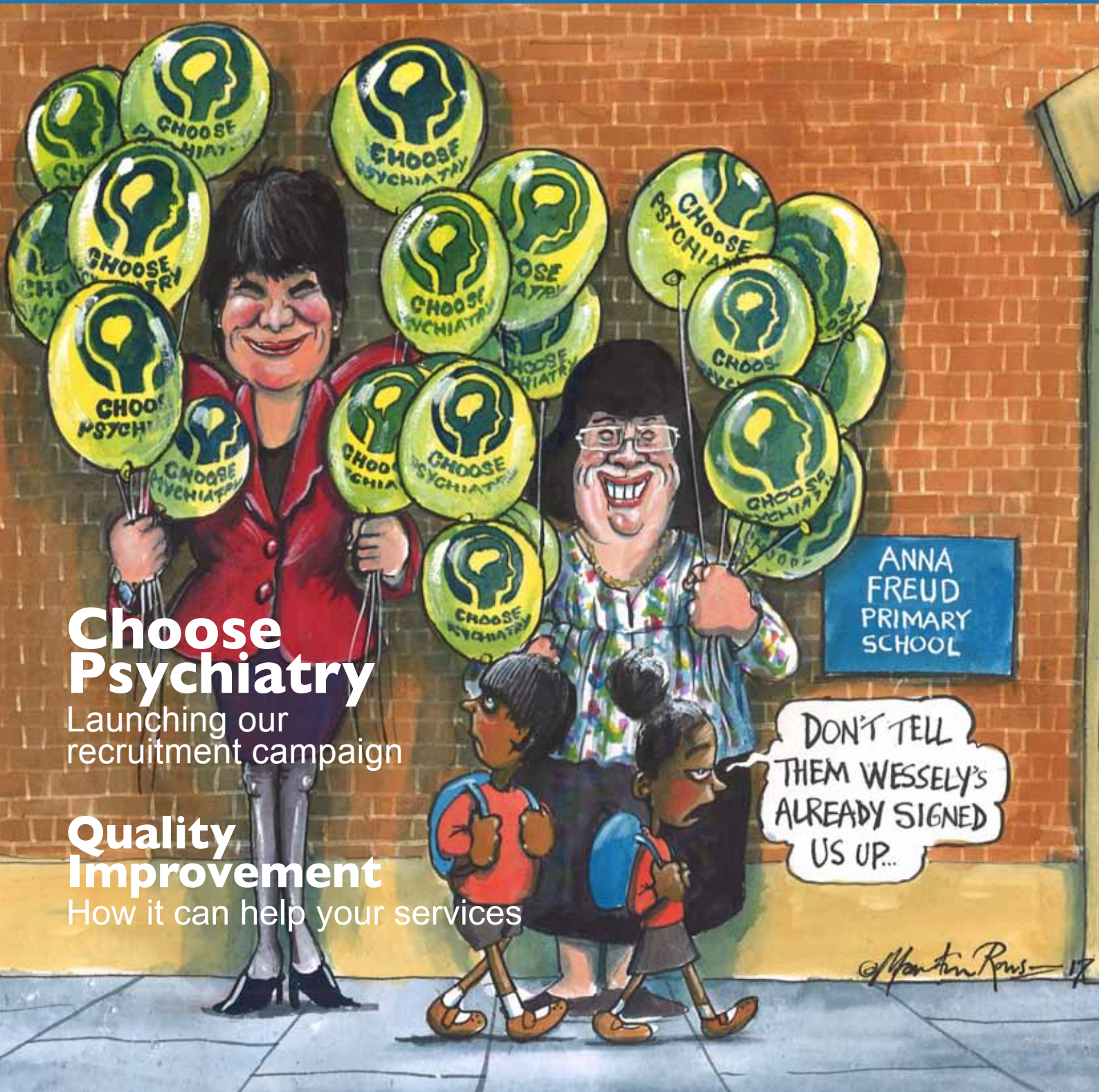


RCPsych

Issue 2
Autumn 2017



INSIGHT



Choose Psychiatry

Launching our recruitment campaign

Quality Improvement

How it can help your services

ANNA FREUD PRIMARY SCHOOL

DON'T TELL THEM WESSELY'S ALREADY SIGNED US UP...

© Martin Rows - 17



President's update

Professor **Wendy Burn**

I have now been in post as the President for the past four months. It has been a roller-coaster experience and a "steep learning curve". It has an uncanny similarity to that first year as a Consultant when you wonder what you actually learnt during your training. I have done several press interviews and one for TV. I don't think I'll ever be keen on making TV appearances, but when the wife of a patient of mine came up to me while I was shopping and thanked me with tears in her eyes, it made it all worthwhile.

It's hard being away from home so often and my cat has taken to biting me when I do appear. I also miss my patients and keep wondering how they are doing (no need for me to worry though; they are in the safe hands of an ex-trainee of mine).

I have attended three party political conferences. I have never been that interested in politics but have discovered rather late in life, that they are about relationships and power. I am definitely interested in both of those. The conferences were a fascinating insight into how we and other colleges influence the people who can change things.

The great bit of being President is that I get the chance to meet so many College members and find out what their issues are. No surprises here; despite the promises of more money and staff, life on the frontline is getting harder. Commitments have been made to fund mental health at the same level as physical health. I am doing my very best to make sure those promises are kept.

Successful launch of Choose Psychiatry



The launch of the campaign was also covered by a range of newspapers, including the Sun, as well as the BBC website. The centrepiece of the campaign was a new video, made by a leading video production company in conjunction with the College, which promoted the important and challenging work of psychiatrists – through looking at the issues of old age, perinatal psychiatry, PTSD and bipolar – in a way that is attractive to medical students and foundation doctors.



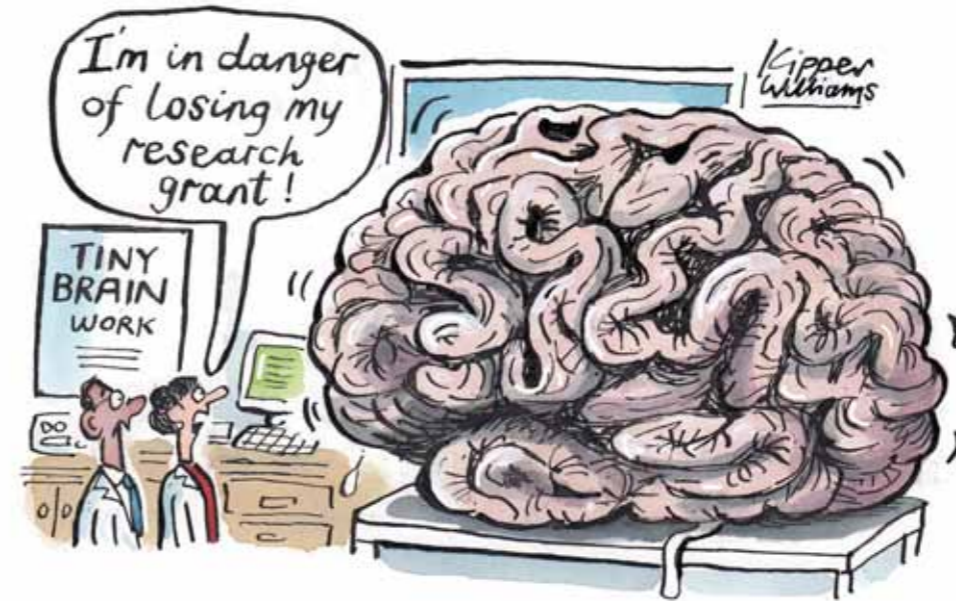
Dr Lade Smith

On September 11, the RCPsych secured its most successful PR launch ever, when it rolled out the latest phase of its recruitment campaign, Choose Psychiatry, which is aimed at attracting medical students and foundation doctors into psychiatry. The launch of the campaign was covered by a wide range of national media channels, with College President Wendy Burn being interviewed by the BBC Six O'Clock News, College Dean Dr Kate Lovett appearing on BBC1 Breakfast News and Dr Sri Kaladindi being interviewed by Sky News.



Dr Sri Kaladindi giving an interview on Sky News

The video secured huge attention on social media, with Alastair Campbell, Stephen Fry, and former Prime Minister Gordon Brown all tweeting in support. In total the launch of the campaign was covered by a range of print, broadcast and online channels with an aggregate 'reach' of 218m people. As well as the main video, the campaign also featured a number of short films, showing 'a day in the life of' various psychiatrists. Others show psychiatry in a variety of settings including the sports world. At the time of writing, the campaign had already stimulated an increase



in interest among medical students in psychiatry, with almost 500 sign-ups from students interested in this challenging, yet rewarding profession. If you want to play your part then tell any medical student or foundation doctor you know to 'Choose Psychiatry' and sign up for our free membership offered on our website.

For further information, visit rcpsych.ac.uk/choosepsychiatry

• *The successful launch of the Choose Psychiatry campaign is the topic of this edition's cover cartoon by Martin Rowson and features College Dean Dr Kate Lovett and President Professor Wendy Burn.*

General Adult Faculty Conference raises concerns about services



Over 800 delegates attended the 2017 General Adult Conference at the Sage Centre, Gateshead. The packed programme included the presentation of Dr Phil Corlett from Yale University

on delusion formation, and Prof Anissa Abi-Dargham from New York, reporting her research on dopamine dysfunction in schizophrenia patients. A faculty survey discovered that concerns around the pressure on community services and increasing out of area placements are still high on the agenda. Faculty Chair Lenny Cornwall said: "It was well attended, and we used the conference to set out our priorities, the state of acute care, quality improvement, and student mental health care."



FEEDBACK

Thankful to mentors like @**TrudiSene1** who have paved the way for next gen of Perinatal Consultants like myself to develop new PMH services **#RCPsychinsight**

I literally gasped with excitement when I saw this had arrived in the post!

Gr8 mag. Quick read. Makes me feel connected to the College + other specialties. Well done! **#RCPsychInsight**

Love the new magazine! Great to see the psychiatrists brought to life with photos, personal stories about their careers and the diversity. Will be taking it in to show my colleagues, especially highlighting how the comms team worked with the media recently. Best wishes,
LF
Consultant Child and Adolescent Psychiatrist, SABP

I was disappointed to see that you had wasted paper and money by posting it out to all members, when thousands of us had already received a copy at the Congress. I would like to see a greater consideration towards sustainability and good value for our membership fees.

Best wishes
LS

Editor response:

We apologise for the duplication, and will do our best to ensure that it does not happen again.

Please send your feedback to magazine@rcpsych.ac.uk



A workforce win

How we helped secure the promise for the workforce numbers we've been calling for.

Any psychiatrist working in the NHS will have moments when they wish that they could be in two places at once. If only there were two of you, one for your patients and one for your paperwork (oh and maybe a third to attend meetings). While we can't announce that we have designed a cloning machine, the College has been working on the next best thing. "This plan is a fantastic achievement for the College. We are the only part of the workforce to have a strategy of this type. Politicians tend to look for short term solutions but this goes right back to the selection into Medical School. Now the challenge is to deliver it. Although this is an HEE plan it's good to see that many of the actions will also help the devolved nations," says President, Professor Wendy Burn. Publicly, our 'Choose Psychiatry' campaign has had a great response with millions enjoying our powerful video



Mental Health Minister Jackie Doyle-Price attends our roundtable 2017

on social media and hundreds signing up for the free student membership for RCPsych. Behind the scenes, we have been working hard, calling for Health Education England (HEE) to publish a workforce plan to develop the mental health workforce and crucially, employ more psychiatrists, nurses, and administrative assistants. To do this, we gathered the views from College members widely and made credible, evidence-based proposals. The last step – and probably the most important one – was to ensure representation on various roundtables and senior-level meetings to make our voice heard.

The plan includes some big improvements we called for:

- Recruiting an additional 570 psychiatrists, plus personal assistants and physician associates, to enable psychiatrists to use their specialist knowledge more effectively

- Delivering a major 'Return to Practice' campaign for psychiatrists and mental health nurses alongside a programme of mental health staff retention
- Ensuring that psychiatry has a significant share of the Medical Training Initiative allocation
- Changing entry requirements so that Psychology 'A' level is considered of equal merit to encourage more people with an interest in mental health to become doctors
- Ensuring that the priority of mental health is reflected in the UK Medical Licensing Assessment to encourage all doctors to develop a good understanding of mental health
- Ensuring that the allocation of the extra 1,500 medical student places goes to universities that put mental health at the heart of their curriculum.

We are determined to deliver these proposals in partnership with others. But the publication of the plan doesn't mean we no longer need to work behind-the-scenes or that we won't shout from the rooftops if we don't see improvements on the ground. As it takes 13 years to train a consultant, it will take time for this plan to be delivered. We will continue to gather evidence and call on the Government to give due attention to all specialties – to support older people, people with intellectual disabilities or with addiction problems – while addressing the menace of inequitable distribution of psychiatrists across the country. Until the emergence of a technology that clones our members to expand the life changing work you deliver for patients on the frontline, we will continue to work behind the scenes keeping the pressure on.

To find out more about the HEE workforce plan and its impact on psychiatrists, please visit the RCPsych website.



Dr Amar Shah, QI lead

A commitment to QI

The College's first QI lead explains why it is key to good clinical practice.

“It's about finding joy in this aspect of our work - trying new things, being creative and innovative and not being afraid to make mistakes.”

For Dr Amar Shah, quality and safety improvement is a passion. The College's first-ever Quality Improvement (QI) lead, Amar has been in post for five months (since June). His credentials for the role are impeccable. As Associate Medical Director (Quality) and a Consultant Forensic Psychiatrist at East London NHS Foundation Trust, he leads one of the largest mental health improvement programmes in the world, with the aim of providing the highest quality mental health and community care in England by 2020. Amar was first attracted to QI during his higher training, when he spent a year on

“We all have the ability to improve our services. Doing that is a great feeling”

the Chief Medical Officer's Clinical Adviser Scheme.

“I was frustrated as a junior doctor that I had no responsibilities other than the patient in front of me – I wanted to influence the broader system and the way a complex organisation functions, working collaboratively to bring about change to ensure patients got the services they

wanted and needed,” he explains. Creating the role of QI lead was a decision taken by the College's QI Committee, which has a remit to develop a strategic plan for QI, working alongside the College Centre for Quality Improvement (CCQI). In July, the committee presented College Council with three choices for QI: to maintain the status quo; to enhance the way it supports the use of QI; or to consider making QI the operating philosophy of the College. There was support for options two and three, and it was agreed that RCPsych Chief Executive Paul Rees should convene a small working group to explore the implications of these options. Regardless of which route is taken forward, Amar is clear that a priority for the Committee is to help members understand what QI actually is, and how it

sits alongside other work which improves quality, such as assurance.

“The College Centre for Quality Improvement does fantastic work on audit programmes and peer to peer accreditation, but this is mainly about assurance, rather than continuous improvement.

“We need to help people to see how QI fits alongside, for example, clinical governance and research, and to reassure them that it's not about replacing these things or a new fad. It's simply an extra tool in the box in helping us to solve complex problems.”

For Amar, QI has three core components: it's a systematic way to tackle complex problems; it's continuous - always evolving and learning; and it's about engaging people at all levels.

“QI is great because it's based on evidence, and it's about testing ideas and scaling up what works. And crucially, it brings teams and systems together around a common, shared purpose.” There are two main challenges people face in introducing QI, says Amar. One is that services are so stretched, that finding time to improve services feels very difficult. “This is an issue for leadership, to help people find the time. If this doesn't happen, then teams are just running on a hamster wheel. Successful organisations need time to reflect.”

The other challenge is that people may want to do it, but that their organisation may not feel ready to support them. “It's difficult to innovate in a highly controlled performance-driven system with no access to learn the skills you need.” However, there is a lot you can do within your own team, he adds. “Most consultants could bring a team together and ask them how they feel about their work, what they really like and what frustrates them about the service. And they could do the same with a small focus group of patients. They could then facilitate a discussion about what the top priority is in terms of problems, and have a go at fixing it. That's all QI is. “We all have the ability to improve our services. Doing that is a great feeling.”

The College is creating a network of QI leads in each Faculty - if you are interested, please contact your Faculty Chair.

Amar would like to hear your QI success stories to help spread best practice. Please email him at amarshah@nhs.net

Violence reduction project – Devon Partnership NHS Trust & South London & Maudsley (SLaM) NHS Foundation Trust

CASE STUDY

The ‘Four Steps to Safety’ project is supported by funding from a Health Foundation Scaling Up grant. The aim of the project is to reduce violence across all 70 inpatient wards by 50% by 31 October 2017. The ‘four steps’ are: proactive care, team work, patient engagement and environment. The project focuses on reliable use of a bundle of evidence-based interventions developed through pilot work at SLaM. These are now being tested and implemented using quality improvement methodology over a full

range of inpatient units. While it is too early to see the full impact of this work across both organisations, within Devon's services, 85% of the inpatient services have demonstrated a reduction in violence; 40% have reduced their use of restraint; and 25% have reduced the use of seclusion. They can also demonstrate that units are better able to manage clinical risk without additional staff, reducing agency costs and improving the patient and family experience.

The Partnership for Patient Protection (P4P2) – Mersey Care NHS Foundation Trust

CASE STUDY

The Partnership for Patient Protection (P4P2), pairs leading edge software (Innovence Pulse) and Design Thinking methodology with the overall aim of identifying and mitigating key clinical risks.

The starting point was the analysis of five years of incident reports, claims, complaints and investigation reports. After feeding these inputs through Innovence Pulse, the Trust received an initial risk identification report which highlighted the foremost clinical risks facing the organisation. From that report, two specific areas were selected for further analysis:

Violence Reduction: Within the Trust's Specialist Learning Disabilities Division, assaults on members of staff was selected as the priority area. The project team sought to reduce levels of assault by 30% over a two-year period. Interventions included restorative practice and strengthening preventative

strategies in Positive Behaviour Support (PBS) plans.

Self-Harm: Self-harm on inpatient wards was selected in Secure and Local Divisions, not only because of the high proportion of self-harm incidents, but also because of an apparent upward trend over the five year period in question. The project team set themselves a stretch target to reduce self-harm incidents across project wards by 20%, again over a two-year period. Interventions included training in personality disorder and self-harm, and embedding psychological approaches. Assaults against members of staff have reduced by some 59% to date, and self-harm incidents are down by 22%, with both projects over-achieving in terms of their planned trajectories.

www.centreforperfectcare.com/our-work/p4p2/



Raising the profile of **mental health** in **Malawi**

The Scotland Malawi Mental Health Education Project (SMMHEP) aims to help develop sustainable mental health services in Malawi

by supporting psychiatric teaching and training for student doctors and other healthcare professionals.

Now, with the charity's support – and for the first time in a generation – Malawi has two new psychiatrists, with a third due to qualify in September.

Dr Olive Liwimbi – the first Malawian woman to become a psychiatrist – and Dr Kazione Kulisewa qualified in July after four years of specialty training. They completed their postgraduate qualification in the Department of Mental Health, College of Medicine in Malawi, in collaboration with the University of Cape Town and Ministry of Health, Government of Malawi. They will soon be joined by Dr Chipiliro Kadzongwe.

The new graduates will bring the total number of full time psychiatrists in the country to just four. That's one psychiatrist for every 4.5 million people in the country, the worst ratio of psychiatric doctors to population in southern Africa, and one of the worst across the continent.

"International epidemiological studies suggest that the rates of mental illness in Malawi are high – at least as high as those in western and other developing countries – but in spite of this mental health services are underdeveloped and receive only a small proportion of the annual health budget," explains Dr Robert Stewart, one of the founders and trustees of SMMHEP.

"Malawi has a population of 17m and when SMMHEP got involved there was one psychiatrist for the whole country. The undergraduate psychiatry teaching was underdeveloped and there was no postgraduate psychiatry training." Since it was set up in 2006, the charity,

The Scotland Malawi Mental Health Education Project (SMMHEP) has helped train two new Malawian psychiatrists – the first in a generation.

"It's very much a shared enterprise. There is a huge amount of expertise and determination there – but a severe lack of resource and opportunity"

which has received over £1m in funding from the Scottish Government, has arranged for over 100 psychiatrists from the UK and Europe to teach medical students in Malawi. It will continue to support the training of four more Malawian psychiatrists. By 2021, the intention is that the total number of full-time psychiatrists will have gone up from one to seven.

However, Robert, a consultant perinatal psychiatrist at NHS Lothian, is clear that there is much more to do.

"The lack of trained mental health staff in Malawi remains a desperate situation and we need to continue to support and enhance what's there and build on progress so far.

"SMMHEP's work is a collaboration with colleagues in Malawi, in particular supporting the excellent work of Dr

Stefan Holzer and colleagues in the Department of Mental Health at the College of Medicine. It's very much a shared enterprise: there is a huge amount of expertise and determination there, but a severe lack of resource and opportunity." In addition to delivering psychiatry teaching to medical students and supporting postgraduate psychiatry trainees doing the Master in Medicine (MMed) course, SMMHEP has assisted in the training of psychiatric nurses and clinical officers based in Zomba Mental Hospital and Queen Elizabeth Central Hospital, Blantyre.

They also fund and help organise an annual Mental Health Conference in Malawi, which is attended by delegates from Malawi, neighbouring countries in sub-Saharan Africa, the UK, Europe and the US; have developed a mental health e-learning package; and completed a project that trained over 500 primary care health workers in mental health.

SMMHEP is currently recruiting for 2017/18 undergraduate teaching in the College of Medicine and Zomba Mental Hospital. If you're a higher trainee or consultant psychiatrist and are interested and available to work for between three and eight weeks in Malawi (or if you are able to support the project with a donation) please contact us at mail@SMMHEP.org.uk

www.smmhep.org.uk



Dr Cosmo Hallström, consultant psychiatrist, spent four weeks in Malawi in July of this year. During his time teaching, he examined Dr Olive Liwimbi and Dr Kazione Kulisewa.

New Malawian psychiatrist

"I'm still settling into my current role as a psychiatrist at Zomba Mental Hospital, but I have lots of plans and hopes for the future.

"As well as providing care to patients at the hospital, I plan to help promote psychiatry as one of the specialties for medical students to consider as a future career. By advocating for training of more psychiatrists and other associated professions, for example psychiatric nurses, psychologists and occupational therapists, we could reduce the unmet need for mental health services, reducing morbidity and improving productivity. And crucially, this would also result in a big improvement in the quality of the service offered."

Dr Olive Liwimbi

"I have been a doctor for ten years and have spent eight of those years in psychiatry, initially as a medical officer in the psychiatric hospital and then subsequently as a registrar. I currently head the department of Psychiatry at Kamuzu Central Hospital in our capital Lilongwe.

"I discovered psychology very late on in my career and it's something I enjoy. Psychiatry provides the opportunity to use both psychological and medical skills, and I find the practice of psychiatry generally more holistic.

"Mental health conditions despite their high disease burden frequently go under the radar in Malawi, overshadowed by the louder, more conspicuous conditions, such as infectious diseases. Hopefully we can increase the level of awareness of these conditions. I would also like to see reform of mental health services in the country, with more of an emphasis on community care and less on institutional care."

Dr Kazione Kulisewa

VOLUNTEER CASE STUDY

"During my teaching, I was presented with the case of a woman suffering from depression. Her husband had died of HIV-related pneumonia, and she was rejected by his family who blamed her for his death. Penniless and destitute, her mood began to deteriorate. She was also HIV positive and felt that she had no hope. She had lost interest in her work, and in life. Her problems were multiple and very real. However, after she was treated by the mental health clinic at Queen Elizabeth Hospital things gradually began to improve. Her mood lifted and she was able to start her business of selling charcoal again. This account was heartrending, but also inspirational. Despite her multiple difficulties, this brave lady fought against her loss and her depression. It made me realise that however bad things are, there is always the possibility of improvement – and it made me respect the resilience of the human spirit, at times of overwhelming adversity."



Dr Jigna Patel

It's good to talk

As it celebrates its fifth anniversary, the founder of Psychiatry Pitstop shares its successes – and plans for the future.



It was while she was working as a staff grade that Dr Jigna Patel was struck by how many students were unsure of how to talk to patients with mental health problems.

"I felt it was a real shame because psychiatry is so interesting, and mental health so important," says the 36-year-old, now a specialist registrar who works with Prof Wendy Bum as her ST6 at Leeds and York Partnership NHS Foundation Trust.

It was hearing Sarah Stringer talk at Congress a few years ago about her 'Extreme Psychiatry' communications course that gave Jigna the idea of setting up her own teaching programme. She contacted Sarah to find out more, and after several brainstorming sessions around her dining room table with co-founders Eleanor Watson and Michael Lacey, Psychiatry Pitstop was born. A free six-week course that runs twice a year at the University of Leeds Medical School and Hull York Medical School (HYMS), Pitstop is aimed at undergraduate student doctors who have completed their psychiatry placement, to improve their skills and confidence in helping patients with mental health needs. Each session is assigned to a specific

topic including self-harm, psychosis, depression and anxiety, cognitive impairment, substance misuse and eating disorders. It begins with a 30-minute teaching and brainstorming section, followed by role-play with simulated

"A lot of students say, 'it's so different, talking about mental health' and I reply, 'is it?' We need to dispel the myth that it's difficult or scary"

patients, played by actors. Students receive written and verbal feedback on their performance from their peers, the facilitators and the actors.

"At this stage of their training, students are beginning to get comfortable talking to someone with chest pain – talking to patients about mental health is really no different. It's about encouraging students not to shy away from mental health and

chipping away at their fears," explains Jigna. "A lot of students say, 'it's so different, talking about mental health' and I reply, 'is it?' You're still taking a history and formulating a plan. We need to dispel the myth that it's difficult or scary."

Having just celebrated its fifth anniversary, over 170 students have attended Pitstop to date. It has won several awards, including a HYMS teaching excellence award, voted for by students, and most recently, a Quality Improvement award at the Health Education England Yorkshire conference. Jigna credits the Pitstop team – who range from FY1s to consultants – with the programme's success.

"The team are excellent. They're constantly coming up with ideas, like expanding our social media presence to help us to interact with the students and get their feedback. "That's why the award voted for by students was especially important to us – it proves our mission is being recognised and appreciated by the people who will one day be leading the way in psychiatry," says Jigna.

Jigna and the Pitstop team aren't resting on their laurels, and are now looking to increase access to and expand their offer. As there are only 18 places per course, Pitstop is always over-subscribed and the course is full within an hour of sign-up opening.

"We currently operate on a first-come, first-served basis, but we're looking to make this a bit more progressive, because we know there are some students who would really benefit from a place," explains Jigna.

The bigger ambition, however, is to expand the Pitstop teaching approach to other universities, and to other groups of doctors. "Over the last few years, we've developed a tried and tested programme that is easy to deliver and provides fantastic results. It's applicable to lots of other groups, such as foundation doctors, doctors for whom English is not their first language, or those who are qualified in other countries where mental health services are not so advanced," says Jigna.

"We would love institutions around the country to consider running the Pitstop programme. We want to open up psychiatry to as many young doctors as we can."

For more information on running Psychiatry Pitstop in your area, please email psychiatrypitstop@gmail.com

www.psychiatrypitstop.wordpress.com



Psychiatry star

Dr Karen Cocksedge explains why switching from astrophysics to psychiatry is one of the best decisions she's ever made.

As a teenager, Karen Cocksedge spent most of her time with her head in a textbook, feeding an obsession with physics, maths and the stars. Twenty years on, the former astrophysicist has retrained as a psychiatrist and is relentlessly people-focused.

"I'll always love science but what motivates me now is people – they bring a whole new dimension to my work," she says. "When I was a nerdy teenager I wouldn't have believed that I would ever say people are more interesting than pure science!" Currently a Specialist Registrar (ST4) in General Adult Psychiatry in the North Penwith Community Mental Health Team in Cornwall, Karen has been a medical doctor since 2011.

Before entering medicine, the 43-year-old completed a degree in Physics at Oxford University and then a PhD in Astrophysics from Jodrell Bank, University of Manchester. She spent the next 10 years doing research on starburst galaxies, publishing over 40 papers and being awarded a Royal Society Research Fellowship. The turning point came in her late 20s, when Karen's then two-year-old daughter was diagnosed with a cancerous brain

tumour, and she took a year off work. "She responded very well, but when I finally went back to work, the galaxies didn't seem so important. I had witnessed five children die of cancer while my daughter was being treated in hospital. It was a wake-up call." Karen's switch to medicine saw her going back to basics, studying GCSE and then

"It was a breakthrough moment – I'd entered medicine as a scientist but found my driver was helping people"

A-level biology, but her love for learning and a tendency to 'work like a Trojan' has seen her excel every step of the way. She was awarded the Alan Johnston Prize Medal for achieving the highest score in medical school exams, and a Foulkes Foundation Fellowship for her medical research. She published five peer-reviewed psychiatry papers while doing core training and was awarded the RCPsych Laughlin Prize for MRCPsych

results, as well as the RCPsych Core Trainee Award 2016.

"I didn't set out to win prizes – I just wanted to pass! In my first year at medical school I was scared I would fail. I had given up a decently-paid job to become a student, so I needed to do well, and that's what drove me."

Karen first had the idea of specialising in psychiatry in her F1 year, when she became frustrated at the lack of time she could spend with patients.

"Everyone in hospital is so rushed, there's no time for people to be people – they're just illnesses. I'd end up getting involved in specific cases, spending time with patients and their families.

The surprise for me was that I enjoyed that more than the scientific aspects of medicine. It was a breakthrough moment – I'd entered medicine as a scientist but found my driver was helping people."

Having realised that psychiatry was the specialty for her, Karen contacted current RCPsych Dean Kate Lovett, a Consultant Psychiatrist in Devon, asking if she could spend a taster week with her.

"I couldn't believe it on my first day when I was given the ward round list, and instead of having 30 patients on it, there were just three. And we had 30-minute consultation times, so we could talk to people properly, not just discuss blood and scan results. I absolutely loved it." Hearing people's stories is a continuing source of inspiration for Karen, and one of her current passions is producing the monthly BBC Radio Cornwall 'Mental Health Phone-In', a project organised jointly between BBC Radio Cornwall and the Cornwall Partnership NHS Foundation Trust.

In addition to helping individuals, the show also helps raise the profile of mental health. To better understand its impact, Karen designed a questionnaire which was distributed via local pharmacies, and hopes to publish a paper to encourage others to undertake similar projects. "Raising awareness of mental health in communities is hugely important, and the phone-in is one of the most inspirational things I've ever done," she says.

"In fact, I can say without a doubt that entering the field of psychiatry is the best decision I have ever made. If you're interested in people and you want to make a difference, I can't think of a better career."

www.cornwallft.nhs.uk/wellbeing/your-health/radio-cornwall-mental-health-phone/

A whole system approach

A combination of collaboration and innovation has seen Northern Ireland buck the national recruitment trend.



Dr Damien Hughes

Increasing recruitment to psychiatry continues to be a priority for the profession, but for Northern Ireland several years of concerted effort are now paying dividends.

An impressive 33 per cent of FY2s do a psychiatry placement, well above the UK average. And in the last three years, Northern Ireland has had between 90-100 per cent recruitment rates at core and higher training levels, compared to a UK rate of between 60-70 per cent. "We have had very few vacancies in recent times," says Dr Damien Hughes, Head of School in the Northern Ireland Deanery and a full-time Consultant Psychiatrist in intellectual disability at Belfast Health & Social Care Trust. "Over the last few years we've built up a 'movement' around recruitment, driven by the current and past RCPsych in Northern Ireland Chairs and Heads of Schools. Our success is very much the result of a joint effort between the Deanery, the College, Queen's University and the five local Health and Social Care Trusts." Collaboration has been the key both to de-stigmatising the profession and showcasing it in a positive light, but the task has been made easier because of Northern Ireland's geographical location, Damien admits. "We're fortunate in that we are able to

capitalise on the fact that we have just one medical school, one deanery and one College division. We are all very committed to increasing recruitment and can work closely together in undergraduate and postgraduate training to achieve this."

Their recruitment drive focuses on three elements: giving students and foundation doctors the opportunity to learn about psychiatry by experiencing it for themselves; utilising the enthusiasm and commitment of trainees to promote it; and embedding psychiatry training into the teaching programmes of other specialties. "The Division's Public Education Committee does outreach work to schools, speaking to sixth formers, so we start raising the profile of psychiatry at that key stage," explains Damien. "Also, in the past few years there has been a drive to educate medical students on resilience, and a lot of the time it's our trainees that are providing this. "Things like that bear fruit. It's showing through doing, and raising awareness of the specialism in a very practical way. I think it also makes a big difference in terms of de-stigmatising psychiatry, when people can see it in action."

Northern Ireland trainees and the PTC play a very active role in recruitment, regularly organising conferences and functions and attending careers fairs to promote the profession, including the

Deanery's first summer school, which took place at Queen's University Belfast in June. The event was aimed at all medical students, but particularly fourth and fifth years, and the invite was extended to foundation doctors too.

"We set the direction but trainees definitely play a large part in driving it," says Damien. "They are excellent ambassadors for the specialty, and their enthusiasm is contagious."

Academic psychiatrists and medical educators in Queen's have worked hard to embed psychiatry in the undergraduate curriculum. There is a six-week programme for fourth years, and special study modules are made available to students in their second and third years. Building psychiatry into the core of medical training has helped to change attitudes – and minds – about the specialty, says Damien.

"We do a lot of joint teaching at Queen's, joining up with colleagues in other specialties at undergrad and foundation level," he says. "For example, in general practice we teach psychiatry relating to primary care, and in surgery we teach about capacity for consent. It helps to convince students that psychiatry isn't a standalone specialism that is detached from other areas of medicine.

"Making changes was a struggle to start with, but it's the whole system innovating and working together that has really made the difference."

When Patient Representative Veryan Richards approached the RCPsych in Wales

with the idea of articulating the operating values of the College in one place, she set into motion a project which has resulted in the production of a key College publication.

With RCPsych in Wales Chair Professor Keith Lloyd, she has co-authored a new College report and framework "Core Values for Psychiatrists."

Published in September this year, the report includes a Core Values Framework comprising of eight values: communication, dignity, empathy, fairness, honesty, humility, respect and trust. These are developed into themes and principals which cover all ages – from the early developmental stages through to end-of-life care.

"For the first time, the report and framework articulate and bring into one place the values operating in psychiatry today," says Veryan.

"We hope the Framework will have a positive impact on the curriculum, training, clinical practice and evaluation – and ultimately, patient health recovery outcomes."

A Patient Representative on several College committees, including the Patients and Carers Committee and the RCPsych in Wales Executive Committee, Veryan is now focusing on the implementation of the report and framework.

"The implementation phase will be key. This College report complements and sits alongside the Code of Ethics and Good Psychiatric Practice. It should enable more effective, values-based decision-making in mental healthcare."

An added advantage of the report and framework is that it is an example of what 'genuine' co-production and collaboration can deliver, she adds.

"The production of the report and framework was in many ways an example of the core values in action, particularly around respect and communication."

A member of the RCPsych in Wales Language Working Group, which was set up to draft guidelines for the respectful use of language and terminology, Veryan is passionate about ensuring the language used in psychiatric practice is suitable in tone and has parity with that used in physical healthcare.



The value of collaboration

The College's new Core Values Framework is an excellent example of co-production between patients and clinicians in action.

"Language is the key tool in the discourse between the doctor and patient, and its capacity to have a positive or a negative effect should not be underestimated."

"The Framework will have a positive impact on the curriculum, training, clinical practice and evaluation – and ultimately, patient health recovery outcomes"

The quality of conversation can bring about respect, dignity, empathy and trust, establishing an effective, collaborative relationship between patient and psychiatrist," she says.

"It would enhance the quality of care if we were to commit to shaping and influencing

a culture and standard of communication which diminishes stigma and promotes language which is accurate, respectful and empowering."

Veryan is also exploring ways to improve mental healthcare and to promote models of best practice as part of the joint RCGP/RCPsych Primary Care Mental Health Expert Group; she has helped establish a similar group in Wales.

This group recently surveyed GPs in Wales, finding that 80 per cent of respondents had not had recent mental health training, and that 76 per cent would like to have more. They are now looking at how to address this, mapping psychiatrists in geographical areas with a view to offering seminar training for local GPs.

"One solution could be something as simple as using existing resources and expertise for mutual benefit," says Veryan. "Working together can make a noticeable difference at the coalface for colleagues as well as for patients."

www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr204.aspx



Modelling disorders in a dish

Dr Mandy Johnstone explains why working with 'miniaturised brain' technology is not science fiction, but science fact.

In the past, the inaccessibility of the human brain has made understanding the cellular mechanisms underlying neuropsychiatric disorders difficult.

That situation is changing, says Dr Mandy Johnstone, a Wellcome Trust Postdoctoral Clinical Fellow and Honorary Consultant Psychiatrist in the University of Edinburgh's Division of Psychiatry. Originally a biochemist who took a PhD in developmental neurobiology before switching to medicine, Mandy has just completed a four-year research project using cerebral organoid ('miniaturised brain') technology to better understand what goes wrong with fundamental neurodevelopmental processes when we develop neuropsychiatric disorders such as schizophrenia, so that more effective therapies can be developed. "The biggest factor in developing schizophrenia is having a family history, which tells us the disorder is strongly genetic," says Mandy. "Extensive work has been done to sequence the genomes of people with schizophrenia, and over 120 genes have been identified. "We followed this up by looking at

"Cerebral organoid technology gives psychiatrists working at the frontline the reassurance that future treatments for patients will be better than they are now"

populations who we know have a strong family history of schizophrenia, using cerebral organoids grown from the cells of these people to model the disorders and see how the brain cells behave." Copy number variations (CNVs) of the genome are where short sections of DNA are repeated, inverted or deleted. Mandy and her team investigated their contribution to developing schizophrenia, and found that the schizophrenia-associated CNVs fundamentally affect how the brain develops.

"If we make a miniaturised brain from the stem cells of a patient with schizophrenia we can see that the cortex doesn't develop properly – it's much thinner than it should be," Mandy explains. "This has implications for treatment of the condition in the future, for example screening to identify people with the mutation, personalised medicine and perhaps one day using gene-therapies."

The team has also identified a pathway affected by the mutation. "There is the possibility of using drugs to rescue – or at least partially rescue – that pathway," she adds.

The technologies Mandy uses have only been discovered over the past five years. Cerebral organoid technology works by reprogramming skin cells – known as fibroblasts – to become pluripotent stem cells ('master' cells that can produce any cell), which can then be converted into neural progenitors and brain cells – that is, neurons and other neural cell-types.

"We give cells chemicals to drive them towards developing as brains, to create primitive brain structures. These cells signal to one another to develop regions of the human brain, including the cortex, hippocampus and cerebellum," she explains. "We can use these cells to get a better understanding of how the patient's brain developed as a foetus, and to work out the genetic causes and impact of environmental factors."

Many neurodevelopmental disorders occur within the first trimester, so Mandy grows organoids for up to four months in her lab, roughly equivalent to a nine-week foetal brain and spanning just 3-4 mm across. While a number of researchers are using organoid technology – including to discover how the Zika virus causes microcephaly – Mandy's research is unique as up until now, psychiatrists have not ventured into the area of stem cell biology. For her, doing so makes total sense. "I don't see any distinction between being a neuroscientist and a psychiatrist. For me, it's a no-brainer, if you excuse the pun!

"Cerebral organoid technology gives psychiatrists working at the frontline the reassurance that future treatments for patients will be better than they are now. We are realising that we deal with biological conditions and that we have the potential to develop very effective therapies to treat them. We need to get to grips with that. There are huge opportunities to address biological issues and bring them into a clinical context."



Islamophobia, stigma and Muslim mental health

Dr Ahmed Hankir, Core Trainee in Psychiatry, Leeds and York Partnership NHS Foundation Trust.



I left my family in Lebanon when I was 17. Despite graduating top of my school, my qualification was not recognised in the UK. Since I was independent, I had to find work fast. The only job I could secure was as a janitor, cleaning floors. I worked 60 hours a week on minimum wage to survive. These were trying times; however, as a practicing Muslim my faith was a protective factor that enabled me to develop mental health resilience. The following year I enrolled into a sixth form college and continued to work full-time to sustain myself. I was fully aware that those who are from lower socioeconomic backgrounds are underrepresented in medical school, but I was determined to achieve my goal. I overcame the many obstacles that came my way, received straight A grades and entered Manchester Medical School. In 2006, whilst I was a medical student, war broke out in Lebanon. Tens of thousands of people were killed overnight and I feared that my family were among the dead. This led to me developing an episode of psychological

distress. I endured extreme hardship during this period and was rendered impoverished and homeless. News soon spread that I had developed a mental health problem, and I was ostracized and socially excluded. In hindsight, debilitating though my symptoms were, the stigma attached to my mental illness was far worse than the condition itself. Through the power of prayer, exercise and support from my psychiatrist and the Imam from my local mosque, I gradually recovered and qualified from medical school. My first-hand experience of psychological distress taught me lessons that I could never learn in university. I became energised to strive for excellence and in 2013 I was fortunate enough to receive the Royal College of Psychiatrists Foundation Doctor of the Year Award. I subsequently developed the Wounded Healer programme, which has been described as 'an innovative method of teaching that blends the performing arts with psychiatry'. The main aims of the Wounded Healer are to challenge the stigma associated with mental health and to encourage care seeking

through the power of storytelling. I have been fortunate enough to deliver the Wounded Healer to over 50,000 people in 12 countries in five continents so far. Since the horrific terrorist attack in the Manchester Arena, there has been a 500% increase in anti-Muslim hate crime. Recent research has revealed an association between Islamophobia and psychological distress. Recognising this, I developed an anti-Islamophobia presentation incorporating elements from my Wounded Healer programme. I delivered this presentation as a Keynote Address in an international conference in Orlando following the heinous terrorist attack in June 2016 perpetrated against the LGBT community and the heightened levels of Islamophobia that subsequently ensued. My talk received a standing ovation from Trump and non-Trump supporters alike. My take home message was simple: We must stand together in solidarity and challenge and condemn all those who incite hatred and seek to divide us.



Getting back to our roots

Bristol based Psychiatrist Dr Alan Kellas has been exploring whether nature can play a part in mental health care.

Most of us recognise the benefits of nature: walking a dog, gardening, or just taking a lunchbreak stroll in the local park can all be restorative. But one psychiatrist, Dr Alan Kellas, thinks nature is a core resource for the treatment and prevention of mental health conditions.

This is hardly surprising as he is the College's green spaces representative and sits on the sustainability committee. Alan has been a community learning disability psychiatrist for 20 years, but has also worked in general practice, done locums as a community and inpatient adult rehabilitation and as a CAMHS consultant.

"Nature can be part of daily life for all of us and a pleasant view from a mental health clinic window can be important. But it can

"Perhaps most important in clinical practice is listening to our patients and carers 'with nature in mind' and consider taking time out in nature for ourselves"

also be incorporated more explicitly into therapy in a wide range of green care or nature based interventions," he explains. Examples he cites include taking therapy out of a clinic room, walking and talking side-by-side, or practising mindfulness in a quiet place in nature.

Occupational and horticultural therapists lead gardening projects in hospitals or community allotments, or woodlands programmes for people with dementia or profound disabilities. Forest school teaching can help children who struggle in classrooms, for example with autism or ADHD. Caring for animals, as pets, in care farms or city farms, can help a wide range of people with social and relationship difficulties, the lonely or institutionalised. Seaside and water-based projects, wilderness and outward-bound groups may help people at times of life-transition, for example troubled adolescents on the cusp of adulthood.

Alan believes that natural environments change our attention; "Nature engages our peripheral senses, modulating arousal and breathing; so it helps stress management, without words, and when coping with unbearable feelings or traumatic memories." 47 Local Nature Partnerships (LNPs), across the UK, bring together organisations like local Wildlife Trusts, woodland, conservation, water, community farming and growing groups. Alan says they've helped him learn what's on offer and "all of them are keen to build bridges to health and social care teams."

All this is becoming more mainstream. Public health teams, commissioners and planning officers are also increasingly interested in deciphering the links between air quality and access to green spaces, and mental health, especially to mitigate health inequalities. And some GPs are exploring social prescribing, piloting nature based 'green prescription' schemes like the Dose of Nature 12-week groups for people with mild depression and anxiety.

Alan says there have been a few useful evidence reviews, adding that many nature-based programmes are very well evaluated. The theories of Eco-psychology are also extending human and social psychologies as well as evolutionary cultural and philosophical aspects of psychiatry.

He is also aware that getting 'out into nature' isn't easy for everyone: some people hate dirt or feel fearful or culturally alienated in public green spaces.

"Perhaps most important in clinical practice is listening to our patients and carers 'with nature in mind' and consider taking time out in nature for ourselves - for our own sanity and sustainability."

Want to get involved? Visit here: www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx



Photography by Philippa Gedge

With a debut novel that has become a bestseller and seen its author lauded across the globe, it is hard to imagine Dr Joanna Cannon could feel anything other than influential. Yet the Derbyshire-born writer, who penned the 2016 hit novel *The Trouble with Goats and Sheep*, reveals she often wonders if she is making any real difference in the world.

"Working in psychiatry was the only time I felt truly useful and being a doctor is without doubt the most fulfilling thing I have ever done," she says.

Joanna became fascinated with the human mind and knew she wanted to be a psychiatrist from the age of eight when she overheard her father talking to his brother, who was schizophrenic. But like many young people she found she had a more natural bent for creative subjects over science. "I ruled it out; convinced I wasn't smart enough," she says. Instead, Joanna left school at the age of 15 with one O Level and embarked on a series of jobs – from barmaid to kennel maid – trying to satiate her fascination with the workings of the mind by reading medical books and enrolling on a series of different courses.

It was on one such First Responders course that she felt emboldened to take the plunge and applied to college to take A Levels at the age of 35. A degree in medicine from Leicester University followed and she graduated in 2010. But despite her obvious love for the discipline, she has put medicine on hold whilst she devotes her time to writing. She started a blog as a means of making sense of the medical traumas she was

The trouble with recruiting psychiatrists

Author Joanna Cannon advocates changing the image of the profession to attract the right people.

"I think there are far more useful skills than just science and we need to change the image of the profession to attract the right people"

witnessing and this inadvertently led to the publication of her first novel about a group of neighbours living in suburbia in 1976. "Psychiatry is the most rewarding job, helping people at their most vulnerable and I can't imagine why it isn't completely oversubscribed," she says. One reason she thinks may be that there is too much emphasis on scientific qualifications at the expense of all-important listening skills. "Having to have Chemistry A Level is quite

archaic. I think there are far more useful skills than just science and we need to change the image of the profession to attract the right people.

"The field needs people with a breadth of different experiences so they can relate to patients of all backgrounds, ages and ethnicity. To be a great psychiatrist you have to be able to disassemble the narrative of what someone is telling you."

Today, Joanna continues to write (her second book *Three Things About Elsie* is due out in January) and volunteers with the Arts for Health programme in South Staffordshire.

"Novel writing and practising psychiatry share surprisingly similar qualities and I would love to one day return to the wards as a doctor."

Her new book once again draws on the skills she honed as a psychiatrist and explores the themes of identity, memory and ageing. Expect it to be another bestseller!

A fascination with the mind has not only informed Dr Rhys Bevan Jones' career as a psychiatrist, but is the main source of inspiration for his work as a designer and illustrator. Rhys has recently completed his higher training in psychiatry and a PhD research fellowship with the National Institute of Health Research (NIHR) and Health and Care Research Wales (HCRW). He has also had notable success as an illustrator, having exhibited in London and Wales, including the National Eisteddfod and the Association of Illustrators annual exhibitions. In addition, he has received several commissions for publications, mainly books for young people.

"I was attracted to a medical career because I wanted to understand people, and psychiatry seemed a natural fit because of my interest in the mind and the brain. It wasn't until later I realised I could pursue my interest in art as well," he says. "They may seem two distinct things, but I feel there's an overlap between medicine and art in the way people express and perceive things."

While he was still a junior doctor, Rhys completed a part-time portfolio course in graphic design at Central Saint Martins, and during his core psychiatry training he took time out to study illustration and animation at Kingston University, where he graduated with a first-class degree. "Something was burning inside me – I knew I wanted to develop skills in illustration as well as medicine," he explains. "The tutors probably thought it was a bit odd that a medic was coming in to do a degree in illustration, but I managed to merge the two disciplines because in my art I repeatedly returned to medical and psychiatric themes, for example anatomy and the brain."

Now, for the first time, Rhys has managed to combine medicine and illustration in a clinical setting as part of his three-year NIHR/HCRW fellowship at the Division of Psychological Medicine and Clinical Neuroscience, Cardiff University. "The aim of my fellowship was to develop an online package to help young people with, or at risk of, depression. The idea is that it will help young people and their families and carers to learn more about mood and depression, and find out how they can help themselves and where to get help," explains Rhys.

The package comprises a site with several sections and an app, with information on



The **psychi**-artist

Dr Rhys Bevan Jones explains how he is using his illustration skills to help young people and their families understand mood and depression.



illustration by Dr Rhys Bevan Jones

mood and depression. It also includes interactive components, like mood monitoring and goal-setting, and can tailor information to be relevant for the user. Rhys came up with the idea when he was involved in a research project looking at the early prediction of adolescent depression. He realised that the families

"I feel there's an overlap between medicine and art in the way people express and perceive things"

involved wanted something to help them and their children understand depression, and prevent and manage difficulties arising from the condition. Most importantly, they wanted something that would be engaging and relevant for young people.

"At the beginning of the project to develop the package, I ran interviews and focus

groups with young people, as well as families, carers and professionals, who said that they would prefer a visual, rather than text-based, package. As a result, I've used lots of images and animations, including visual metaphors, to try to illustrate different aspects of mood and depression that people can relate to. The feedback so far has been great."

The initial version of the package has been developed with the help of a multimedia company, and Rhys is trying to secure funding to develop this further and run a large-scale trial. He hopes it will eventually be rolled out across the UK in health, education, social and youth services, and charities.

"It's been great using my psychiatry skills alongside my design skills to develop the imagery and animation," he says. "Although neuroimaging and genetics research produce interesting images, we don't have many visual references in psychiatry. The package shows there's scope to be a bit more creative and look subjectively at how people see their own thoughts, mood and mental states."

www.rhysbevanjones.com/

When Dr Josephine Morgan took up the post of Consultant Psychiatrist with Islington's Improving

Access to Psychological Therapies (IAPT) team, she had no experience of working in primary care.

Three years on, she is passionate about making the case for integration in primary mental health care, which she says is key to the future of mental health services.

"Despite what we are told about funding, it seems like nationally the opportunities to refer to secondary mental health services continue to diminish, so GPs and primary care are having to manage more and more.

"Psychiatrists traditionally get involved when the mental health difficulties are severe, and often their experience - and the evidence-base - is lacking for managing the lower severity, but still complex and chronic mental health difficulties. Primary care has been paving the way in dealing with this."

Islington took the unusual step of recruiting a consultant psychiatrist to its IAPT service because the borough sees a high number of patients with complex needs and mental health co-morbidities.

"IAPT services were set up to treat the specific issues of depression and anxiety in a time-limited fashion, but it's not always that easy. Someone's depression may be just one part of the problem, the reasons for it are often complex, and there may be several related issues to deal with," explains Josephine. Being the only psychiatrist in a service with around 50 psychological therapists in two teams based across two sites, seeing around 8,000 patients each year in 35 GP practices, was a daunting task, initially.

"I asked myself 'there's only one of you, so how are you going to make an impact?' I began by trying to figure out my primary relationships – was it seeing patients, providing advice to the therapists, or working with the GPs?" To deal with such large numbers of patients, Josephine knew she would have to work more flexibly. The model she settled on was to work closely with the therapists, carrying out joint consultations and inputting into patients' care in a variety of ways, including discussion, notes review, telephone and email consultations.

"I didn't want to end up creating a parallel



Primary care **paves the way**

Dr Josephine Morgan explains why primary care is key to the future of mental health services.

psychiatric outpatients service within an IAPT service. I wanted to provide advice and support to feed into the therapy they were already having," she says. "Often therapists found it useful for me to get involved at the very beginning of the process, at the deciding eligibility for the service stage."

Doing this, she says, has led to her being able to reduce the amount patients "bounce" around the system, using her knowledge and experience of secondary care mental health services to refer appropriately, and removing barriers to access previously experienced by the team.

"Previously patients could undergo several assessments from different services, with each saying 'not us'. The biggest thing I've been able to do it to reduce the frequency with which this occurs – even if there isn't an appropriate secondary service to refer to, at least we can be upfront with the patient, give some meaningful advice to them and their GP, and perhaps signpost to other resources." After three years in Islington IAPT, Josephine will shortly take on a new role with the borough. Following a successful

pilot, a Practice-Based Mental Health Service (PBMHS) is being rolled out across Islington, with small multi-disciplinary teams going into GP practices, working alongside the GPs and the IAPT service. Josephine is the clinical lead for the service, and over the next six months, will leave IAPT to work full-time in the PBMHS, which will be formed of four "locality" teams, each one having a consultant psychiatrist, psychology, nursing and social work input. While she says this is an important step forward, Josephine envisions that the PBMHS and IAPT will eventually come together and function as one primary care mental health service.

"We need to continue to come together and make the best use of existing resources. When we don't know what each other are doing, so much work gets wasted or is needlessly repeated. "In future, if we have the resources, we could start to expand the treatment offer for mental health difficulties in primary care, but we'll need to see. In the meantime, focusing on good assessment and consultation will allow us to build on what's already been achieved."



Helping patients see their True Colours

Professor John Geddes explains how easy-to-use technology that enables people to monitor their health is making life easier for clinicians and patients – and has the potential to make a big impact on research.

It began as a simple solution to a long-standing problem. The idea came about in 2004 when Professor John Geddes, a clinical academic at the University of Oxford and Oxford Health NHS Foundation Trust, was working with colleagues in a clinic specialising in mood disorders.

“Trying to work out how a patient had been feeling was really difficult. As psychiatrists, we don’t really have anything else to go on except the patient’s self-report, so asking patients to recall how they had been feeling was necessary but could be frustrating for both parties,” says John.

“We used to give patients paper mood diaries to record their moods from week to week, but sometimes these got lost, and having to go through pages and pages of ratings was cumbersome.”

At that time, people were commonly using mobile phones, and John and his colleagues soon realised they could capture data remotely, and in a much more manageable way. They started sending text messages to a trial group of patients, asking them to fill in a short mood questionnaire by texting back their responses in the form of numbers.

“It really took off because it was very

simple for them to do,” says John, Head of Oxford University’s Department of Psychiatry. “The difficult bit was done at our end, where a computer programme captured and made sense of the data.

“We weren’t the first to use technology, but instead of basing our approach on computer software, we focused on how to make it as easy as possible using tech that was widely available and that people were already using.”

And so, the True Colours system was born. The technology – which is platform-independent and can be used across email, web forms, SMS or smartphones – enables people to monitor their health by providing answers to simple questions. It is sensitive enough to help identify even small changes in health and wellbeing for a wide range of different long-term conditions.

Originally developed for bipolar disorder, it is now being piloted for other mental health conditions such as anxiety and psychosis, and is being used in the management of a wide range of health conditions, including neurological, gastrointestinal and musculoskeletal disorders.

“From a clinical point of view the effect of the system has been dramatic. It

gives a longitudinal picture and we feel much better informed about how well our patients are and about estimating the effects of changes in treatments.

The great thing is that patients can use it anywhere in the world, so can still input data when on holiday or while travelling.” Twelve years on, what started out as a clinical tool is now an impressive piece of IT infrastructure that deals with millions of data points from thousands of patients. It not only has the potential to transform clinical practice, but is also proving to be a powerful component of clinical trials.

Several research studies have used the system, including the MRC/NIHR-funded CEQUEL trial of Lamotrigine, and the intensive OXLITH trial, which looks at the short-term effects of lithium. “Finding out more about the short-term biological effects of lithium might provide insight into how it works, which in turn will help us develop new drugs and therapies,” says John. “I think True Colours really comes into its own as a component of modern, patient-focused science.”

True Colours is constantly evolving, and the team are now looking at linking data streams from wearable devices, such as fitness monitors, into patients’ True Colour accounts, expanding the system from purely self-reporting to seamlessly incorporating measures such as blood pressure, heart rate and sleep which are related to mood.

The use of technology in healthcare is very much moving with the tide, he says. “People are already using these devices, capturing huge amounts of data all the time. Increasingly the population is aware of the value of doing this for their own health, so culturally it feels normal, not as an intrusive or additional burdensome thing for them to do.

“Patients are partners – that’s what makes True Colours work. We often need to help them understand the power of the data we collect, but when they do, they appreciate how much control it gives them over their disorder. We tell people with bipolar disorder that by looking after themselves – for example, sleeping and eating well, and avoiding alcohol – they will feel better, but now they can see for themselves the difference it makes. That’s really powerful.”

www.innovation.ox.ac.uk/licence-details/truocolours/

www.truecolours.nhs.uk

www.bipolaruk.org/blog/taking-part-in-true-colours-with-the-bdrn