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HELLENIC PSYCHIATRIC ASSOCIATION (UK DIVISION)

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The Hellenic Psychiatric Association (HPA) was founded in 1986 in Athens. HPA's mission is to promote the discipline of Psychiatry in Greece, to

open lines of communication and encourage collaboration not only within psychiatry, but also with other medical, or psychiatry-related specialties. Among HPA's scopes is to promote and enhance excellence in psychiatric clinical practice in Greece, to assist in the prevention of mental illness, to protect the rights of the mentally ill and to promote education and research.

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Please think of the environment before you print this issue.



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CHAIR'S Message



Professor Eleni Palazidou, *Chair, Hellenic Psychiatric Association, UK Division*

Dear all,

Time passes so fast in our daily lives and yet it seems to have stood still on the matters most close to our hearts, with Greece still in the grip of the economic crisis and the reunification of Cyprus remaining a dream after the disappointment of the Krasnaya Gora discussions.

Depressing as this is for us, the rest of the world is not fairing much better! The WHO most recent estimates show an 18% increase between 2005 and 2015 in the number of people living with depression. Globally depressive disorders now rank as the single largest contributor to non-fatal health loss.

In the UK the NHS health services are struggling and mental health is suffering even more from less than adequate resources. Brexit negotiations have started creating a lot of uncertainty amongst the more recently arrived non-British Europeans, including Greek health professionals.

The Hellenic Psychiatric Association (EPSE) had its 25th Congress in the beautiful island of Corfu (Kerkyra). It was a well-attended and successful event, which covered a wide range of themes that catered for experienced doctors as well as trainees and students. Our group (HPA-UK) contributed with a “round table” titled “Brain and Society”, which included talks by Nikandros Bouras on the subject of “Ψυχική Υγεία και Κοινωνία: Διλήμματα και Προοπτικές», Stella Spyridi on “Υπηρεσίες πρώιμης παρέμβασης στην ψύχωση στο Ηνωμένο Βασίλειο (Early Intervention services)» and I spoke on «New approaches to the drug treatment of depression”.

In The UK we (HPA-UK) will be holding our usual two meetings – the Asclepian Oration and the autumn meeting 2017. The Asclepian Oration will be on the 20th October rather than our usual early Spring but it is well worth waiting for; I am delighted to announce that our orator this year is Professor Sir Simon Wessely, who until very recently was the President of the Royal College of Psychiatrists. Our second meeting (24th November) titled “Psyche” aims to tackle the subject from different perspectives, including, neurobiological, psychoanalytic, religious, literary and other. We anticipate this meeting to be of great interest and we look forward to everybody getting involved in a lively discussion. Both meetings will be held as usual at the Hellenic Centre and more detailed information will be circulated nearer the time.

I look forward to catching up with everybody in the autumn and in the meantime I hope you are enjoying the rest of the summer wherever you may be, in the UK, Greece, Cyprus or elsewhere.

Let's talk about...

The Right Kind of Attention

By Helena Abram

Introduction (by Professor George Ikkos)

Helena Abram first consulted me in May 2015 in the context of the heart-breaking loss of her “unofficial foster son” Mark. For many years, she had lovingly tried to give this troubled young man the “right kind of attention”. Her previous experience as patient, social worker and counselling trainee had sensitised Helena to this issue. She had also set up the Galatea Trust, the focus of which has been “Therapeutic Environments”.

I was delighted therefore when, in the context of follow-up meetings, she showed me her perceptive and sensitive piece on “The Right Kind of Attention” which is re-printed below. It includes two examples, one from work with children with “Special Needs” in St Petersburg Russia and one from work with a disturbed middle aged woman described in the international best-seller by Mitch Albom “Tuesdays with Morrie” (Little Brown and Co, London, 1998).

The Right Kind of Attention (Helena Abram)

The right kind of attention is integral to the creation of a therapeutic environment.

We live and interact with many environments: physical, social, intellectual, emotional and moral/spiritual.

A therapeutic environment enables people to feel secure, to thrive, and helps fulfil potential. This type of environment is of importance to people who are vulnerable and possibly to people in general. Key features of such environments are: -

- Having time and being there
- Consistency and dependability
- Continuity of contact

These are common to most, if not all, therapeutic environments and can be regarded as a formula that can be used as an analytical tool.

When considering how best to create such environments, I find it useful also to think in terms of the right kind of attention.

The very fact of having to ask the question ‘what kind of attention is needed in this situation?’ makes one focus more sharply on what one is doing.

Of necessity, such an approach requires a degree of knowledge and understanding of the people involved, for if we do not understand, to some extent, what is going on for them, we will not be able to assess what kind of attention would best help them.

However, when thinking in terms of the right kind of attention, the three key

features above may suffice, but on occasion something more is required and this something may be a mix of intuition, creativity and imagination. The needs are specific to each case.

First of all, one needs to decide on one’s aims. The next step, of course, is to decide what needs to be done in order to achieve these aims.

The following examples illustrate each approach.

Example I:

The School Centre of the Hermitage Museum in St, Petersburg, Russia- A therapeutic holding environment for children with special needs.

Project Aim - to enable children to develop a sense of being part of the culture and history of their country.

The School Centre of the Hermitage Museum in St. Petersburg has, over the years, developed a programme for children with special needs, covering a wide range of disabilities.

- Having time and being there
- Consistency and dependability
- Continuity of contact

The presence of these three key features is to be found in this programme.

Throughout the children's period of attendance, they have the same guide, who has time for them and is there for them and thus a warm relationship can develop.

The visits are structured and follow a set pattern. What was learned in the preceding session is reviewed before moving on to the subject of the day.

This systematic presentation builds up a fund of knowledge, which through repetition and discussion can develop a sense of consistency and dependability, with new knowledge being added to that which has already been previously learned and is, therefore, familiar.

Having the same guide also provides the all-vital continuity of contact, as does

visiting and revisiting, over a period of years, the same physical environment – the Museum.

The Hermitage is vast and awesome, but calling the programme 'Our Hermitage' lends a human quality to the museum, which, hopefully, enables the children to develop that sense of being part of the culture and history of their country.

Example 2:

From the book 'Tuesdays with Morrie', by Mitch Albom.

In the early fifties, Morrie Schwartz was given a grant to observe mental patients and record their treatments. Morrie saw patients who would scream all day, patients soiling their underwear, patients refusing to eat, having to be held down, medicated, fed intravenously.

One of the patients, a middle-aged woman, came out of her room every day and lay facedown on the tile floor, stayed there for hours, as doctors and nurses stepped around her. Morrie watched in

horror..... Every day, she did the same thing: came out in the morning, lay on the floor, stayed there until the evening, talking to no one, ignored by everyone. It saddened Morrie. He began to sit on the floor with her, even lay down alongside her, trying to draw her out of her misery. Eventually, he got her to sit up and even return to her room. What she mostly wanted, he learned, was the same thing many people want – to notice she was there.

By his actions, by being with her and taking notice of her, Morrie brought some change to her inner world in an imaginative and rather beautiful way.

Discussion (George Ikkos)

Helena highlights that “having time and being there”, “consistency and dependability” and “continuity of contact” are essential. During her conversations with me, it became clear that these played an important role in the care she gave Mark. The example of children in St Petersburg illustrates how this can be achieved with sufficient forethought and care in an institutional setting in an imaginative way.

Helena also observes that to achieve the right kind of attention “of necessity, such an approach requires a degree of knowledge and understanding of the people involved, for if we do not understand, to some extent, what is going on for them, we will not be able to assess what kind of attention would best help them.” Morrie Schwartz’ example illustrates nicely what it may take to achieve this.

“The right kind of attention” is the issue at the heart of clinical care.

Feature Article

Medical Training Initiative (MTI) And International Medical Graduates (IMG) Guidance for Trainees

Dr Hasanen Al-Taiar (Locum Consultant Forensic Psychiatrist)

Dr Rana Moharam (MRCPsych MTI trainee)

The below offers general guidance for trainees who have gained a clinical placement in the UK within the Medical Training Initiative (MTI). It should help trainees whether MTIs or IMGs familiarise themselves with the process of living in the UK and working in the NHS.

Before arriving to the UK:

1- Send an email to HR in your trust enquiring about accommodation, as sometimes there is hospital accommodation that you can rent.

2- You can share a house with someone through websites, details of which can be found on the internet or from a local estate agent. Most of the landlords would prefer if you see the house first but make sure you have a list that interests you so you could start hunting as soon as you get

there. Rent should not be more than a third of your salary. When renting the house, make sure you read the tenancy agreement well as there are things you're not allowed to do in a house e.g. putting nails in the wall. Meanwhile, you could rent a room in a hotel or apartment.

4- Bear in mind that you will be paying council tax on your house every month if you are renting a house. Make sure to go online and check the local borough council for rough guides on the council tax you will be paying. You can also apply for a single person discount if you will be renting a house on your own.

5- Check with the landlord the utility information of the house. You need to know the water, gas and electricity suppliers of the house and how you will be

paying monthly (smart meter, top-up cards or monthly bills). Make sure you know the rules of the area around trash collection as it is usually separated for recycling and collected from a certain area once a week.

6- Keep receipts of everything for your travel including flight tickets, taxi from the airport, hotel for a couple of days and the visa fees you paid. This could be reimbursed by some trusts as re-allocation removal expenses.

When you arrive in the UK (workplace):

1- For doctors of certain nationalities, they will need to report to the police within 7 days of your arrival. Call 101 to inform them that you would like an appointment as you are on a tier 5 visa. Don't forget your passport and evidence of accommodation with you. Make sure that if you change any of your circumstances including accommodation, marital status or phone number to inform the police via calling 101.

- 2- Get a mobile phone or a landline. There are a lot of different network operators. Make sure you choose one that has good coverage in the area of your work. Read the reviews, choose a bundle that suits your needs including phone calls and internet access.
- 3- Collect your biometric residence permit. You will have chosen the place to collect it while applying for your tier 5 visa. You would have also received a letter from your local British embassy stating when it would be ready and the address of your collection place. Do not forget to take this letter and your passport when you are collecting your biometric residence permit.
- 4- Apply for a national insurance number. This is important for your the payment of your salary. Call 03456000643 and you will be asked for your information. A form will

then be sent by post which you have to complete and mail back.

Afterwards, your national insurance number will be sent to you. If it doesn't arrive in time, call 0356415008. Inform your employer of your national insurance number as soon as you get it.

- 5- Register with your local GP. The website www.nhs.uk/Service-Search/GP/LocationSearch/4 will help you locate the GP closest to your accommodation. Go within working hours (usually Mondays to Fridays 8:30-18:00) and take your passport, tenancy agreement for proof of accommodation and biometric residence permit with you. You will usually be asked to complete a form and will be told of a date for your initial health check.
- 6- Open a bank account. You would need a letter from your employer stating your job, length of employment and salary. Choose a

bank that suits your needs and give them a call to book an appointment. Don't forget to take the letter from your employer, tenancy agreement and passport with you. Once you've been with the bank for a couple of months you could then apply for a credit card. Make sure you get the right account as some banks offer special accounts for people with higher pay including doctors.

- 7- You can apply for a provisional driving license. Driving is an essential part of being a doctor in the UK and you will only be allowed to drive on an international license for a year. <https://www.gov.uk/browse/driving/driving-licences> has the information needed to apply for a provisional license and the tests required to get a full UK driving license.
- 8- Search for options of buying a car. Some trusts offer lease cars that you can pay a monthly amount for. It would be useful to ask in advance as it takes time to process. You could

otherwise rent or buy a private car. If you don't live in London but will be driving to London, make sure you register to pay for the London congestion charges in advance otherwise you could be fined.

The job:

Register with the RCPsych and sign up for a training portfolio. Familiarise yourself with the core training curriculum for the speciality you are working in. Attend the RCPsych and GMC MTI inductions.

1- As a CT (core trainee) doctor, you will be required to cover normal working hours and out of hour duties (OoH) that are distributed amongst CT doctors. Ideally, you should be shadowing other core trainees (and may be senior trainees) during their OoH duties before you actually undertake these duties.

2- During normal working hours you will be expected to manage basic physical health conditions, know when to refer to

the general hospital, take blood samples for inpatients and manage basic psychiatric conditions. This would be done under supervision of a consultant. Do not be afraid to ask for help. It is better to be safe than sorry.

3- Out of hour duties include assessment of patients in the Accident and Emergency department, admitting patients into inpatient wards, psychiatric emergencies, medical consultations and referral when needed. **You should always contact a senior colleague (Specialty Trainee ST4-6 or a consultant) on call for support.**

4- Clinical documentation is an essential part of working in the NHS and trainees should make clear and good quality notes in patients' records (paper or electronic).

5- Make sure you finish Workplace Based Assessments (WPBAs) with your supervisor as they will give you a reflection of how you are progressing. Copies of the WPBAs will be on your portfolio that you

will get access to from the Royal College of Psychiatrists.

6- HR will notify you of a list of mandatory trainings that you have to complete. Some of this will be face to face and you will need to book it while others can be completed online. Make sure you finish it within the deadlines.

7- During your local induction it is important to ask about the paperwork required to document patient care and treatment plans; this could be slightly different from one trust to another. Familiarize yourself with the layout, how to fill it out appropriately and deadlines for each form e.g. discharge summaries have to be completed within 24 hours of discharge.

8- Check your payslip for tax (PAYE) to ensure you are paying the right amount. The first 11,000 GBP of your salary per year are tax-free. From £11,001 to £43,000 your tax would be at a basic rate (20%). From £43,001 to £150,000 your tax would be at a higher rate (40%). Over £150,000 your tax would be at an even

higher rate (45%). If you think you are overpaying, complete a self-assessment form online at <https://www.gov.uk/check-income-tax-current-year> or call the HMRC on 03002003300. Some of the things you pay for can be deducted from your tax. This includes the Royal College fees, GMC fees and anything else that is required for your job and your trust hasn't reimbursed. This can also be done via the website or phone number above.

9- If you have opted out from the pension scheme, it will be deducted from your pay each month. If you do not want to be in the pension scheme, ask HR for the form you need to opt out.

10- You can make the best use of your time e.g. start studying for the relevant Royal College exams and augment your portfolio with teaching and leadership experience as may be appropriate. You could be provided with study leave if you decide to take any courses or attend conferences.

11- Apply for medical indemnity cover. If You could become the subject of a complaint and may need legal representation. It is very important to have a defence union (examples below) so you can seek advice from and turn to in these situations. The Medical Protection Society (MPS) or medical defence Union (MDU) are the main defence unions used by doctors. When filling out the forms, make sure you write that you are in a training scheme as the fees would differ.

Defence Unions:

<http://www.mddus.com/>

<https://www.themdu.com/>

<https://www.mdsuk.org/>

<http://ddpu.co.uk/>

<https://www.medicalprotection.org/uk/home>

12- British Medical Association (BMA)

Useful websites:

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/>

General Medical Council:

<http://www.gmc-uk.org/index.asp>

The above article, published with the authors' permission, is not aimed at European doctors but it offers very useful advise and practical guidance, which we hope will be of help to newly arrived to the UK Greek doctors.

Book Review

Reflections on the challenges of psychiatry in the UK and beyond

By Professor Nick Bouras

Pavilion

Review by Professor Angela Hassiotis

Professor Nick Bouras holds an important place in the development of the Psychiatry of Intellectual Disability (ID) in the UK and internationally and has trained and supported a whole generation of professionals who trained in the field and carried out research which dominated the clinical and academic scene in ID for many years.

I first met Professor Watson, a central figure in the academic Psychiatry in the UK and in the book, as a final year medical student on elective and subsequently met professor Bouras when I arrived in London in 1988, and competed for a post at the psychiatric rotation run by Guy's and St

Thomas's. The post gave me the impetus to remain in the UK and continue training in Psychiatry although, I transferred to a North London rotation in 1989.

Professor Bouras has played a significant role in health services research and the services he and his colleagues had developed in South London had been the envy of many of us who were struggling to match his achievements and breadth and reach of experience and expertise.

His department at Guy's was the first port of call of many international researchers and clinicians and it was with great interest that I followed the description of his involvement in many of the new and

exciting developments in the field of ID over many years. Professor Bouras has given an unflinching and extensive-but very readable- account of a long career and the trials and tribulations that have beset psychiatry in achieving parity of esteem. The story relating specifically to ID services, is one that I have also had experience of since entering the specialism as Senior Registrar in 1994, but it has filled in many gaps since he was already a clinical academic with significant experience based at one of the best centres internationally. The description of the birth of various organisations pivotal in spreading knowledge, awareness and collaboration where ID is concerned brought together many different strands in a coherent narrative arc.

The account of his own battles with commissioners, managers and fellow professionals with often different views, conveys to the reader the sense of how it must have been on the ground including both triumphs but also frustration and at times failure to achieve an aim. The constant changing in policies where ID is concerned including the terminology, the

short sightedness of policy directives and short-termism of goals is disheartening and would have overwhelmed a lesser man.

Professor Bouras has a lot to be proud of; he maintained one of the most active departments in ID in the world, he sustained long partnerships with junior and senior colleagues, he consulted and advised extensively and produced several important papers which continue to be cited. His current position in promoting education, training and evidence based practice through Maudsley International and the Daedalus Trust has allowed him to continue his interests in those areas with success post retirement.

I am pleased that professor Bouras has decided to publish his memoir which is a living history of the developments in ID within the context of wider developments in Psychiatry including the closure of institutions and enhancement of community care. It shows that clear vision, dedication and resilience are important attributes and help ward against disappointments and the daily grind of a professional life.

Professor Bouras has an extraordinary work ethic and is a prolific writer. I have enjoyed reading it and I recommend it as an important historical record of the last 30 years of changes in psychiatry viewed

from the vantage point of one of the prime contributing organisations and its players.

Selected Future EVENTS

- Asclepian Oration with Prof Sir Simon Wessely, President of the Royal College of Psychiatrists organised by the HPA-UK
The Hellenic Centre, 20th October 2017
- A multiprofessional seminar on the subject of "Psyche" organised by the HPA-UK
The Hellenic Centre
- 5ο Πανελλήνιο Διεπιστημονικό συνέδριο "Τεχνολογία & Τηλεματικές Εφαρμογές στην Ιατρική "Νευροψυχιατρική&Τεχνολογία"
Portaria Hotel, Πορταρία Πηλίου, 17-19 Νοεμβρίου 2017

Notice:

We urgently need a volunteer to replace or assist our current editor who is on maternity leave. The work offers valuable experience and is a good preparation for those with ambitions to become editors of medical journals in the future and would look good on a trainee doctor's curriculum vitae.

Anybody interested please email: eleni.palazidou@doctors.org.uk