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INTERVIEW

Wendy Burn

Abdi Sanati meets Professor Wendy Burn, President of the Royal College of Psychiatrists.



For my first interview as the new joint interview editor, there is nobody more appropriate than the current President of the Royal College of Psychiatrists, Professor Wendy Burn. Professor Burn needs no introduction. For the past two and half years she has been the face of UK psychiatry and has been an exceptional President. I first met Professor Burn in one of the meetings at the College when she was the Dean. I liked her no-nonsense and clear approach to chairing a usually boisterous meeting. On her election as President I was glad that a jobbing psychiatrist – her own words – had nabbed the top job. Since becoming President she has worked tirelessly to present our profession in a positive light and reached out to many different groups and organisations. I enjoy following her on Twitter, value her patience and share her love of cats! She was gracious enough to give me time in her busy schedule for this interview.

Thank you very much for agreeing to this interview. I wanted to start by asking why you decided to run for President of the RCPsych?

It started when I became the RCPsych Dean. At that time, I was informed that the majority of Deans move on to become the President. I checked and found that half of the previous Deans had become President. My first thought was, absolutely no way! I had worked with Sue Bailey and Simon Wessely and was aware how hard it was. I wasn't keen on the idea of speeches and TV appearances. However, after 5 years my term as the Dean came to an end and I started really missing the RCPsych and the people there. I loved the work the College did. Sue Bailey encouraged me to stand for the President and I did.

One of the positive moves at the College at that time was the move here to Prescott Street. It is a more modern building and in a location which is more among the people. I felt we were out of place in Belgravia.

Absolutely. I was an active participant in the move as I always believed the RCPsych should not have been in Belgravia. We should be in Tower Hamlets and we managed to do it. I am proud to say that it is due to me that the chandelier from the old College hangs in Prescott Street and connects us to the past.

Have you been enjoying being the President?

I get asked that a lot and it is difficult to answer. It is a huge honour and privilege. I do enjoy parts of it. Someone once commented to me that I was not supposed to be in the job to enjoy myself and that was a fair thing to say. It is a hard job. You are constantly out of your comfort zone. On the other hand, there is a real chance to make a difference, and meeting members and trainees is very enjoyable. So is meeting your counterparts in other parts of the world.

I once asked Sir Simon Wessely what was the main characteristic that the President needed to have and he replied 'a very thick skin'.

I describe it as resilience. You are the face of UK psychiatry and it is not easy.

That takes me to the issue of social media. I follow you on Twitter and you are very active. I have seen a lot of venom directed at you.

There is a considerable amount of venom. Sometimes people are not well. Sometimes they can be harsh. There is something about Twitter that can bring out the worst in people. Once I felt I had to block someone but then she sent me a lovely handwritten letter and we reconciled. When I have met people face to face it has been so much easier than interacting on Twitter. I have managed to meet people via Twitter that I would never have met without it.

I have seen you reaching out to many people who have been fiercely against psychiatry.

I have always listened to patients and I have tried to mirror this in the larger context and to listen to everyone. Examples of this are the issue of antidepressant withdrawal and the controversial Power Threat Meaning Framework. We can learn from people who disagree with us, even when we don't agree with them.

You have been leading on the Gatsby/Wellcome neuroscience project. How did you get involved?

It started when I was the Dean of the College and Simon Wessely was President. I have done a lot of work in education but this is the first project that I have had proper funding for and it makes an incredible difference!

Do you think neuroscience should be integral to psychiatry training?

I have been seeing what has been happening in neuroscience and it will have a significant effect on the practice of psychiatry. It doesn't mean that we will become neurologists. Psychotherapy will continue to be an effective treatment in psychiatry and, according to

neuroscience research, a very effective way of changing the brain.

That reminds me of George Berkeley's philosophy when he saw ideas as the main things that could be causal.

Interesting! Neuroscience has a lot to offer. Neuroscience will conjoin genetics, life events and social causes. It will also come up with serious ethical challenges. For example, erasing memories in people with PTSD. That is where philosophy comes in and can make a contribution.

Do you think psychiatry will be subsumed under neuroscience?

I don't think so. People with mental illness have clear needs that have to be addressed within a biopsychosocial framework. All will end up having a place in helping people with mental illness.

And it also raises the issue of AI.

A firm is capturing online conversations between their therapists and patients and is planning to create an AI that delivers CBT. The future generations, being so skilled with computers, might prefer to receive therapy from AI.

Now that AI has beaten humans in chess, Go and poker, they might be able to be better therapists! Who knows? Talking about computers reminds me of targets we have to put on the records for patients and that brings me to a pet hate that I share with you. Clustering!

I want to get rid of it but it seems to have some sort of magical protection and sticks around. Most people I have spoken to do not like it. It has no interrater and intrarater reliability and is not linked to the evidence base that we use to treat people. If you sent a research proposal based on clustering it is very likely to be turned down. It is also rude and insulting and patients hate it.

I find it an algorithm that is not reliable.

All the studies show that clusters are not reliable. There are organisations who insist on discharging patients in lower clusters, which is not right. I will give a President's medal to anyone who gets rid of clustering!

I hope your successor will share your views on clustering.

From my perspective as a front-line clinician, it has been really time-consuming without delivering any benefits.

Some might say that it has become a bureaucratic demon! Hopefully we will see its demise in our lifetime. Thank you again for the opportunity to talk with you.

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