

MIND THE GAP

Newsletter of the West Midlands SpR/ST4-6 General Adult Psychiatrists

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The future of training in Addictions Psychiatry

Dr Rajkumar Kamatchi , ST5 General Adult Psychiatry

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UPCOMING EVENTS

Mental Health services had a significant re-organisation in the last few years with the introduction of New Ways of Working and Functionalised Team Model. There are some wider transformations happening in the National Health Services, driven by "Darzi report"¹ and the recent White Paper "Liberating the NHS"². The main aim of these changes is to provide the best care with lower costs. The impact of these changes on service provision is continually debatable.

As a part of this development, some services are de-commissioned from NHS trusts and retendered. Consequently, Addiction services in most areas of the country are currently contracted to various providers. An interim survey³ by the Specialist Clinical Addiction Network (SCAN) in 2009 reported that 45 services were involved in the process of retendering and 31 of those services completed the process. Of these only 16% were regained by the NHS trusts. While "the cost" was given the prime importance during this contractual process, the aspect of "education and training" was least bothered.

There is a lack of clarity on "education and training" in the contractual arrangements with many non-statutory providers. This raises a significant issue for psychiatric trainees who will miss the opportunity to work in Addiction Psychiatry unless they are in training schemes where Addiction services are still provided by NHS trusts. This will lead to only few higher trainees specialising in Addictions Psychiatry and adds to the threat of disappearance of this subspecialty.

The College curriculum⁴ for core trainees states that trainees in General Psychiatry should receive appropriate experience in this area; they should understand the effects of alcohol and illicit drugs on health and psychosocial wellbeing and be able to offer advice. This is less possible unless the appropriate training opportunities are available to trainees.

In wider context, this training issue affects all doctors and other professionals who wish to gain experience in Addictions Psychiatry and in turn the future workforce in this field. Any Qualified Healthcare Provider has a role and responsibility of education, training and future workforce planning. This role should be precise in all contractual arrangements with the providers and monitored regularly by the appropriate authorities in future.

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2 Department of Health. Equality and Excellence: Liberating the NHS. White Paper. Department of Health, 2010 (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_117353)

3 Wolstenholme A. Retendering of addiction services revealed by SCAN survey. SCANbites 2009; 6 (summer): 1-2

4 The Royal of Psychiatrists 2010 (<http://www.repsych.ac.uk/training/curriculum2010.aspx>)

Audit of “Do not attempt Resuscitation (DNAR) Documentation”

Dr Shahid Hussain

Introduction

DNAR is an important clinical decision that has medical, ethical and legal implications. A detailed documentation of this decision-making is pivotal towards a good medical practice, both from professional and legal aspects. This article presents Re-audit of DNAR documentation in all psychiatric units in North Staffordshire Combined Health Care NHS Trust (NSCHT), from November 2008 to January 2009.

Aims and Objectives

- To determine the extent of documentation adherence with NSCHT policy both in the medical and nursing notes.
- To evaluate Documentation of DNAR reversal.

Standards

Local Trust Policy on DNAR

It states that the DNAR form should be placed in front of the notes and be in plastic folder. The form should have the date and time, details of the person making decision, date and details of consultant review, details of review mechanism. The form should not be removed unless reversed. Information cross referenced with medical notes and orders made by non consultant staff should be reviewed within 2 weeks by the consultant. The frequency of review should be determined by health professional in charge.

Method

It was a retrospective case notes audit on DNAR documentation. The sample was identified from Nov 2008 to Jan 2009. All ten wards in the trust were included and 19 cases were identified including 1 reversal of the decision. Then, their case notes were reviewed for DNAR Red forms and cross-referenced with medical and nursing documentation of the decision. The findings were compared with results of a similar audit done in 2005.

Results

	2009	2005
Form in front of the notes	31%	87%
Discussion with patients' carers	6%	25%
Rationale for DNAR	12%	100%
Consultant review in 2 weeks	0%	50%
DNAR review date	81%	92%

Observations

The re-audit showed an overall decline in adherence to the policy. Only one out of the ten wards had the DNAR policy in the specified folder. Three patients did not have the DNAR forms in their folders. One form was wrongly filled in another patient's notes.

Conclusions

Apart from improvement in documenting patients details and doctors and nurses' details in red form, this re-audit highlighted significant areas of concerns including no updated DNAR policy in the wards, poor documentation of the rationale for DNAR decision, no discussions with the family members and no consultants' reviews if the decision was made by doctors of other grades.

Recommendations

The following recommendations were made: 1) to review the DNAR form creating a section for documenting discussions with carers; 2) to make DNAR form review as a ward round checklist; 3) to place the Red form on the front of notes and countersign on every ward round and 4) to re-audit after implementing the recommendations.

PSYCHOLOGY OF RELATIONS

Dr Farooq Ahmed Khan MD MRCPsych, Specialist Registrar (ST5)
South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Human relations form an important part of an individual's life. The relation between mother and daughter, father and son, wife and husband, brother and sister or relations among neighbors, relatives, friends, work colleagues, subordinates, teachers, students etc., require commitment, trust, sacrifice and above all understanding of each other for that relation to last. When we speak about blood relations we tend to believe that an enduring emotional bonding and sense of oneness is present in these relations. The relationship between wife and husband demands understanding, yielding and trust on part of both husband and wife (Cherlin, 2004). In the marital relationship people have to learn to accept or tolerate other person's fault and Jane Collingwood (2006) suggests that so-called "perfect relationship" doesn't exist. This relationship is amazing because you become closer to a person you hardly knew just few years ago.

Being socially active community we come in contact with people all the time and this interaction demands relationship with other members of the community. In these types of relationships there is no blood relation, people don't know each other before they come in contact, they have different understanding of issues and different attitudes, norms and cultural backgrounds. Despite all these variations humans tend to maintain relationships with each other though there would always be room for confrontation and disagreement. Agreeing to disagree, Collingwood (2006) argues is the need for maintaining relationship. It's not just the physical attraction or acquaintance that people like or dislike, but it is more than this and requires the thought of belonging to one community - the human race, synonymous ideas and beliefs, sharing of opinions and adapting and accommodating conflicting ideas. Mind you, that even having the same or similar personalities doesn't ensure the establishment of a good relationship and numerous examples of relationships exist with tangential personalities. The sense of being cared for, being trusted and feeling secured with somebody are far more important than superficial infatuation. People would feel more comfortable with someone depending on type of friendship, emotional bonding, intimacy, social status and more over whether they share the like mindedness among themselves (Atsumi, 1979).

There are some key factors in one getting attracted to other and establishment of relations like proximity effects, physical attractiveness, similarity and reciprocity (Huston & Levinger, 1978). Proximity refers to geographic, residential and other forms of spatial closeness. Proximity effects may seem self-evident, but it is sobering to realize that your friendships and intimacy interests are shaped by arbitrary desk arrangements in workplace and traffic patterns in apartment complexes. Ineichen (1979) suggests that the best example can be taken from the fact that in spite of increasing geographic mobility in modern society, people tend to marry someone who grew-up nearby.

Physical attractiveness forms an important factor in relations and selectivity. In a study done by Walster et al. (1966), on college students, both males and females rated good-looks as the only variable that predicted student's desire to go out with their date again. Something called matching hypothesis (Walster et al, 1966) proposes that males and females of approximately same physical attractiveness are likely to select each other as spouses, but again as it being a hypotheses we see that this doesn't hold true in all successful relationships.

Similarity effects can be explained in a simple proverb that 'birds of a feather flock together'. Similarity is seen among friends, for instance adolescent friends are more similar than non-friends in educational goals and performance, illicit drug use, political and religious activities and self-concept (Kandel, 1978). Adult friends also tend to be relatively similar in terms of income, education, occupational status, ethnicity and religion. (Blieszner & Adams, 1992).

Reciprocity effects, involves liking those who show that they like you. In his book 'How to win friends and influence people', Dale Carnegie (1936), suggests that people gain other's liking by showering them with praise and flattery. But we know that flattery may cause some influence but in long term it is dangerous and irrational. Ingratiation is a conscious effort to cultivate other's liking by complementing them, agreeing with them and doing them favors. If affection appears to be part of ingratiation

strategy, it's not likely to be reciprocal (Schlember, 1980 – Extracted from Themes and Variations).

There has been a lot of change in the relations of various types over years. The influence of media, cultural diversity, modernization of ideas, liberty of expression and materialistic attitudes had changed the outlook of human relations in recent years and probably will keep changing. We barely tend to think about this subject in our daily life, as we are very much mechanized in our day-to-day business and inundated schedules that we have lost the core essence of emotional bonding in relationships. The influence of materialistic attitude, self indulgent and self-centered behaviour wouldn't allow us to bother that we might be losing some very intimate relations. Values of parental respect, care for elderly, love for children, honour for co-workers all seem to be too unrealistic to be associated with. The change in generations become quite evident, as relations get alienated, most established relationships of the past become the feeblest for the current generations, though this can't be generalized to the whole society. As the relationships demand 'factors' like understanding, accommodating, yielding and 'giving away', when societies transform from being less to more materialistic, the meanings of these 'factors' would change and hence the meaning of relationships. As Matsumoto (1994) puts it 'to conform in American culture is to be weak or deficient somehow. But this is not true in other cultures. Many cultures have more collective, group-oriented values and concepts of conformity, obedience and compliance enjoy much higher statuses'.

It could be understood that 'to yield' in relationship is not 'to bow down', 'to accommodate' is not 'to lose', 'to understand' is not 'to be weak'. It would be easier for people to break a relationship than to maintain it as it is a 'hard job'.

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Psychiatry Specialty Trainees' Annual Conference' 2011

'The Changing NHS: Challenges & Opportunities for the New Decade'

We would like to take this opportunity to thank all the speakers at our annual conference held on 14th November 2011. We the trainees are all really energized by the response we got. We would also like to thank the organising committee members for their outstanding work to make this event a great success.

The session for poster presentations by trainees and medical students received a huge attention with 16 poster displays. The posters were judged by **Professor Tadros**

and prizes were awarded for the best three posters. The winners are in the following order:

- 1st prize – Mr. Amit Anand, Fourth-Year Medical Student, University of Birmingham
 2nd prize – Dr. Michael Grant, Psychiatry Specialty Trainee, Broadmoor Hospital, Berkshire
 3rd prize – Dr. Max Sellers, FY1, Burton Hospital NHS Foundation Trust, Burton on Trent

The abstracts of the winning posters are presented below.

Dr.Rajkumar Kamatchi
 Dr.Sridevi Sira Mahalingappa

Ethnic Differences in Susceptibility to Hypnosis – A Pilot Study

Amit Anand and Majel McGranahan

Third-Year Medical Students, University of Birmingham

Background

Current demographic shift from acute to chronic disease and growing emphasis on non-invasive therapeutic technique gives hypnotherapy a central position in modern medicine. For hypnosis to be effective, an individual must show a degree of hypnotic susceptibility. Considering that many ethnicities have their roots in religious and cultural backgrounds where there is practice of trance states, we suspect distinct ethnic differences in degrees of hypnotisability. The present study investigates this hypothesis which, if proven true, could provide a simple predictive indicator of those who would benefit from this cost-effective form of therapy.

Methods

An observational study was conducted on 24 third-year medical students, divided into four self-described ethnic groups: Caucasian (8), Asian (8), Oriental (5), and Afro-Caribbean (3). Investigators carried out Spiegel's Hypnotic Induction Profile (HIP) procedure to assess hypnosis susceptibility and subject responses were scored using a modified 8-point HIP scoring system.

Results

A mean analysis of overall HIP scores revealed values less than 4 in all ethnic groups apart from Caucasians who scored 5 ($p=0.65$). The Asian cohort generated the lowest HIP scores (average=3.63); however, this was not remarkably different from the values generated in the Oriental (average=3.8) and Afro-Caribbean (average=3.67) subjects ($p=0.65$).

Conclusions

Our findings suggest that Caucasians are likely to be most susceptible to hypnosis, although not statistically significant. Not only did they score higher in the HIP test overall, but they consistently scored higher in each component of the test as well. Though the small sample size was adequate for the purposes of a pilot study, future studies will require larger subject cohorts to generate sufficient power to ensure confidence in the results.

Foundation doctors' attitudes towards mental health patients

Dr Max Sellers

Aims

To explore:

- Foundation doctors' (FD) attitudes towards patients with mental health issues
- Whether FD enquire about mental health when patients present to hospital
- Whether the Foundation Program has provided useful psychiatry training

To assess:

- Whether FD would be interested in more teaching / training in mental health
 - Are capable of performing a 'Mental State Examination'
-

Methods

At a Foundation school in the West Midlands deanery, questionnaires were distributed to all FD (FY1+FY2) who attended teaching sessions. The questionnaires were either returned to a folder after the session or returned via internal post, ensuring anonymity. Distribution occurred over a 2 week period in October 2011. Demographics were not included in the questionnaires. Results were available to the FD by emailing the author.

Results

Out of 50 FD within the school, 38 attended teaching sessions throughout the distribution period. 38 Questionnaires were circulated and there was a 100% return rate. 12 (32%) FD did not attend the sessions.

Seven FD (18%) did not ask patients about their mental health on admission. 8 FD (21%) felt uncomfortable discussing mental health with patients and 16 (42%) were sceptical of presenting complaints in psychiatric patients. Only 5 (13%) FD stated Foundation teaching contributed to their skills in mental health. 31 (81%) Doctors would like teaching from a psychiatrist to further their knowledge and skills in psychiatry. 6 (16%) FD could not recall any headings to a mental state examination, and 9 (23%) knew all the headings.

Comments

A large proportion of FD did not ask patients about their mental health, and are sceptical or disbelieving about physical symptoms reported in this patient group. The majority of FD said they learnt most of their psychiatry skills during undergraduate teaching, and there was enthusiasm for psychiatry teaching within the Foundation program.

Birmingham Medical Institute Meetings(BMI meetings)

Venue: Birmingham medical Institute, 36 Harborne Road,Edgbaston B15 3AF.

Email address: info@bmedi.org.uk

Dates and topics:

Below are the dates for this years meetings.

Time:Session start at 18:45 with light refreshments, the talk begins at 19:30 for about 1 hour.

All sessions take place at the BMI

7th February 2012 **'A Case-Study in Scarlet - A Psychiatric Perspective on Sherlock Holmes'** Dr James Reed

Other dates for the meeting (the titles of the talks to be confirmed)

6th March 2012

3rd April 2012

8th 2012

3rd July 2012

4thSeptember 2012

2nd October 2012

6thNovember 2012 - Annual Dinner

4thDecember 2012 - Cloak Medical Evening and AGM

8thJanuary 2013 - Valedictory Address

11th World Congress, World Association for Psychological Rehabilitation

Date: 10-13 November 2012

Venue: Milan,Italy

For details log into www.aimgroup.eu/2012/wapr

Change in Medical Students' attitude to Psychiatry following a one-day induction

Dr Michael Grant¹ CT2 in Psychiatry, Dr Chiara Solari¹, CT-3 in Psychiatry

Dr James McDermott¹, CT-3 in Psychiatry, Dr Frances Whitaker¹ CT-3 in Psychiatry

Dr Samrat Sengupta^{1,2}, Consultant Psychiatrist and College Tutor

Dr Mrigendra Das^{1,2}, Clinical Lead & Consultant Psychiatrist, Training Programme Director for Core Psychiatry Training

1. West London Mental Health Trust, Broadmoor Hospital

2. Oxford School of Psychiatry

Aims

Uptake of psychiatry amongst medical students is low and is an undersubscribed specialty for training. Studies reveal that when students undertake a placement in psychiatry their attitudes towards the specialty changes. However, there is a paucity of literature looking at the impact of a one-day visit. This project examined whether it is possible to exert a positive change in attitude towards psychiatry following a single day's induction in a maximum secure hospital.

Method

Broadmoor hospital offers one-day visits for groups of medical students (Oxford, Imperial, St George's, Guys, Kings & St Thomas' medical schools), comprising an interactive talk, interviews with patients, and a tour of the hospital. Both at the beginning and end of the day students were asked to answer the question, "What do you think of Broadmoor". The data was then subject to a qualitative analysis.

Results

322 students took part in the survey. 44 responses were not included because they were incomprehensible. A change in attitude was noted in 87% of the remaining 278 samples. This change was positive in 87% (n=241) of students, negative in 0% (n=1) and there was no change in 13% (n=36). Analysis of the data revealed a number of themes. At the beginning of the day these were as follows: That Broadmoor is a prison not a hospital; that patients never leave; that it is a scary environment and the hospital was associated with sensational media images of "madness" and the "criminally insane". By the end of the day perceptions had changed. Students realised that Broadmoor is very much a hospital; that patients can be rehabilitated; that it is a calm, therapeutic environment and they developed a more humanised, empathic attitude towards patients.

Conclusion

Many medical students have negative preconceptions regarding high secure forensic psychiatry which are shaped by popular myths. This study demonstrates that, for the majority of students, it is possible to exert a positive change in attitude during a one-day induction to the specialty. This method could be employed in the recruitment drive in an attempt to increase uptake of psychiatric training.

INSIGHT: A Medically led Psycho-education Group in an Inpatient Rehab Unit

Rajkumar Kamatchi, Hafsa Sheikh & Alberto Albeniz

Introduction

Group Psychotherapy is one of the most commonly used treatment modalities in Psychiatry, with a large evidence base, but it has not been highly appreciated compared to individual psychotherapy. In this article, we describe our experience of setting up and running a Psycho-education group in an Inpatient Rehab unit. This is a pioneering group as there is little literature evidence of similar types of groups in these settings.

Yalom ¹ describes the theory behind group therapy and identified 12 curative factors (Box 1) unique to groups. In the UK, group therapy has been developed by pioneers S.H. Foulkes and W Bion. There is a very good evidence base for the effectiveness of group psychotherapy for various mental disorders- Depression ², PTSD ³, Personality disorders ⁴, Addiction ⁵ and Psychosis ⁶.

Psycho-education has been described in medical literature from early 1900's. In the UK, it is most commonly done informally and in one to one setting. On this occasion, two trainee psychiatrists who were working in the unit set it up. We considered Yalom's interpersonal approach ⁷ more appropriate for our enterprise as it was defined within the psychiatric population and an inpatient setting.

Insight Group

Creating the nest

The idea of setting up a group was initiated by the first two authors and then discussed with service managers who welcomed it. Next came the question about choosing the location, timing and whether keeping it as an open/ closed group. We choose the unit near city centre to be the appropriate location to maximise the access by all and decided to keep the group as open and the programme to be limited to 5 sessions of one hour each.

The literature and experience with this group of patients advised that the groups should be as flexible as possible to avoid disengagement. We ran a mock session consisting of two therapists and a nursing staff without patients and identified some problems we might need to face during the sessions, related to setting and timing, such as concurrent activities, fire alarms etc, and appropriate solutions were applied.

What happened in the sessions

The initial group attracted 6 patients and two nursing staff members. Given its popularity, we gladly learnt that patients not only reattended but also recruited other patients reaching a maximum of 13 group components.

The discussions included targeted info about the mental illness in layman's language, treatments available, relapse prevention, health behaviour and interactions between substance misuse and mental illness. Most of the group members expressed concerns about the ongoing stigma attached with mental illness and felt that lack of therapeutic trust leads to prolonged episodes and delayed recovery.

We as Trainee group therapists

It really was a different experience to be a group therapist managing group members who have been chronically ill and undergoing rehabilitation and with varying cognitive ability. Though initially we prepared the activity more like a lecture format, very quickly we changed it into a free forum in which patients found themselves in the middle of discussions, not only

asking the questions but also answering most of these. Rather than new knowledge being acquired, which was part of it to a certain extent, the group also dealt with unspoken myths, prejudices, and stigma. These were often verbalised and worked through the group setting, normalised or put into a new perspective. This process very much corresponded to Yalom's curative factors of interpersonal learning, catharsis, cohesion, self understanding and universality. (Box 1)

Box 1 Yalom's curative factors (Yalom, 1970)

Interpersonal learning
 Catharsis
 Group cohesiveness
 Self- understanding
 Development of socialising techniques
 Existential factors
 Universality
 Instillation of hope
 Altruism
 Corrective family re-enactment
 Guidance
 Identification/ imitative behaviour

We had weekly supervision with Consultant Psychotherapist and discussed group dynamics. We learned more about how to involve every member of the group in conversation, including staff, and strategies to avoid potential destructive interactions between individual patients, channelling them towards inclusion and group acceptance.

Discussion

Psycho-education for patients suffering Schizophrenia has shown to reduce the relapse rate and rate of re-hospitalisation by 1.5 times⁸. It also increases the coping strategies of the patients⁹. A recent systematic review showed relative risk reduction of 0.8% and has proven that Psycho-education increases the patient's awareness of their illness and its treatment and it can be brief and inexpensive¹⁰.

Though in this experiment, we did not attempt to measure outcomes, we noted that a 5week programme can be an effective way of educating the patients about their illness and reduce their own sense of stigma associated with various myths. Of those, important ones are issues about dealing with professionals, especially with the medical profession, that thanks to our presence were checked and explored. We also observed that Psycho-education, rather than following a mono-directional traditional lecture format, if used as a springboard to ventilate patient's anxieties about their illness and to clarify the beliefs they might have about the illness and its treatment, can induce more receptivity in the service users involved. With the initial success, this group will be repeated following very similar format.

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Upcoming events

Hormones and Mood Disorders in Women Joint RCOG/RCPSYCH meeting

Date: 26 January 2012

Venue: RCOG, London

For Details Contact : 020 7772 6245

Faculty of Liaison Psychiatry Annual Meeting

Date: 29 Feb - 2 March 2012

Venue: Grand Hotel, Malahide, Dublin

Contact: College Conference Office,

Tel: 020 7235 2351 ext 6145

Email: eventadmin@rcpsych.ac.uk

Faculty of Addictions Annual meeting

Date: 3 & 4 May 2012

Venue: Holland House Hotel, Cardiff

Contact: College Conference Office,

Tel: 020 7235 2351 ext 6145

International Congress of the Royal College of Psychiatrists

Psychiatry: medicine and the future

Date: 10-13 July 2012

Venue: Liverpool

For details contact: conference@rcpsych.ac.uk

Tel: 020 7235 2351 x6129

Workshop on Update on ECG skills for psychiatrists

Tuesday 10 July 2012

Time 1430- 1545

Facilitators:

Dr Arun Natarajan, Specialist Registrar in Cardiology
Essex Cardiothoracic Centre, Balildon, UK

Dr Sridevi Sira Mahalingappa, ST6 in General Adult Psychiatry
Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham

Royal College of Psychiatrists: Faculty of General & Community Psychiatry Annual Residential Conference

Date: 13 & 14th October 2011

Venue: Hilton Hotel, Newcastle.

Contact: The Royal College of Psychiatrists Conference Office

Tel: 020 7235 2351 ext 6145

Email: dgoka@rcpsych.ac.uk

GAP Peer group meetings 2012

8th March 2012

4th May 2012

9th July 2012

11th September 2012

13th November 2012

The views expressed in the articles are the views of the authors and do not necessarily reflect those of the editors of the newsletter. This newsletter is intended to inform and promote the positive work of the West Midlands General Adult Psychiatry higher trainees. It is also hoped that it provides a platform for junior trainees, trainees in other specialities, SAS doctors and Consultants. We aim to publish this newsletter twice a year. Portfolio certificates are provided.

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