



BRITISH INDIAN PSYCHIATRIC ASSOCIATION

Annual General Meeting, 2010, Wotton House Hotel, Dorking, Surrey
5th and 6th June 2010

Another year in the life of BIPA. We now have a new website. Ram Madina ends his term of office and Subodh Dave begins his. Ram has led BIPA in his own inimitable style that has taken BIPA further in terms of attracting new members into the Executive Committee which inevitably means new ideas and new ways of working. The current vacancies in the Executive and the post of the Vice Chair vacated by Subodh Dave will be filled through seeking new nominations that has already gone out. Depending upon interest shown postal ballot may have to take place in the interest of equity and democracy. We trust this is satisfactory.

We have included some pictorial memories of last years AGM. We are very grateful to Dr Bijil Simon Arackal for these. We would not have any of this had it not been for his diligence.

The joint conference that we participate in with our sister organizations is due again in this calendar year. BIPA office bearers are working diligently on it and will keep you informed in fullness of time.

The British political scenario has seen immense changes after the last General Election. But during the days building upto it there was a common theme from all political parties – that of the need for gross reduction of public spending. It may herald the axe on NHS that a lot of us work/ed for. Of course, colleagues in the Independent Sector will have their own situations to contend with.

Watch this space.

Ranjit K Baruah

Piyal Sen

AGM 2009

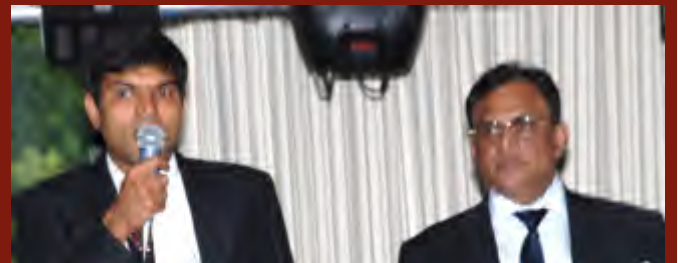
The British Indian Psychiatric Association (BIPA) held its annual conference this year near Derby on 13th & 14th of June, 2009. The event was an unquestionable success and reflected the growing enthusiasm in the present vibrant group and was attended by over 150 delegates. Attendees included members of all ranks - consultants, career grade and trainee psychiatrists.

The programme had a highly satisfactory blend of academic and social flavour to it. The guest lecturers were inspirational. Professor Swaran Singh gave an interesting talk on the topic of “Supervised Community Treatment Order – From rhetoric to reality”. Professor David Taylor’s talk on Polypharmacy was enlightening. This year’s Chief guest of honour was Professor Anand Pandurangi from Richmond, Virginia, USA. He gave a talk on recent developments in Neuromodulation including the current state of application of Transcranial magnetic stimulation in clinical practice. Dr Agrawal gave a fresh outlook to the topic of Apathy. Workshops focussed on topical issues that are relevant to practicing psychiatrists such as Relicensing and Revalidation, Medical Leadership for psychiatrists, Deprivation of liberty safeguards and the role of the Responsible Clinician under the amended Mental Health Act. These were dealt with by eminent speakers and debated by audience with great interest and vigour.

Trainees had their own share of time with a workshop on Interview Skills, facilitated by Specialist Registrars and Consultant Psychiatrists. The BIPA trainee prize for research carrying a cash prize of £500 attracted several high quality research proposals and presentations. Three were shortlisted for presentation at the meeting. This year’s prize was awarded to Dr Lankappa by Professor Dinesh Bhugra.

This year also marked the inaugural launch of BIPA Newsletter which was welcomed by all members. The Gala dinner bore the usual hallmark of day one with a cultural event and proved to be a wonderful bonanza. The Annual General Meeting was facilitated by Executive Committee members. Several issues of significant importance to Indian and British psychiatry such as Joint working with Educational Institutions, Indian Psychiatric Society and Non-Governmental Organisations based in India were discussed. It reiterated the fact that BIPA is committed towards betterment of mental health care delivery in India whilst cherishing the contributions that Indian Psychiatrists have made to British Psychiatry. BIPA will hold its next annual meeting in June 2010.

Dr Karthik Thangavelu, Nottingham , July 2009



Indian Journal of Psychiatry 2009: A bird's eye view

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Indian Journal of Psychiatry is now indexed with PubMed. I congratulate the editor for his efforts. I hope all the articles published since 1958 will be available in PubMed search gradually as he assured us of more expectations.

Though the editorial board mainly gave importance last year in current research on genetic aspect of various areas like Consanguinity & Genetic Counselling, Drooping Genes & Dancing Genes, new drug for *Alzheimer's disease*, the most remarkable one was biochemistry of belief. However, the guest editors dealt with practical issues like ways to prevent farmers' suicide, QT-interval & its relevance to psychiatric illness and psychotropic medication. It also proposed separate ambulatory services for the mentally ill and a model of education & evaluation in postgraduate psychiatry.

Periscope discussed chronicity of depression, prevention of counterfeiting of drugs, importance of psychoeducation in the management of patients. 'Cinemadness' described various mental disorders in Indian cinema and indicated that more psychiatrists are being seen in cinema than ever before. On the other hand, the Presidential address voiced concerns for the under privileged sections of Indian society, the children & adolescents. The importance of promotion and prevention was particularly stressed in child & adolescent mental health for their well-being & healthy emotional, social, physical, cognitive and educational development. In 'Roadmap to Indian Psychiatry' the author tried to outline certain areas that need special attention in the psychiatric fraternity.

Reviews were on common topics like prevention and treatment of cognitive decline and dementia, fronto-temporal dysfunction in schizophrenia, treatment of resistant schizophrenia, psychopharmacology in pregnancy and lactation as well as on an unusual topic like role of prayer in healing. In the postgraduate corner in the form of continuing medical education, emphasis was on psychopharmacology, neurobiology and psychoendocrinology. But the significant articles I must mention were surgical treatment of obsessive compulsive disorders; concept and evolution of psychiatric classification & moving towards ICD-11 and DSM-V; history, mystery and chemistry of eroticism. In Psychiatric Pearls some drug related issues had been discussed like past and present scenario of antipsychotics, hypertensive crisis and cheese; support for lithium as an old drug but its place as the gold standard in mood stabilization.

Original articles were predominantly on dementia & childhood disorders. Focus was on behavioral and psychological symptoms of Dementia, its burden on the caregivers, Antidementia drugs, Dementia Clinics &

Geriatric Clinics. The articles on the incidence of Psychiatric disorders & behaviour profile in children with Nephrotic syndrome were worth mentioning. Other interesting articles were regarding women in psychiatry, cenesthesias and body image aberration in schizophrenia, use of CBT in panic disorder, prevalence of neuroleptic malignant syndrome, first admission and readmission, atypical antipsychotics causing sexual dysfunction and conceptualization of terms: 'mood' and 'affect'. Few rare case reports were Bupropion & Venlafaxine-induced psychoses, topical corticosteroid causing emotional lability, multiple pressure ulcers in catatonia, use of Memantine in the management of bipolar disorder and online infidelity.

It'd remain incomplete if I do not mention a few interesting articles related to the cultural aspect of psychiatry like forgiveness, transgenderism & portrayals by Sir Arthur Conan Doyle of neurosyphilis. Lastly, I must suggest that the readers must not overlook a single article of the special supplement on Dementia for a current update on it.

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Introduction to The Royal College of Psychiatrists (Part 2)

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In last years newsletter, the Article titled 'Introduction to the Royal College of Psychiatrists' discussed in considerable detail about the history of the College and also the structure, functions and activities of the College. In this article, we will briefly discuss about few other themes that are relevant to the membership of the College.

The themes that are covered in this article include:

- Membership of College
- Clinical Excellence Awards,
- Fair Deal Campaign
- Professionalism

Membership of College

Membership

The Royal College of Psychiatrists is one of the world's leading membership organisations for psychiatrists. The normal route to membership of the College requires 30 months post foundation/internship experience in Psychiatry and a pass in all components of the MRCPsych Examination. If successful, candidates are entitled to use the designation 'MRCPsych' once they have paid the prescribed registration fee.

RCPsych, continued

Fellowship

Fellowship of the College is awarded as a mark of distinction and recognition of contributions to psychiatry. Because it is a College award, the candidates would have to demonstrate evidence of significant contributions to the core purposes of the Royal College of Psychiatrists. If successful, Fellows are entitled to use the designation 'FRCPsych' once they have paid the prescribed registration fee.

Specialist Associateship

Specialist Associateship of the College is open to registered medical practitioners working in the United Kingdom and who have 5 years' experience in psychiatry and who have been assessed in a full programme of specialist training in psychiatry in the United Kingdom.

Affiliateship

Affiliateship offers psychiatrists in the UK, who are not in training grades or consultant posts, the opportunity of involvement with the College.

International associate

International Associateship may be awarded to psychiatrists with five years experience in psychiatry who do not hold the MRCPsych, but who hold a specialist qualification in psychiatry and who reside outside the UK.

Benefits of Membership of College

A Member/Fellow/Affiliate of the College is entitled to numerous benefits including

- Access to College journals including the online versions.
- Advance notification and membership rates for College conferences.
- The opportunity to join Faculties, specialist Sections and Divisions of the College and eligibility for election to Committees.
- Free access to the online version of the Australasian Psychiatry journal.
- Invitations to academic meetings, conferences and social events, including the Annual Meeting.
- Use of the College's Library & Information Service - offering literature searches, Internet browsing facilities, photocopying and personal assistance with academic and service-related enquiries.
- Access to a full range of support services offered by the Postgraduate Educational Services Department - including the College's Continuing Professional Development programme.

Clinical Excellence Award:

Clinical Excellence Awards are given to recognise and reward the exceptional contribution of NHS consultants, over and above that is normally expected in a job, to the values and goals of the NHS and to patient care.

The Advisory Committee on Clinical Excellence Awards (ACCEA) is an independent, advisory body and which ensures that scheme operates under:

- fair and uniform criteria
- transparent and equitable processes and
- clear operational frameworks

Psychiatrists considering to apply for Clinical Excellence Award should read ACCEA's Awards Procedures which can be viewed at: www.advisorybodies.doh.gov.uk/accea.

The College's Clinical Excellence Awards Committee (CEAC) consists of Honorary Officers (President, Dean, Registrar, Editor and Treasurer), representatives, selected by the Executive Committees of Faculties, Division and Sections and a lay observer. The Chair of ACCEA has emphasized the need for the Divisions to play a central role in the nominating process. Faculties and Sections, therefore, begin the College process by preparing their ranked lists. They send these lists to the Divisions who use them in their nomination process.

The Faculties, Sections, Divisions and College committee will use ACCEA's five domains in determining their ranked lists. These domains are:

- Delivering a high quality service
- Developing a high quality service
- Managing a high quality service
- Research and innovation
- Teaching and training

Individual Faculty, Section and Division lists are then submitted to the College's Awards Administrator to be considered at the College meeting. The College Awards Administrator will submit the final shortlist, together with the College citations, to the Advisory Committee on Clinical Excellence Awards (ACCEA).

Fair Deal Campaign

The RCPsych has launched its flagship campaign Fair Deal at the 2008 Annual Meeting in London. The 3 year campaign was founded on the views of psychiatrists, and networks of service users and carers. Fair Deal campaign promotes equal rights and fairness for mental health service users, carers, and those working with them. It also challenges psychiatrists to address inequality, unfairness and discrimination across eight key areas, and to collaborate with others to achieve this. Fair Deal campaign has centrally involved the College members, service users and carers to articulate their experience, hopes and concerns.

The eight Fair Deal areas include:

- **Funding**
- **Access to services**
- **In-patient services**
- **Recovery and rehabilitation**
- **Discrimination and stigma**
- **Engagement with service users and carers**
- **Linking physical and mental health**

Professor Dinesh Bhugra, President, Royal College of Psychiatrists noted '*The influence and impact of the Fair Deal campaign is only as strong as the motivation and drive of our members. However, by working together, we can make a*

real difference to the lives of service users and carers, as well as the public perception of mental health services and professionals.'

The College has liaised and worked with the government, the voluntary sector and other agencies to drive forward the Fair Deal agenda. Fair Deal campaign has raised awareness of key priority areas amongst Parliamentarians, across the media and with the general public. The College worked in partnership with voluntary sector organisations and other healthcare professionals on individual projects and specific campaigns and has had made substantial gains in various areas over the last few years.

RCPsych and Professionalism

The current times of tremendous change and reform pose continuing threats to the professionalism of psychiatrists. Prof. Bhugra said *'I believe that the profession of psychiatry must be at the core of all medical care, ensuring that psychiatrists meet the mental health needs of all patients. The medical profession is at a crossroads, with serious threats to professionalism.'*

The Royal College of Psychiatrists has held a series of seminars and discussed the definitions of professionalism in relation to psychiatry, how it can be achieved and how it should be retained and developed over the last few years.

At an institutional level, the Royal College of Psychiatrists took an active lead in seeking to establish networks for medical directors, postgraduate medical school leads and directors of medical education networks to ensure better communication. In conjunction with other medical Royal Colleges, the RSPsych responded and contributed significantly to various aspects including relicensing, revalidation and reaccreditation in order that the core values of professionalism are endured.

To strengthen role and identity of psychiatrists, the College took an active role in defining professionalism for the 21st century. The emphasis and challenge for the profession had also been on maintaining good standards for delivery of psychiatric services, and aspiring to delivery of top quality services for the patients.

Clinical services remain under serious threat and psychiatrists need to present their vision which would allow effective delivery of services for patients and their carers. Prof. Bhugra highlighted the importance of professionalism in various meetings throughout the country. According to him *'...in order to return professionalism to the hands of professionals, we must stand up to any perceived bullying tactics. The medical profession in general and psychiatry in particular, has to closely analyse the demands of the Department of Health and to provide alternatives.'* The psychiatric profession must continue to work with other interested organisations such as Mental Health Alliance to raise concerns and offer alternative solutions.

College and BIPA

BIPA is considered to be the second largest organisation of Psychiatrists in the UK, next only to the College. Recently, the College has taken an active approach to establishing formal links with various diaspora psychiatric organisations in the UK including BIPA. This association is likely to strengthen BIPA's efforts to involve in collaborative work in India.

(Source for this Article – RCPsych website, College Archives and Articles on Professionalism by Professor Dinesh Bhugra)

(Declaration of Interest: The second author is an elected member of the College Central Executive Committee and also the General Secretary of BIPA. The views expressed in this article are attributable to the authors and they do not represent the official view of any of the organisations mentioned in this article.)

BIPA Research Presentation Prize Runner UP :

A Systematic Review Of Pharmacological Therapies Following Single Or Multiple Antidepressant Failure In Elderly Subjects

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Dr. David Christmas, MBCh,
Dr. Simon Davies, MBCh, DM

Background

Depression in elderly subjects is difficult to treat. Only 20-30% patients respond adequately to the first antidepressant trial. Our aim is to review all the published studies (excluding case reports and chart reviews) about pharmacological treatment of treatment of major depression in elderly subjects who have not responded to first line antidepressant therapy. To the best of our knowledge, such a review has not been published as yet.

Methodology

A literature review (Medline, Psychinfo and Embase) of studies published since 1966 was carried out using keywords 'depression, depressive disorder, drug therapy, treatment resistance, non-response, augmentation, combination, switch, older, elderly, and late-life'. Manual search of relevant articles was also undertaken.

The inclusion criteria were: primary diagnosis was depressive disorder, subjects aged 50 years or more, documented resistance to at least 1 adequate antidepressant trial, and another medication added to existing regimen, or existing antidepressant changed. Studies were excluded if any other physical or psychological therapies were used, or subjects had primary medical illness.

The selected abstracts were reviewed independently by DM and SD as regards suitability for inclusion in the study.

Result

There were 7 studies on augmentation - 2 double-blind placebo controlled studies (N=54) of augmentation with galantamine and methylphenidate; and 5 open label studies (N=153): 3 with Lithium and 1 each with risperidone, aripiperazole and thyroxine, and 1 with bupropion and nortryptiline. There were 3 studies on switching strategy (N=75): 2 studies on MAOI/Placebo and 1 on venlafaxine/paroxetine. The studies show advantage of augmentation therapies. However, the studies differ in aspects of patient recruitment, regarding the degree of treatment resistance, and employed different outcome criteria. This makes it difficult to compare the studies. Noticeably, there are few 'gold standard' studies.

Conclusion

The study is still ongoing. Preliminary results indicate that there is dearth of good quality studies on treatment refractory depression in elderly patient population.

BIPA Research Presentation Prize Runner Up

Borderline Personality Disorder: a Transcultural Examination

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Abstract:

The phenomenology of Borderline Personality Disorder (BPD) has been largely studied amongst western populations. Given the polythetic nature of both the major western diagnostic systems, wide variation in phenomenology can be observed in individuals with the same diagnosis. Moreover, few studies have looked at BPD in a trans-cultural context. This study explores the distribution of diagnostic phenomena for BPD in this population sub group, i.e. people of Indian origin, across two cultures. Of particular interest is the proportion of people in each group who report self-harm and suicidal ideation. Two groups of 50 patients each will be purposively sampled from populations in India and the United Kingdom and interviewed using the International Personality Disorder Examination (IPDE) to establish a definite diagnosis and to determine the particular symptoms they present with. The phenomenology will be compared using descriptive statistics. The findings from this trans-cultural study would determine the validity of extrapolating data from western studies to an Indian population in the UK and in India and allow us to further hypothesise on the nature of this disorder and its aetiology.

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WINNER: BIPA Research Presentation Prize

Neuroanatomical correlates of impaired activities of daily living in schizophrenia: A voxel based morphometry study

Dr Sudheer Lankappa

Introduction and Hypothesis

Schizophrenia is often associated with impairments in occupational and social functioning including activities of daily living. We hypothesized that the ability to perform meaningful purposeful activities, a prerequisite for community survival, is likely to implicate regions of prefrontal (executive) cortex. In this, prospective cohort, study we investigated the relationship between daily functioning as assessed using the Instrumental Activities of Daily Living (IADL) scale and specific brain regions.

Methods:

64 patients satisfying DSM IV diagnoses of schizophrenia or schizoaffective disorder were recruited, and underwent clinical neuropsychological assessment. The mean age of patients was 33 ± 7 years; their illness duration 8.4 ± 5.3 years and premorbid IQ 105 ± 8 . Patients completed the IADL questionnaire with a clinical

member of the team by rating their present ability to perform specified tasks. Within a week of initial assessment, all participants underwent structural MRI at 3T scanner. A high-resolution 3D T1-weighted dataset was acquired in the sagittal plane. The structural images were processed using voxel based morphometry in SPM2.

Results

Patients scored a mean of 13.3 ± 2.5 out of 16 on the IADL scale. The mean total brain grey matter volume for patient group was 516 ml (± 70) and healthy volunteers on our laboratory's reference database was 557 ml (± 54). Within SPM2 a simple regression analysis of IADL measure and grey matter segment showed reduced grey matter density in bilateral superior and inferior frontal gyrus, left medial prefrontal gyrus and right DLPFC ($p < 0.001$ uncorrected).

Conclusion:

Our findings suggest that patients with impaired activities of daily living exhibit deficits in specific prefrontal regions. These regions have been implicated in generations of spontaneous and novel actions, conscious attention to voluntary behaviour and acquiring new knowledge, which are pivotal for community survival. These findings may have implications for the prediction of community function and inform future interventions such as TMS, nerve stimulation and pharmacotherapy.

An audience with Prof Dinesh Bhugra, President, Royal College of Psychiatrists.

Q. Tell us a bit about your early life.

I was born in North India in a small industrial town about 200 kilometres north of Delhi, and had my schooling there, did my pre-medical there, before getting selected to go to Armed Forces Medical College in Pune in 1969. I definitely did not want to do medicine, I wanted to do research, and I got selected for a research scholarship which would have meant that the Government of India would have paid for my BSc, MSc, and PhD, so it was a kind of scholarship for about 10 years. Both my parents were unhappy with my decision, so they forced me to change tracks after I did my first year of BSc. I think when I was in second MB, I remember reading about Freud and reading a very interesting book about psychoanalysis, which really attracted me to psychiatry, and I think that was the time when I started getting more and more interested in reading about the subject, and right through the remaining three years of my training everybody kept saying that I must be crazy to want to do psychiatry and probably should do medicine or surgery. I was never interested in surgery, and one of the things that really intrigued me as we were learning about physiology and anatomy, I always questioned that the basic anatomy and physiology were very similar in every human being so why do we respond in different ways to different things. I still remember having that conversation with some of my classmates in second MB and could not come to a sensible answer at that point, which is why I started exploring further.

Q. What was your early training in the U.K. like?

Having done the PLAB examination, I then did medicine for a year, just to orient to the U.K. healthcare system, and started psychiatry in Leicester. The first post that I did was in

academic psychiatry, which is where I think my interest in academic psychiatry started. I was involved in a drug trial comparing a trial drug with placebo in the treatment of pain as a mono-symptomatic hypochondriacal delusion. The trial was never published because from what I can remember there was no real difference. Having spent four years in Leicester, I think there were a considerable number of consultants that I worked with who were extremely capable and good at clinical matters, so I learnt quite a lot about dealing with difficult clinical situations and with difficult patients.

Q. How did you progress from there to pursue the multiple areas of your interest, clinical, academic and medical politics?

In 1986, I moved to the Maudsley as a Senior Registrar, and that was quite an interesting experience because my first job was in Eastbourne, and this was the time when I had finished writing my M Phil, and then when I got to the Maudsley I worked with Robin Murray, Channi Kumar, Mike Crowe and Adrienne Reveley. I think all of them had different styles. Robin Murray ran what then became the National Psychosis Unit and Mike Crowe was working in a psycho-sexual clinic as well as running an inpatient unit, so I started work doing special interest sessions. Channi Kumar ran both a Mother and Baby Unit and an acute ward, and Adrienne Reveley looked after psychosis. So again there were different skills and different ways of looking at the same problems, and they had very different styles in terms of dealing with them.

After that I worked with Julian Leff and Bob Cawley. I think Bob was an absolutely inspirational teacher. He was one of the few consultants that I worked with who took weekly supervision extremely seriously, and every Tuesday morning between 9.00 am – 10.00 am we would have the supervision, sit down and have a cup of coffee and talk about various things. He was also responsible for introducing me to my first publishers for the first book that I wrote. I worked with Julian for four years in the MRC Social Psychiatry Unit doing research on differences in incidence of schizophrenia. Subsequent to that, I got promoted to Senior Lecturer, when David Goldberg arrived. David's style of leadership was absolutely amazing. He really encouraged people to think ahead and contribute. He was again an inspirational leader, and although I was a Senior Lecturer by that time he was still quite a key figure through moulding my early days as a Consultant.

For my first Consultant job as a Senior Lecturer, I ran a community mental health team in Peckham for two years, and at the same time I was working as Senior Lecturer which involved quite a lot of writing, teaching and research.

Since I was a trainee in Leicestershire I have been involved in the College activities, so it was inevitable that sooner or later I would keep following that track. I have always had multiple interests, so you keep different parts of your brain stimulated. It is quite useful to have been an academic and a clinician and be involved in medical politics.

Q. As a College President as well as a Psychiatrist of Indian origin, how have you managed the interface?

There are several issues, because you do need to be very aware of cultural differences and cultural values on both sides, and it is also incredibly important to either present the College as a whole rather than any particular vested interest, or vested in any or particular speciality. Part of the responsibility of a President is to speak for the profession as a whole, and my priorities have always been psychiatrists, psychiatrists and psychiatrists, irrespective of where they come from and irrespective of what speciality they are working in. I think certainly when I was training there were issues, even in a place like Leicester there were snide remarks. Even as a Consultant I have heard an occasional patient being racially abusive, but you have to rise above it all. I think having my cultural values in the way I have has been a help, as it allows me to look at things both from inside and as an outsider, so you can combine the two advantages really.

Q. What do you think are the main challenges facing the psychiatric profession, particularly for Indian psychiatrists?

I think that the challenges are going to be general for psychiatry and psychiatrists as a whole, which are to do with changes in policy, and what is it that we bring to our roles. I do think we need to justify this and the additional value. If there were no psychiatrists what would be the negative value? I think this is a big challenge for us to start thinking about, which is some of the work I have been doing over the last 18 months or so. In terms of challenges for psychiatrists from Indian origin, I think changes in the immigration law have made it very difficult for people to come over and get the training and then go back, or stay and contribute to the National Health Service, but there is a bigger issue about how they contribute to the National Health Service and how they contribute to the development of services. I think the challenge for Indian Psychiatrists are going to be twofold. One is that Britain will lose its international role if it sticks to stopping people from other countries coming over and learning and then going back, and secondly I think as the population demographics change we are going to need more, not less, psychiatrists. Two examples spring to mind. One is that we as a College are about to sign a Memorandum of Understanding with the Indian Psychiatric Society and with NIMHANS. With both organisations it needs to look at providing training and providing access to CPD online and advising on policy. My hope is that two or three years down the line, Bangalore would become a centre for holding MRCPsych exams in India, so as the premier institution they are able to set standards and monitor them, it would be absolutely fundamental that they are involved in that. Secondly, in terms of policy, I think that earlier this year, together with the President of the Indian Psychiatric Society and American Psychiatric Association, I wrote an open letter to the Hindustan Times about de-criminalisation of homosexuality and the repeal of Article 377. When I met the then Minister of Health, I did raise this and he was very keen to do that, but then elections intervened. I do understand that this has been picked up by various organisations and there was an item in the Asian Age a couple of days ago saying that the Justice Ministry and Law Ministry are looking at repealing it, so maybe something will happen.

Q. What does Dinesh Bhugra do in his spare time to relax?

I listen to music, I read quite a lot – at any given time I have about 3 books going, one of which is generally a crime novel, one would be about history or a political biography or something like that, and either literature or some other similar book, mostly a mixture of Indian authors and other authors. Regarding books, I have read A Suitable Boy a few times,, and the novels of Patricia Highsmith. Regarding films, my all time favourite film would be Some Like It Hot. Any of the other Hitchcock films, i.e. Strangers on a Train, or Rope Among Bollywood films, I think I would say Sungharsh (old) and Mughal-e-Azam.

Q. What would you say to somebody considering psychiatry as a career?

I think to my mind there are several reasons why psychiatry is the most exciting and intriguing speciality. You are dealing with the brain, which is the most complex organ in the body, to do with the mind, and you deal with the whole person. And, where else would you combine biology, psychology, sociology, anthropology, and spirituality, and where else can you learn about people and individuals and cultures from different parts of the world, through folk tales, fairy tales, books, poems, films etc. This is what makes it so exciting that you have a range of options to explore and you can treat the person as a person rather than a diseased organ.

Q. What do you think is the importance of organisations like BIPA?

I think the challenge for an organisation like BIPA is twofold: one is that it offers a social forum for people to mingle and get informal social support without having to explain things. It needs to encourage training and trainees to get involved and it needs to think of a way of mentoring not only trainees who are not in trouble, but also people who are in trouble, either at their place of work, or there are issues to do with poor psychiatric practice. I think as an organisation it can speak for a significant group of people who have made an absolutely fantastic contribution to the National Health Service.

Interview conducted by Piyal Sen at last BIPA Annual Conference,2009