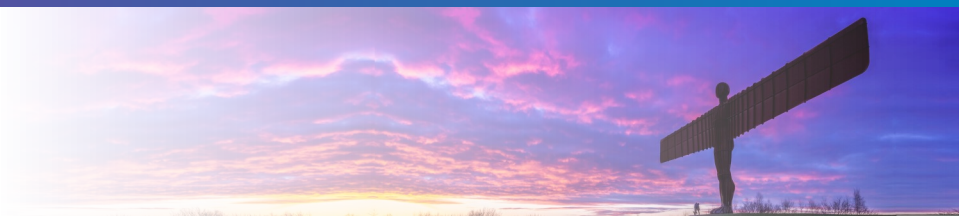
Spring Edition, 2022 | Issue 1

Psychiatry

The Northern & Yorkshire Division eNewsletter



Editorial

In this issue:

The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists.

Dear Members of the Northern & Yorkshire Division,

We were fortunate to receive a wealth of interesting articles and submissions again on this occasion, covering a broad range of topics. It has been a pleasure to hear from colleagues across the Division and to learn of the various projects and activities that are being developed in pursuit of high-quality patient care and clinician wellbeing.

We have two articles about some of the good work being done in relation to COVID-induced remote consultations, viewed through slightly different lenses, from the NHS Foundation Trusts at Tees, Esk and Wear Valleys and Bradford District Care.

Sheffield Health and Social Care NHS FT has provided us with an interesting look at ADHD prescribing patterns and patient characteristics at their Adult Autism and Neurodevelopmental Service.

There is an excellent piece about the real-life benefits of mentoring relationships, coming to us from trainees in Yorkshire.

I would encourage anyone who is thinking about engaging in this very tailored type of holistic support, at any stage of your career, to read it.

Trainees from Cumbria, Northumberland, Tyne and Wear NHS FT have written about their efforts to tackle the thorny but pervasive issue of discrimination, harassment, and bullying in the workplace.

Finally, we have a fascinating psychiatry-themed book review, with details of how to get involved in developing an online treasure trove of similar work. I enjoyed reading it and I have no doubt you will too. As ever, we remain eager to receive further articles and news from across the Division for inclusion in our next

Dr Sharon Holland, Newsletter Editor, Northern & Yorkshire Division

Upcoming Events and opportunities

Well Conference

One Day Event: 29 April 2022 8:45am – 4pm
Location: Principal York, Station Road, York, England

The North West and Northern & Yorkshire's fourth annual Well Conference, which will take place in person at the wonderful Principal Hotel in York.

The aim of the joint Division initiative is to support our members throughout the entirety of their careers by 'Starting Well' 'Living Well' and 'Staying Well' so the conference will include lectures and workshops aiming to help support your wellbeing.

Some of the topics covered will include:

- How to survive as a Consultant in the NHS today
- Building resilience and how to stay well at work
- Private Practice
- Medical Education
- Mindset Workshop

Follow this link for more information about the event including prices: https://bit.ly/3JEsiKV

Mindmasters quiz:

RCPsych Dean, Prof Subodh Dave is launching the first ever College wide quiz – Mindmasters, at this year's International Congress.

They are keen to involve all the College Special Interest Groups, Divisions, Faculties and Champion Groups in the development of the quiz questions, and I am hoping that we as a Division would be happy to submit some questions which will be used in the Mindmasters heats and finals.

The question panel are looking for a range of questions based on numerous topics, from general

The deadline for submission of questions is **28 April 2022** and these can be returned to Dr Shahid Latif shahid.latif@nhft.nhs.uk or to Emma Allen at quiz@rcpsych.ac.uk

Discrimination, Harassment and Bullying: Developing a training session for trainees -

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Lachlan Fotheringham, Senior Teaching Fellow
Okaimame Oyakhirome, CT3

Filming Day

I found my way to the Sim-lab at South Tyneside District Hospital for 9am, where preparations for filming were well underway. I had been invited as a CNTW observer. The actors were rehearsing their lines, practising their portrayal of a misogynistic consultant and a harassed trainee. Before long, the simulated ward environment had been transformed into a film studio, ready to capture the action. It was difficult to escape the discomfort portrayed as some of the scenes played out, but I was certainly reassured that there would be plenty of material to talk about during the planned debriefing sessions.

Development of a simulation training session

The films will form a part of an interactive, simulation-based training package on Discrimination, Harassment and Bullying. This will draw on relevant legislation and policy with discussions on bystander intervention, and a debriefing session to learn from the scenarios. The first rollout of this training will be targeted at psychiatry trainees, aiming to improve awareness about what is inappropriate, recognising and interpreting inappropriate situations as a problem, and empowering trainees to deal with these situations, including equipping them with the necessary skills to act. There will also be guidance given to trainees on the support available to them should they find themselves in these situations and how to go about accessing this support. It is hoped that watching these real life scenarios played out by skilled actors will start an open and honest conversation about the very real problem of discrimination, harassment and bullying in the workplace. We also hope to foster a sense of togetherness in the recognition of this shared problem, which we can all work together to improve.

Beginnings of the project

The scenarios being acted and filmed drew on experiences reported in a pilot survey organised by Trainees Leading Improvement and Change (TLIC). .

TLIC is a group run by psychiatry trainees for psychiatry trainees to discuss ideas that could lead to positive change in the trainee experience within CNTW. Our meetings typically start with a sharing space to informally air grievances in a supportive environment. On one occasion, an experience of harassment was shared, which led to reports of a number of other similar experiences, and a realisation that nearly all trainees present had experienced something during their time in Psychiatry that amounted to discrimination, harassment or abuse. We shared an unawareness as to how best to respond however, particularly when the perpetrator is mentally unwell and under our care.

Survey methods

Our survey aimed to capture the extent of this problem, to characterise the types of experiences that were most common, to gain an understanding of how these were responded to by supervisors, and to correlate this with selected protected characteristics. We surveyed 35 trainees and specialty doctors working at junior doctor level in CNTW between 25/08/2020 and 04/09/2020, invited to participate via email. Our survey questions were prepared by a TLIC working group, on the basis of a literature review and our own experiences, using fixed and free text response options (further details available on request).

Survey results

When examples of discrimination, abuse and harassment (DAH) were given, 89% of respondents had experienced at least one of these from patients and 60% from other colleagues.

While there were no statistically significant associations with protected characteristics in the reports of DAH from patients, gender and location of primary medical qualification were significantly associated with the number of categories of DAH reported from staff, controlling for physical disability, ethnicity and sexual orientation. In terms of satisfaction with the response from supervisors, females and international graduates were significantly more likely to feel that colleagues tried to minimise the problem.

Free text responses brought up themes of racism; often quite overt from patients, but more covert from staff. Sexualised behaviour tended to be downplayed by colleagues and could be minimised by supervisors. Further themes included females being questioned more in their decisions, negative comments about those identifying as LGBTQ, violent or threatening behaviour from patients, and the extent to which racial or sexualised comments should be expected and tolerated in the context of mental illness. Trainees reported uncertainty about what to do about this.

What next?

We hope that this simulation will help to address some of the issues raised, and at least help trainees know how to respond access further support. We have liaised with senior colleagues involved in faculty development to help supervisors to provide this support more effectively. An ongoing evaluation of our training package is planned, and a repeat of our survey. We do not propose to demonstrate or measure change, but rather seek to keep the issue in focus, and to track any evolutions in the trainee experience.

A New Mentoring Programme for Higher Trainees in the North, West & East Yorkshire Training Scheme: Refections on a "Successful" Relationship

Dr Lauren Unsworth (ST6 General Adult Psychiatry), Dr Gwen Collin (ST4 General Adult Psychiatry), Dr Christiana Elisha-Aboh (ST6 Dual Old Age & General Adult Psychiatry), Dr Sara Davies (Consultant Psychiatrist and General Adult Training Programme Director).

Overview of the Programme – Dr Lauren Unsworth

A new mentoring programme has been introduced for higher trainees in the North, West and East Yorkshire Higher Training Scheme and has proved a valuable addition to the support available for trainees. Mentoring plays an important role in supporting doctors and helping them to develop; there is also evidence that mentoring for junior doctors improves training outcomes. The Royal College of Psychiatrists encourages mentoring at all stages of a psychiatrist's career, particularly at times of transition to new roles.

The initiative was proposed and set up by Dr Sara Davies, in collaboration with a higher trainee taking the role of coordination and development. Established higher trainees (ST5+) were asked to volunteer to mentor new trainees to the scheme. It was hoped they could provide a less formal source of support and guidance to their peers.

In February 2020, a pilot took place with one higher trainee who was new to the scheme being mentored by a current higher trainee. Following positive feedback, and with further interest from other trainees, the mentoring programme was introduced across the whole scheme. Current higher trainees were asked to volunteer as mentors and were matched with new ST4 mentees based on their experiences and interests. Uptake of mentoring has been high. In August 2020, eight trainees were matched with mentors. In February 2021, a further four new trainees began being mentored and in August 2021, eight trainees were matched with mentors.

The programme has also been extended to offer mentoring to trainees returning from a period of extended leave, for example, parental leave. Feedback about the mentoring programme has been overwhelmingly positive, with both mentors and mentees feeling that they have benefited. It has continued as a trainee-led project, with plans to develop it further according to trainees' needs.

The Mentor – Dr Christiana Elisha-Aboh

When I consider my most rewarding experiences in Medicine, I would be remiss not to mention the opportunity to mentor and be mentored. It has birthed some of the most important connections and relationships. Having benefited from being mentored myself, I considered it only fair to give back and opted to join the local mentoring scheme.

Each mentoring relationship is unique, providing the opportunity to focus on various themes, depending on the needs of the mentee. The mentoring relationship between Gwen and me worked particularly well as we had similar values, common experiences and a mutual trust that made for honest but constructive discussions. . It is often helpful when mentees can pick their mentors or are carefully matched as this fosters a naturally synergistic relationship that sets both parties up for smooth sailing. Gwen was encouraged to use the space in ways she felt were most beneficial, while I added in other bits. Like Steven Spielberg said, "The delicate balance of mentoring someone is not creating them in your own image but giving them the opportunity to create themselves".

I realised that while I sometimes needed to share my experiences and make suggestions, the bulk of my work was to empower and enable her to navigate seemingly complex situations by drawing from what laid within her and pointing out pitfalls I succumbed to. My success at mentoring stemmed from being mentored and nurtured through seemingly frightening periods in my life. The quality of guidance I received was pivotal to steering my course. During my training, I have benefited from the skills of mentors who identified potential even in my raw state and pointed me in the right direction. One of my earliest recollections of mentorship was at the crossroads of choosing a medical specialty. This daunting experience was made easier by the wisdom and calmness my mentor exuded. They projected a sense of confidence and reassurance that things would be fine and, almost seven years on, I could not be more grateful I met them.

The Mentee – Dr Gwen Collin

I heard about the peer mentoring programme for new higher trainees a few months before starting as a ST4. Despite having worked in the region for some time, I was keen to sign up for any help and guidance on offer at this time of transition. In addition to the usual challenges of being a new registrar, we were mid-pandemic and I was pregnant, meaning that a few months after starting I would be going on maternity leave. I therefore wanted to adapt to the change in role as swiftly as possible and make the most of any opportunities before my planned leave. In usual circumstances I would have found it helpful to get informal advice and support from peers, but the shielding guidelines at the time meant I did not have any face-to-face contact with other trainees. I had never had formal mentoring before, although I have been fortunate in being nurtured and guided previously by several inspiring senior colleagues. In this case I requested a mentor who I knew shared some of my personal circumstances as I felt their own experiences might be helpful; I was therefore particularly pleased to have been matched with Christiana.

We organised online meetings every few months for which I was encouraged to set an agenda. In addition to this I felt that I could make contact in between for ad hoc advice. I found the organised but informal approach helpful, and always left meetings feeling reassured and full of ideas. Christiana's enthusiasm for work was always evident, and her calm and empathetic manner facilitated useful periods of reflection as well as providing valuable practical advice.

The mentoring relationship has surpassed my expectations and has been invaluable when facing a lot of change and uncertainty. My mentor has been a role model, inspiring me going forwards as a higher trainee and beyond. When considering the role of mentoring I came across this John Crosby quote: "Mentoring is a brain to pick, an ear to listen, and a push in the right direction." I am grateful for this mentoring relationship which has been all this but also so much more; I am optimistic that the friendship that has developed will continue for many years to come.

References:

[1] Guide to mentoring for psychiatric trainees. Psychiatric Trainees' Committee (PTC) in collaboration with the Mentoring and Coaching Network. March 2021. Royal College of Psychiatrists https://www.rcpsych.ac.uk/docs/default-source/members/supporting-you/mentoring/guide-to-mentoring-for-psychiatric-trainees.pdf?sfvrsn=f512b155_2

[2] Ong J, Swift C, Magill N, et al. The association between mentoring and training outcomes in junior doctors in medicine: an observational study. BMJ Open 2018;8:e020721. doi:10.1136/ bmjopen-2017-020721

Experiences of Remote Consultations in Child and Adolescent Mental Health Services: A Survey conducted in May-June 2020 at Tees, Esk and Wear Valley Foundation Trust

Dr Natalie Kirby (ST4 Child and Adolescent Psychiatry) and Dr Gareth Howel (Consultant Child and Adolescent Psychiatrist)

Project Team: Dr Clare Snodgrass (Consultant Clinical Psychologist); Dr Siobhan Smart (Consultant Child and Adolescent Psychiatrist); Dr Rebecca Chamberlain (Consultant Clinical Psychologist)

Introduction

Covid-19 pandemic posed enormous challenges to NHS services, many of which were forced to quickly adapt to new ways of working. The Royal College of Psychiatrists recommended that 'During the COVID-19 pandemic, remote consultations should be encouraged where safe and appropriate'[1], with the aim of continuing to provide care for patients whilst minimising the potential risks of face-to-face appointments.

Given the sharp increase in the use of remote technologies in response to the pandemic, we wanted to explore how this change was experienced by children and young people (CYP) and clinicians within Child and Adolescent Psychiatry services in Tees, Esk and Wear Valley Foundation Trust (TEWV).

Methods

Following discussion within Quality Assurance Group meetings, two online surveys were developed for clinicians and CYP. Families and carers could also complete the surveys on behalf of CYP. The surveys asked questions about experiences of telephone and video consultations (using the 'Attend Anywhere' platform) in four domains: convenience, ease of use, how comfortable they felt to talk, and how easy it was to find a safe and private location. The surveys included a mixture of Likert scale and free text questions. The surveys were approved by the Quality Assurance Group and the Trust's Research and Development Department. Surveys links were sent to clinical staff via email between May and June 2020 – staff were encouraged to discuss this with CYP, and links were sent out to those who agreed to take part. Responses were anonymised.

Results

97 surveys were completed by 75 clinicians and 22 CYP or their families. Data regarding the reason for referral, length of contact with the service, previous face-to-face contact and method of remote consultation is shown in figures 1-4. As demonstrated, the most common method of contact was a mixture of phone

Fig 1: Type of mental health difficulty seen within remote consultations

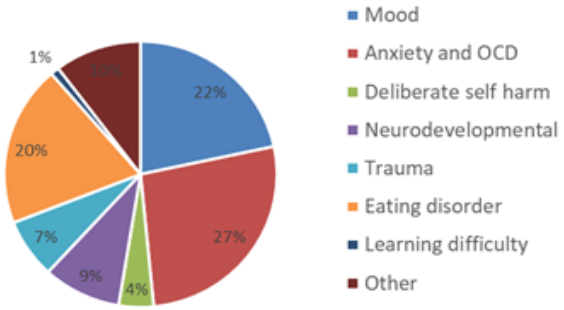


Fig 2: Length of time young person has been working with the service

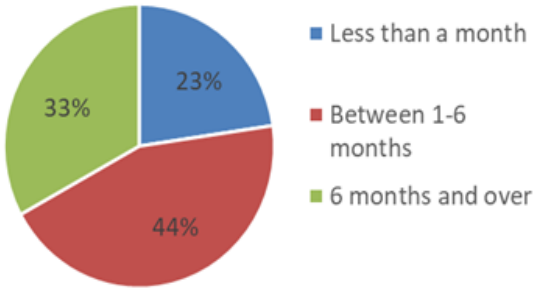


Fig 4: Method of contact

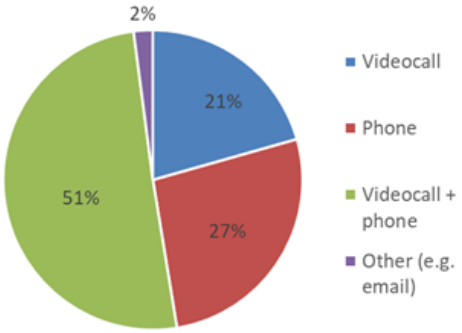
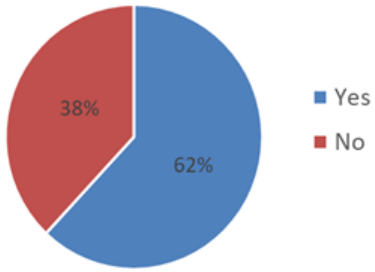


Fig 3: Young person and clinician have met prior remote consultation



Results – Children and Young People (CYP):

82% of CYP were able to choose the kind of appointment they wanted; 9% said they would have liked more choice in terms of how the service kept in touch. They identified that email and other videoconference options (eg Zoom) would have been helpful. Figures 5 and 6 demonstrate that the majority of CYP and families gave positive ratings in all four domains for both phone calls and video calls. However, it should be noted that 15% of CYP gave negative responses regarding ease of use for videocalls.

Fig 5: Young people and families - How have you found telephone appointments on the following:

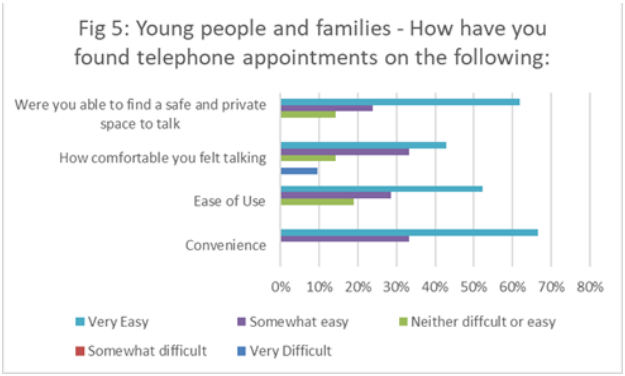
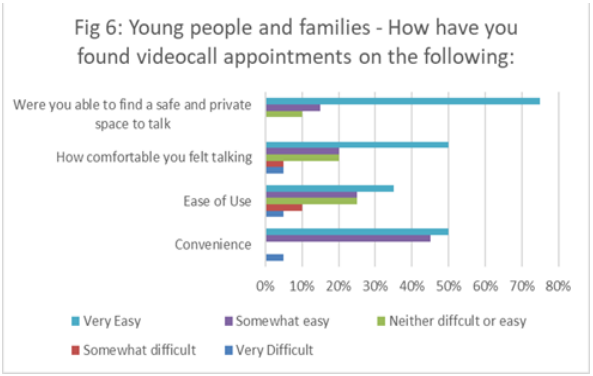
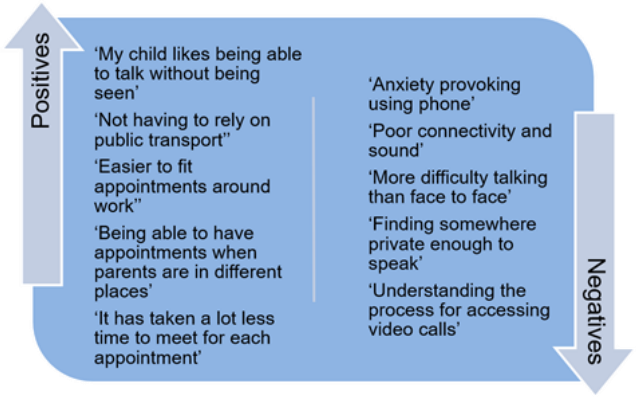


Fig 6: Young people and families - How have you found videocall appointments on the following:





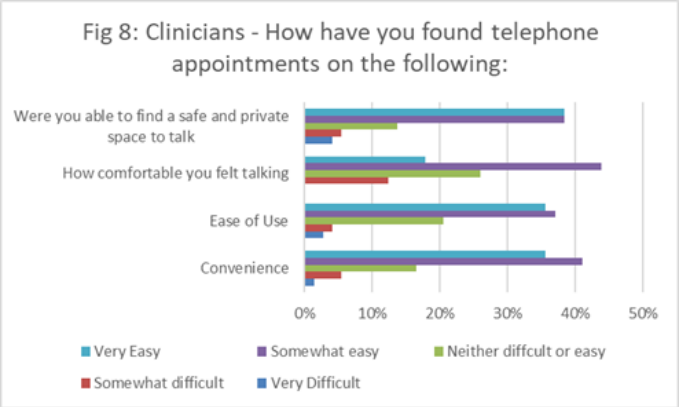
Free text questions identified that CYP and families valued the flexibility, accessibility and convenience of remote appointments. Some commented that remote appointments were sometimes easier to tolerate than face-to-face appointments for some CYP. Negative themes related to issues with technology and accessibility, and that the process of remote consultation in itself could be anxiety-provoking (figure 7).

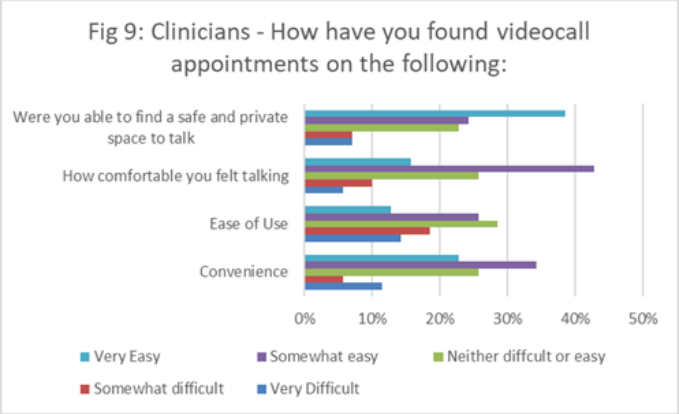
Results – Clinicians:

81% of clinicians could choose what kind of appointment they offered, and 41% would have liked more choice in terms of how they kept in touch with CYP and families – they identified that texts, instant messaging and email would have been helpful adjuncts. 57% of clinicians had not used remote video consultations previously.

As shown in figure 8, the majority of clinicians gave positives answers in all four domains for phone calls. However, 12% found it 'difficult' in terms of feeling comfortable to talk.

For video calls (figure 9), the majority of clinicians gave positive responses for convenience, how comfortable they felt and being able to find a safe and private space to talk. However, for ease of use, only 39% gave positive responses, with 33% giving responses of 'somewhat difficult' or 'very difficult'.





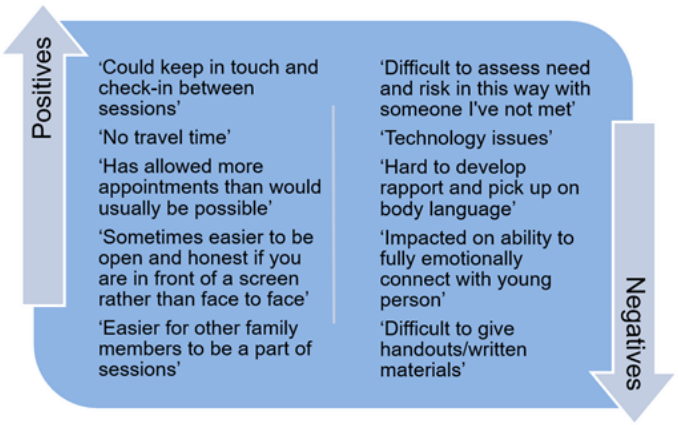
Overall, responses from clinicians were positive, although videocalls were experienced more negatively than phone calls, particularly for ease of use.

Free text questions relating to the positive aspects of remote consultations identified that clinicians valued the flexibility and accessibility of remote consultations. There was a sense that remote appointments could allow for better engagement in certain circumstances. Negative aspects identified by clinicians related to technological difficulties, which was frustrating and sometimes impacted on being able to respond sensitively (eg due to computer screen freezing or delays in sound).

Clinicians also commented on difficulties in establishing rapport and being able to pick up on non-verbal cues (figure 10).

Discussion

This survey gave an insight into the experience of remote consultations for CYP and clinicians working in Child and Adolescent Psychiatry services in TEWV.



It should be noted that this project was conducted in May-June 2020 – in the relatively early stages of the implementation of remote technologies.

Further surveys exploring current perspectives would be beneficial to determine how experiences may have changed as the use of technology has become more common. It would be particularly interesting to understand whether the concerns identified regarding ease of use with videocalls continue to pose difficulties. It would also be useful to understand whether training in how to utilise and conduct remote consultations would be beneficial. The Royal College of General Practitioners, for example, have developed training in this area2.

Overall, ratings of remote consultations were positive. It is important to note, however, that the majority of CYP and clinicians had met face-to-face previously, which may have influenced perceptions of subsequent remote consultations. As highlighted in the RCPsych guidance, 'For initial consultations (where the patient and clinician are unknown to each other), remote consultations may be even more challenging'2.

A significant limitation is the small sample size, particularly for CYP and families – further studies with larger samples would be beneficial. There is also the possibility of selection bias, whereby respondents may be more likely to give positive responses to survey questions.

Service Evaluation Project of ADHD referrals and ADHD medications in transition age group patients to the Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

Dr Deepak N Swamy, Associate Specialist in Autism and Neurodevelopment, Sheffield Adult Autism and Neurodevelopmental Service (SAANS), Sheffield Health & Social Care NHS Foundation Trust
Chloe Wong Xin, MBChB Student, Sheffield Medical School, University of Sheffield

Introduction

SAANS is a Regional Specialist Neurodevelopmental Diagnostic Service. It is part of Sheffield Health and Social Care NHS Foundation Trust. The service purview includes Assessment, Treatment and Management Service for ASD and ADHD. It is a high demand service with a multi-disciplinary team providing multi-faceted input to meet the holistic needs of patients with ASD and/or ADHD.

Background

ADHD is a neurodevelopmental condition with onset in childhood and includes a group of behavioural symptoms. ADHD is predominant in males during childhood and adulthood as compared to females. Although prevalence is higher for males (5.4%) versus females (3.2%), presentation in females is somewhat different in symptomatology.

ADHD can be managed with a comprehensive treatment plan that includes pharmacological and non-pharmacological treatment. ADHD medications include stimulants and non-stimulants. Stimulants include Methylphenidate and Lisdexamfetamine, and non-stimulants include Atomoxetine. There are also less common alternative ADHD medications such as Guanfacine and Clonidine which are alpha-2 adrenergic agonists, but these are not licensed in adults and are thus prescribed off-label for ADHD in this age group.

transitioning from Children's Services to Adult ADHD service, and also as new referrals of that age group from Primary Care. So, we have completed this service evaluation project to look at the ADHD medications use in transition age referrals for ADHD assessment to the SAANS Service. This service evaluation project has been included as part of the Research Attachment for SSC Project 2021-22 for MBChB students from Sheffield Medical School, University of Sheffield.

Aims

The aims of this service evaluation project were:

- To review the clinical, demographic, and social factors of transition age patients who were referred to specialist adult neurodevelopmental service in Sheffield.
- To ascertain current referral status for transition age patients referred to specialist adult neurodevelopmental service in Sheffield.
- To analyse ADHD medication use in transition age patients referred to Adult ADHD service.

Method and Sample

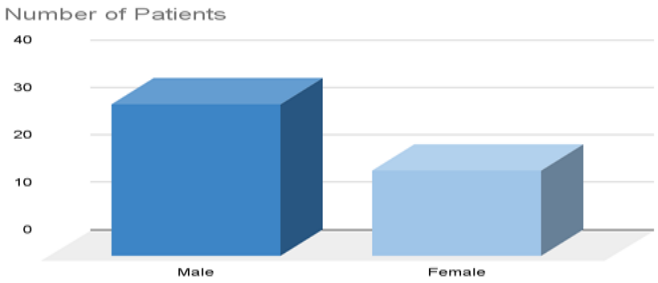
A service evaluation tool was based on the NICE guidelines of diagnosis and management of ADHD (NG87). The service evaluation tool was created by the neurodevelopmental specialist as per the transition referral patterns and ADHD medication types as detailed in Appendix 1 (available on request). It was identified that 1,150 patients of the transition age group were referred to the SAANS Service between April 2019 and October 2021 and the majority of patients were still on the waiting list for ADHD diagnostic assessments.

The remainder were already diagnosed with ADHD and were referred from Primary Care for a review of their ADHD medication. For this project, a sample of 50 patient referrals was randomly selected as a pilot project. No ethical approval was needed to complete this project as it was retrospective data collection and had no bearing on any patient's clinical journey and did not impact on any clinical interventions. Patient data was collected from the Trust's patient electronic record system, which was kept anonymised and strictly confidential.

Results

Demographics and Gender Prevalence

Our project sample had 32 males and 18 females included in the random selection of 50 patients. From the results, it is observed that male patient numbers outweigh female patients which correlates with the



Source of ADHD Referrals

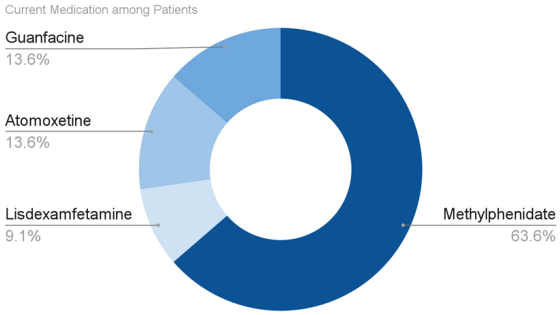
The project sample had 31 patients with local referrals (from within Sheffield) and 19 patients with national referrals. The majority of patients (about 33 patients) were referred by GPs.

ADHD Medication

Out of 50 patients, 21 patients were currently on ADHD medication, while the remainder were not on any ADHD medication. Out of the 21 patients on ADHD medication, 20 patients were on ADHD monotherapy, while only one patient was on combination ADHD medications. The combination ADHD medications were Methylphenidate and Guanfacine (off label use in adults). Methylphenidate was the most prescribed (14 patients). Atomoxetine and Guanfacine were prescribed in 3 patients each. Two patients were prescribed Lisdexamfetamine.

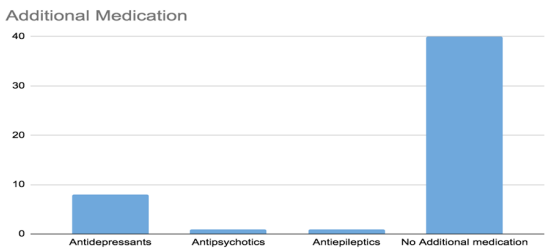
Special considerations

It is important to note some special considerations for women with ADHD who are of reproductive age. As per the BNF, there is limited experience and so advice is to avoid prescribing ADHD medication (unless potential benefit outweighs risk) for women who are planning to conceive, who are pregnant and who are breastfeeding. In our project sample, we found that out of 18 female patients, one patient was planning to



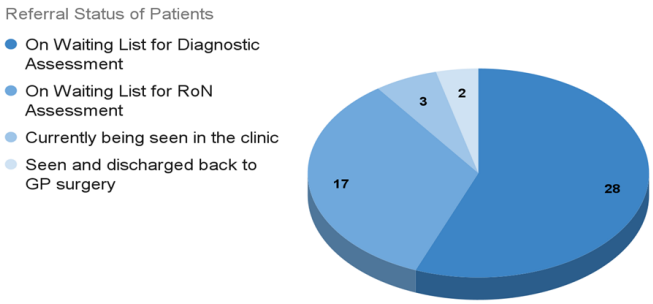
Additional Medications

Of the 50 patients, 10 patients were also on additional psychotropic medications. Seven patients were taking SSRIs, one patient was on Tricyclics, one patient was on an antipsychotic, one patient was on Anti-convulsant/ Mood Stabiliser. Out of 10 patients on additional medication, six patients were on ADHD monotherapy; 3 on Methylphenidate, 2 on Atomoxetine and one was



Assessment Waiting times

In the project sample of 50 patients, 23 patients were referred in 2019, 21 patients were referred in 2020 and 6 patients were referred in 2021. However, most patients (45) were on a waiting list as detailed in the below graph. This is clearly an issue of a mismatch in supply and demand as referral rates are high, and resources are limited in the service. This is likely a reflection of waiting list times similar to other contemporary Neurodevelopmental Services within the UK.



Discussion

This ADHD service evaluation project completed has provided some insight into ADHD referrals of transition age group patients to SAANS. It has highlighted the complexities of ADHD referrals and the importance of seamless continuity of care for transition age group patients being transferred from Children's Services to Adult Neurodevelopmental Service.

One of the limitations is 29 out of 50 patients are currently not on ADHD medication. This has arisen due to the number of patients being on waiting list. Consequently, they have not yet been diagnosed with ADHD and so have not been started on ADHD medications. So only 21 out of 50 patients were currently taking ADHD medication. This could be due to duration of referrals period included in this project (March 2019 to October 2021), or due to impact of onset of COVID-19 pandemic since March 2020.

One suggestion to minimise the sample size limitation for a future similar project or a re-pilot of this would be to include only those patients who are already on ADHD medication. Another simple way to overcome this limitation would be to include a larger sample of about 100 patients.

Conclusions

This service evaluation project of ADHD referrals and ADHD medications in transition age group patients to the SAANS is an important milestone to be completed in our Specialist Neurodevelopmental service. The project remained focussed and completed its stated aims which were to analyse ADHD medication use in referrals of transition age group and the different clinical, demographic and social factors present in the service evaluation sample.

It touched upon the lengthy waiting periods for ADHD assessments and medication review appointments. It also highlighted the factors affecting an ADHD medication's likelihood to be prescribed. This project can be used as a baseline for further future service evaluations or re-evaluation to be done for ADHD referrals and ADHD medication use in the SAANS service.

Acknowledgments

We would like to thank Becky Richmond, MBChB Student, Sheffield Medical School, University of Sheffield for her participation in completing this project along with the 2 authors, however she has not contributed in writing this article being published. Becky Richmond has given permission for this publication. Chloe Wong Xin would like to thank the University of Sheffield Medical School for giving the opportunity to work with Dr Deepak N Swamy, as well as the help and support they provided around this project.

Declaration of Conflict of Interests

None

Abbreviations

- ADHD – Attention Deficit Hyperactivity Disorder
- SAANS – Sheffield Adult Autism and Neurodevelopmental Service
- RoN Assessment – Reassessment of Needs Assessment
- SSRIs – Selective Serotonin Reuptake Inhibitors
- NICE – National Institute of Clinical Excellence
- ASD – Autism Spectrum Disorder
- CCG – Clinical Commissioning Group
- CAMHS – Child and Adolescent Mental Health Services
- SSC Project – Student Selected Components Project

Correspondence to: Dr Deepak N Swamy, Sheffield Adult Autism and Neurodevelopmental Service, Michael Carlisle Centre, Sheffield S11 9BF, UK
Deepak.Swamy@nhs.net

References on request

The Black Monk: About Descent into Psychosis In A Chekhov Short Story

Dr Wico van Mourik

The Russian writer Anton Chekhov is lauded as one of world literature's finest short story writers. His writings started to be published whilst still a medical student at Moscow University. His medical training brought his writings a strong observational quality and universal empathy with his patients, as well as with all of his characters.

Much has been written about his works (such as The Cherry Orchard) with themes identified being, the tension between the old and the new Russian society. This often plays out in the realm of landed gentry hanging on to old ways with a degree of passive resistance or even helplessness. The story discussed here can, often after re-reading, lead to an understanding of the stories from a psychiatrist's point of view, which interesting though it is, is not the only point of view with which these stories could be read.

The Black Monk:
A Russian intellectual Andrei Kovrin enters the story as a single, driven and gifted philosophy lecturer. He is a man of intensity and, as a 28-year-old, considerable achievement. Being an orphan from age 15 and being single, he is totally devoted to academic studies. So much so that he ultimately reaches a point of mental exhaustion: reading, mentoring, lecturing and writing articles. A medical friend recommends that he takes a break from work so he decides to visit his old head teacher, Pesotsky who lives on a large estate with his unmarried daughter Tanya. It is at this point the action commences. He rapidly becomes restless and intolerant of their set way of life in the country. In spite of this, he regains his energy and, in fact, starts to read and write with renewed verve. With the little sleep he allows himself or needs, he becomes irritable, excitable and impressionable. It is at this point that you wonder about the development of mania as Chekhov describes how Andrey has become over-talkative, hardly sleeps and begins to drink expensive wine and luxury cigars. Or is he describing a delusional mood, as matters progress:

Andrey suddenly experiences an intrusive and fully formed idea of a highly meaningful "legend". The idea is grandiose and expansive: as the legend describes a black monk who lived in Syria one thousand years before. This monk has multiplied himself through the ages and is transferring himself "through the atmospheres, to the Southern Cross and even to Mars". However, Andrey "knows that the monk is expected to return to earth any day now". He believes that he himself has special knowledge of, and has significance in, this coming momentous event.

That same evening, he is walking out to the fields behind the estate thinking, "there is so much space and freedom and quiet here, it feels like the whole world is looking at me, holding its breath". He appears to be experiencing a highly self-referential mood state, which proves the harbinger of his first perceptual distortion; he sees a black column in the distance which is coming towards him. As he sees it approaching, he says "it's the black monk" and soon he hears an indistinct voice coming from the "whispering pines and fields of rye". He momentarily checks himself, saying to himself, "this is an hallucination"; however he rapidly concludes: "the

We appear to have witnessed the onset of a schizophreniform psychosis, vividly and accurately described by Chekhov, who in his practice undoubtedly would have encountered serious mental health crises.

Russian rye-fields and pines in the distance

However, Andrey "knows that the monk is expected to return to earth any day now". He believes that he himself has special knowledge of, and has significance in, this coming momentous event. He appears to have captured the essences of the breakdown rather than given a clinical description: we hear the subjective rendering as Andrey is experiencing and commenting on the whole episode.

The Black Monk on the next occasion speaks "I exist in your imagination, your imagination is part of nature, so I exist in nature". "You are one of God's chosen. Your life will have celestial bearing. You will be dedicated to the eternal. Yours is endless consciousness". "You are unwell as you have worked too hard like all divinely gifted people". Wholly expansive and grandiose content, for sure. AK responds, no longer surprised by his transformation, saying: "You are repeating ideas that often occur to me". He has fully bought into his delusions.

Chekhov's moves towards the relational consequences of this breakdown. Andrey manages to hide the delusional content from his hosts and rapidly marries the daughter Tanya, who is at risk of not finding a husband in the isolation of the estate. He is admired by his new wife as he smiles whilst he discusses "esoteric matters" with her. She has married well to a gifted husband.

The honeymoon is not to last as following their return to his apartment in the city, Tanya becomes uneasy as he works day, and night often writing manuscripts with 'special significance.' Now being in his own domain, he no longer appears able to contain his psychosis as Tanya worries about how he "smiles and talks to himself in a weird way." She has overnight become - to use a modern term - a worried carer, who seeks out a doctor. A diagnosis is made and treatment is commenced. He is to rest, to stop cigars and alcohol and drink milk in abundance, to make up for the recent weight loss. There is even pharmaco-therapy in the form of bromide salts. Which prove to be quite effective (1).

The treating physician may have been satisfied with the treatment result however Tanya is still apprehensive about her husband. She says, describing a personality change, "He is sarcastic, bad company and aloof.

He is negative and impatient." She also describes behavioural changes noting: "He has shaved his head!!; he looks like a monk!!". Significantly, she has - like many carers - become fearful saying: "He is hostile and sometimes he frightens me". He demonstrates a lack of insight when he moans that "that treatment has stolen my ecstasy and my inspiration". The apparent improvement has subdued mood associated symptoms but not the core of his psychosis.

His torment is not ended yet as he develops depressive symptoms, and perhaps some insight, as he evaluates with feelings of shame over manuscripts as they are: "pretentious, frivolous, grandiose and … mirroring all my flaws".

Andrey seeks treatment of an already diagnosed tuberculosis in a sanatorium in the Crimea. It should come as little surprise, given the way being on bromide has made him feel, that he stops this treatment. It is a fevered state due to his illness and the recurrence of the psychosis that he has a final moment of redemption: he is intensely affected by music heard from the street below. Looking over the sea enveloped in evening light he again sees the black column which speaks to him one last time. "Believe me you are a genius, chosen by God!"

The Crimean Coast

This short story leaves me wondering at Chekhov's clinical observational skills which he manages to transform with economy and writerly skills to a gripping account of descent into psychosis. He manages to capture some essential aspects of the presentation whilst at the same time humanising the narrative throughout. If he had been a psychiatrist, what would his case-notes have been like?

Has our current drive for objectivity and symptom inventories taken away from the personal experience and the holistic view, which psychiatrists would have as essential attributes. The effect on his wife could be a reminder to all psychiatrists of the importance of hearing the voices of those close to the patient. The development of Tanya's fear, from a point of adulation when first married, is so telling and reminds one that this fear in relatives is not to be ignored.
When all is said and done, it remains a compelling story; with or without a psychiatrist's perspective. As Chekhov has empathy with all his characters, we do not know what side he is on. You can imagine him wryly smiling at both, in spite of his clinical 'objectivity'. Something we may all experience as we see the array of patients pass through our working lives.

1. When researched I learnt that it has anti-convulsant properties, so could be seen as a precursor to valproate in the treatment of mania.

For more book reviews like this, exploring psychiatry-related themes, check out From a **Psychiatrist's Shelf – Medium** or feel free to submit your own to from **psychiatrists.shelf@gmail.com**