expert from another discipline?” The books will often have a multidisciplinary approach if this fits the subject, with contributions from endocrinologists, social workers and psychologists. The books also have an international dimension, with contributors from outside the UK and Professor Doherty is keen for this reach to be expanded.

Reflecting on the peer review process, Professor Doherty says it is a fine balance: “We must be careful not to destroy a book during the process. We need to make it better without undermining it by trying to placate too many perspectives,” she says.

Prospective authors should not be intimidated by the Committee, says Professor Gin Malhi, College Editor of RCPsych’s publishing portfolio, which includes its journals and books. Keen to grow the Committee so it will represent the diversity of the College membership, he also hopes the new RCPsych Books Editor will build on the solid foundations that have been set during Professor Doherty’s tenure.

He wants members to see RCPsych Books as their first port of call if they have a publishing idea, and would like the College to produce more books. “If you have a genuine

idea that needs to be communicated and is clinically important, the Committee will nurture it and give an honest opinion about where it should go. It will help you build on the idea and make it better, with support at every stage” he says.

The Committee meets four times a year but reads proposals in between those times. The meetings are a chance to approve proposals and manuscripts, identify gaps in the catalogue and develop commissioning ideas. A lot of commissioning happens at Congress, with the team approaching speakers and researchers who are driving innovation.

Professor Doherty has enjoyed finding out about the cutting edge of thinking in the profession. “I love the process, and it is exciting to read books about new areas,” she says. She gives the example of nutritional psychiatry and a book on geopsychiatry that is in the pipeline. “You do broaden your horizons in terms of the wider field of the profession – you get to find out what’s going on, what’s changing and who is driving the changes.”

Professor Malhi is of a similar mind. “It is an exciting role,” he says. “You get to mould ideas and create great work in a collaborative way.”

Managing the back catalogue and safeguarding its relevance is another aspect of Professor Doherty’s editorial remit. When things move on so much that the book is obsolete and even producing a new edition would be inappropriate, it is declared out of print. “No one likes a book to be dead,” she says, “but sometimes they have to die.”

Professor Doherty will miss her role but says it is time for someone else to take over. “It is time to mix it up and get new ideas with someone else in charge. A new editor will look at the books with fresh eyes and see areas that need to be developed. There is a lot of scope for growth.”

## Could you be the next RCPsych Books Editor?

The role will be advertised before the end of the year. In the meantime, you can find out more and express an interest in the position and/or the wider Books Committee, by contacting Hannah Cole, Head of Publishing, at [hannah.cole@rcpsych.ac.uk](mailto:hannah.cole@rcpsych.ac.uk), or the wider publishing team at [publishing@rcpsych.ac.uk](mailto:publishing@rcpsych.ac.uk)





## National problems, local solutions

A new College initiative looks to influence mental health policy in England from the ground up.

**E**arly this summer, the College launched a new initiative that marks a shift in its influencing strategy away from the national level and towards the local level. The National ICB Mental Health Partners Network is an RCPsych collaboration with NHS Confed, the membership organisation for NHS commissioners and service providers in England, Wales and Northern Ireland. The Network brings together the leaders of England's 42 Integrated Care Systems (ICS), the College's eight English divisions and NHS Confed's Mental Health Network.

Dr Paul Winterbottom is a retired-and-turned consultant psychiatrist and former medical director, who works part time at a hospital in Gloucestershire providing services for people with intellectual disability and autism. He is a long-standing member of the College's South West Division and a member of the Network. He welcomes the shift in emphasis that the Network represents. "One of the challenges the South West Division has experienced in its working with the wider College," he says, "is that there's been a focus on national issues and influence, when most of the decisions about healthcare are taken much more locally."

Not only that, he adds, but each region has its own particular challenges

**"The concerns that we've been raising for some time are now being answered"**

that a one-size-fits-all national approach cannot encompass. The South West Division, for example, is practically as wide as England is tall. "It's an enormous and rather thin geographical area bound by Wales and the sea," says Dr Winterbottom. "The urban centres are very spread out, with long travel times between them."

Staff recruitment has long been a problem in the south-west. There are, says Dr Winterbottom, four ST4 trainees per every 100,000 people in London compared with just one per every 100,000 in his region. "Many consultants come to practice where they've trained, or near to where they've trained," he says. "And so, it is a real challenge, not just for us but for other parts of the country, to attract people." He sees the Network as an excellent forum for finding solutions to problems such as this and for learning both from best practice and from what has been tried and failed.

The involvement of the ICSs is crucial to the Network's prospects. Each ICS has an Integrated Care Board (ICB) that manages the NHS budget and plans the health services for its local population. NHS Confed has strong pre-existing ties to the senior leaders of England's ICBs, which has helped with getting them to sign up.

"We'd already been working with our local ICBs," says Dr Winterbottom, "as part of a member engagement initiative, looking at how you can deliver mental health services most effectively in a mixed economy of urban and rural locations. The benefit of ICBs is that they create a health and social care community awareness of the priorities and problems for an area and a population."

The Network meets quarterly, chaired jointly by College President Dr Lade Smith CBE and NHS Confed representatives, and has, at the time of writing, met twice. The first meeting heard a presentation from the chief financial officer of South Yorkshire ICB, Lee Outhwaite, on how to improve mental health services when there is no money to spare. It was so well received that the meeting ran over its allotted time.

"The triumph at the moment, for me," says Dr Winterbottom, "is that this initiative is being so well supported, that there has been such interest at the meetings. The concerns that we've been raising for some time here in the south-west are now being answered as part of this project. And it sends out a positive message that the College is taking the time to review how it engages with Divisions in the wider country."



Dr Katherine Kennet

## Getting to grips with your Green Plan

Putting support and context around the College's net-zero mental health care guidance.

**E**very NHS trust in England is required to have a Green Plan to help it meet 'net zero,' a key strategy addressing climate change. This refers to balancing the amount of greenhouse gases emitted and removed, resulting in no net increase in global emissions. However, the path to meeting the standards of progress outlined in these Green Plans is often fraught with barriers.

For this reason, Greener NHS commissioned and collaborated with RCPsych to develop guidance and resources to enable staff delivering mental healthcare to understand and provide greener, more sustainable care that can help meet net zero.

Developed by the College's National Collaborating Centre for Mental Health and College Centre for Quality Improvement, the guidance is the first of its kind to be aimed at a local mental health service level. It emphasises that sustainable care can be supported by clinician-led changes that reflect gold standard care, and that sustainable care is a part of – and not at the

expense of – gold standard care.

'Delivering greener, more sustainable and net zero mental health care' outlines 10 recommended areas for carbon reduction, ranging from circular economy approaches to procurement to nature-based mental healthcare. It also indicates who can be directly involved in making changes, whether policymakers, system leads, or mental health staff and clinicians – with several areas offering opportunities for psychiatrists to reflect on their practice and workplace.

Alongside the guidance, the College has developed an eLearning module (free for anyone to view and shareable with colleagues from other disciplines) and a webinar series to offer services ideas on embedding the recommendations, with examples of how services have adapted their care.

The South London and Maudsley NHS Foundation Trust, for example, presents its nature-based interventions, while the Hertfordshire Partnership NHS Foundation Trust discusses the benefits of its medication

rationalisation and de-prescribing programme across dementia inpatient wards.

"The guidance also outlines the links between climate change and mental health," says Dr Katherine Kennet, consultant child and adolescent psychiatrist at Barnet Child & Adolescent Mental Health Service. "One example is how big climate events, which are becoming more frequent, can cause PTSD, anxiety and depression," she says.

Adapting to more sustainable care, Dr Kennet says, includes social prescribing, where appropriate, to help reduce emissions from developing, producing and transporting medication. "Being in nature has huge restorative powers, alongside talking therapies and medication, and can give people a huge sense of empowerment," she says.

Dr Jacob Krzanowski, Sustainability Lead at the College, also highlights the extra benefit and importance of prevention in terms of healthcare's carbon footprint: "Logically, if we focus on providing good, prevention-based care, people are less likely to need mental healthcare and, therefore, the footprint it generates," he says.

This approach involves looking at social prescribing and incorporating nature-based practices in hospitals, as well as deprescribing practices, and thinking about how many medications patients need, or the medication they have stored at home.

Aside from medication, most emissions within mental health services come from transport, running of estates, and waste from unconsidered cycles of use for various products – but calculating the carbon footprint we have individually is complex.

"Being mindful of how our care depends on the planet is now a part of our clinical practice. However, psychiatrists should always first be thinking about giving the time and space needed to look after their patients," says Dr Krzanowski.

With regard to transport, psychiatrists can consider their mode of travel to and from work and, where possible, arrange virtual appointments.

The guidance also emphasises the importance of the relationship between clinicians and trust executives and boards, Dr Krzanowski says, and of advocating for changes. "Clinicians can do this by taking an interest, getting educated, and approaching trusts and teams to talk about it."

View the guidance and access the eLearning module and webinar series via the College's Knowledge Hub at [www.rcpsych.ac.uk/NetZeroMHC](http://www.rcpsych.ac.uk/NetZeroMHC)

# Championing an ADHD-friendly world

The College's new ADHD Champion, Dr Ulrich Müller-Sedgwick, considers the challenges ahead.

**T**his April, the College appointed its first-ever ADHD Champion Dr Ulrich Müller-Sedgwick, a consultant psychiatrist for adult neurodevelopmental pathways, based in Jersey. As he settles into the role, he faces some extreme challenges, but he brings with him a wealth of experience, in both treating and researching ADHD (attention deficit hyperactivity disorder), and also, what is perhaps his superpower, an abundance of enthusiasm.

Dr Müller-Sedgwick trained as a psychiatrist in his native Germany before moving to the UK in 2003, where he started work as an ADHD researcher and then clinical lead at an adult ADHD clinic in Cambridge – which is only the second to be set up in the UK. In 2008, the National Institute for Health and Care Excellence (NICE) published its first guideline on adult ADHD. “At that time,” says Dr Müller-Sedgwick, “all the NHS psychiatrists working in the field, including myself, came together and set up the UK Adult ADHD Network (UKAAN).”

A few years later, Dr Müller-Sedgwick joined RCPsych's Neurodevelopmental Special Interest Group. “The College already had an Autism Champion then,” he says, “and we wondered whether they could take on ADHD or whether there should be a separate role.” It was decided that it was too large an undertaking for one postholder and it would be good to create an analogous ADHD post. “I applied for the role because I was already doing much of what it entails,” he says. “I was doing media work on ADHD for the College, talking to the print media and had already appeared twice

## “College members can help by building their expertise about ADHD”

on live radio, which was exciting.”

“And I've long been involved in ADHD training – it's where I have contributed to the development of the field, if you like. When I did my training, we weren't taught to diagnose and treat ADHD. It wasn't part of the curriculum unless you went through child and adolescent psychiatry training. Adult ADHD is now part of the curriculum for every core trainee psychiatrist and also for general adult psychiatrists,” he says. “It has arrived in the mainstream.”

And therein lie two of the biggest challenges Dr Müller-Sedgwick faces. It's really only in the last 10 years or so that adult ADHD has gained equal recognition to ADHD among children and young people. In that time, the number of people on ADHD medication in England has increased from around 100,000 to over 250,000. A similar picture is seen across the UK and in many other countries. So, when the drug manufacturing supply chain was disrupted last year, a worldwide shortage of ADHD medications was inevitable.

The shortage hit home in the UK in September 2023. “What most trusts, health boards and other public sector service providers did,” says Dr Müller-Sedgwick, “was reserve the stocks of

medication only for those already on it. Even then, we sometimes had to stop patients and switch them to another medication. Many people were struggling at work or in education.” Now, over a year on, the shortages are easing. Clinics are starting to prescribe to people who have been newly diagnosed again. The latest guidance from the Department for Health and Social Care is that most, but not all, shortages should be resolved by the end of the year, but uncertainty remains. “We are probably through the worst of it,” says Dr Müller-Sedgwick.

Alongside the drug shortages, there has been an explosion in demand for ADHD assessments. A BBC investigation earlier this year found that, based on data from 44 NHS trusts and health boards across the UK, waiting lists for adult ADHD assessments were at such a length that, at current rates of clear-up, it would take an average of eight years to clear the backlog. For some, it would take decades.

In September, the Independent Investigation of the NHS in England, chaired by former health minister Lord

Darzi, was published. It included figures that suggest that more than 200,000 children, young people and adults have been referred for, but are yet to receive, an ADHD assessment. “This is the first time we have NHS England data on waiting lists published in such a high-level report,” says Dr Müller-Sedgwick. But, he adds, it is probably an under-estimate. Echoing the College's position, he argues that more – and better – ADHD-specific data is needed to fully understand the scale of the problem – and covering all of the UK, not just England.

The problem of waiting lists isn't going to be solved overnight, but that doesn't mean that there aren't things that can be done now. For example, says Dr Müller-Sedgwick, “there are ongoing pilot projects looking at waiting-list interventions to help people understand their symptoms and how to manage them better while they're waiting for treatment.” At the same time, employers, universities, colleges and schools can help by becoming more ADHD-friendly, such as giving people more time in exams, introducing flexible working hours and using digital technology to help people organise their days.

College members can get involved, too, says Dr Müller-Sedgwick, by, for example, “shadowing your local adult ADHD clinic for a half day or a day as a first step, building up specialist expertise and attending training sessions – we have a whole day of online training in November for College members, for instance. And then it's important to start seeing patients under supervision. It might be group supervision, or some trusts pay for one-to-one supervision.”

In the longer term, Dr Müller-Sedgwick looks to a more system-wide set of solutions. “At the moment, it's a very fragmented approach, with almost every NHS trust, health board or other public sector service provider having its own ideas about how to run and fund adult ADHD services. We need to involve the primary care sector and other mental health professionals,” he says. “My wife, Dr Jane Sedgwick-Müller, is a mental health nurse, who also works as an expert for university students with ADHD. I could see more specialised nurses being trained to do ADHD assessments

and prescribe medication. We need more trained clinical psychologists and occupational therapists, too.”

A big part of the ADHD Champion's role is to develop an ADHD strategy for the College. “This is going slowly,” says Dr Müller-Sedgwick, “because part of what we want to do is co-ordinate this with what the NHS England ADHD Task Force, which was set up in the summer, is doing. It wouldn't make sense if we came up with completely opposite ideas about how to solve the waiting list problem. It's a complex problem and there won't be easy solutions. But it will be worth working towards them together.”

With Dr Müller-Sedgwick championing the cause – one for which he expresses boundless enthusiasm – solutions are sure to be found.

Read more about RCPsych's webinar on ADHD for general adult psychiatrists on 20 November: [www.rcpsych.ac.uk/adhdnov24](http://www.rcpsych.ac.uk/adhdnov24)



Dr Ulrich Müller-Sedgwick



Dr Madonna Yanni

# Let's talk about...

Based in the UAE, Dr Madonna Yanni hosts an Arabic language podcast exploring mental health and wellbeing, drawing from her expertise as a psychiatrist and her insight into regional culture to tackle stigma and raise mental health awareness.

**M**ental health awareness plays a vital role in combatting stigma and ensuring people know when and how to seek

help. However, Dr Madonna Yanni, consultant psychiatrist at the Maudsley Health service in the United Arab Emirates (UAE), explains that in the Middle East, mental health campaigns and resources are often in English and very Western-centric, so have a limited impact in the region.

There are factors like spirituality and a greater emphasis on the involvement of family – and in some cases, even conflict – which can be significant for people in the region, but are often overlooked. Yet, they can all have an impact on how mental health is understood, how symptoms might present, and how care should be delivered.

“For people to listen and understand, we need to speak their language; we need to consider their cultural backgrounds,” she says.

This is why in 2023, Dr Yanni decided to launch her own mental health podcast which would predominantly use the most common language spoken in the Middle East, Arabic. Entitled *كلمني عن*, or ‘Let’s talk about...’, she discusses all things

**“For people to listen and understand, we need to speak their language”**

mental health, addressing common questions and misconceptions, and the science of different conditions, in a way that is evidence-based, yet accessible and culturally sensitive.

Available on platforms, including YouTube and Buzzsprout, each episode educates viewers and listeners about a different mental health concern, with existing titles including ‘Let’s talk about anxiety’ and ‘Let’s talk about trauma’. Dr Yanni sometimes discusses topics in a monologue format, and at other times will interview professionals from relevant specialties or experts by experience.

“We should never lose our voice as professionals. And when we can, we should empower others also not to lose their voice,” she says.

Dr Yanni is humbled by the reception she’s had so far. Feedback has flooded in through social media channels, with people thanking her for validating their

experiences and helping them to better understand themselves or their loved ones, and to reach out to services.

After her coverage of schizophrenia, she recounts being contacted by a patient’s family member, thanking her for convincing them to seek help from a psychiatrist, which had led to “the best three months of their lives”. They had previously relied on traditional healing and were wary of the practice of psychiatry, until they heard Dr Yanni provide a scientific explanation of schizophrenia while remaining respectful of their cultural beliefs and practices.

“It was very touching to hear that story,” she says. “In that episode, we were trying to emphasise that your values are important. No one is trying to push the boundaries of what you believe, but we can also talk about the scientific background of mental illness”.

Dr Yanni wants her content to be as accessible to as much of the vast and diverse region of the Middle East as possible, which is one of the reasons she initially chose to use the podcast format.

“Written content is not always the best way to reach people, especially when literacy levels vary all over the world,” she explains. “Awareness campaigns cannot depend on this alone. We need to be creative. We need to use our voices, our faces. Hopefully one day we can even reach areas that don’t have much access to the internet, and we can sit with them and chat about mental health.”

Dr Yanni stresses that, despite the podcast’s success, awareness is only one part of the solution when it comes to improving mental healthcare in the Middle East. She points to the fact that much existing research focuses on the West and often does not consider other populations. This is part of the reason why the number of culturally relevant Arabic resources is so limited – although work to address this has already begun.

Dr Yanni is keen to help improve mental healthcare in the region in any way she can. Currently, she is working to build culturally sensitive, highly specialised mental health services that meet the community need and demand.

She also looks forward to continuing to encourage positive change through her podcast – having recently released episodes on post-partum psychosis and Alzheimer’s disease – and collaborating with other mental health professionals and advocates in the Middle East and internationally to start constructive conversations about mental health all around the world.