



Northern & Yorkshire Trainee Presentations

Spring 2011

Contents

Oral Presentations

O1 **Dr Deepika Yerrakalva**

Compliance of Northallerton IHTT with NICE guidelines for effective screening and identification of alcohol disorders and delivery of Brief Interventions

O2 **Dr William Rhys Jones**

*Dr Saeideh Saeidi
Dr John Morgan*

Knowledge, Views and Attitudes of Psychiatrists towards Eating Disorders

O3 **Dr Sarah Jawad**

Dr Peter Trigwell

Psychological support and care for young people with diabetes in the 'transition' period

O4 **Dr Sharon Beattie**

Trainees' Experience of Emergency Psychiatry

Poster Presentations

P1 Dr Christine Esbensen

What is the relationship between personality disorder and motivation to change and how does this effect outcomes in substance misuse disorders?

P2 Dr Clare Fenton

Dr Deepika Yerrakalva

Physical Examination in Psychiatry

P3 Dr Conor Davidson

*Mr Nick Greenwood
Dr Alison Stansfield
Dr Steve Wright*

Autism spectrum disorders and first episode psychosis

P4 Dr Fiona Padgett

Dr Sharafat Hussain

Audit of Communication with General Practitioners, and Medication Doses in Children Being Treated for ADHD in the North Shields CAMHS Team

P5 Dr Jane Atkinson

Dr Rebecca Chubb

Audit based project to review the factors impacting on the physical health of Elderly Psychiatric Inpatients

P6 Dr Mehrdad Habibi

Assertive Outreach Treatment for patients with Severe and Chronic mental Illness: Effect on In-patient Hospital Admissions

P7 **Dr Paul Sigalas**

*Ms Lucy Stevens
Ms Lisa Svensson
Ms Helen Watkinson
Dr Stuart Watson
Dr Hamish McAllister Williams
Dr Nicol Ferrier*

Antiglucocorticoid augmentation of antidepressants in Depression (ADD) study

P8 **Dr Imran Piracha**

Dr Andrew Brittlebank

An evaluation of a programme of teaching to develop Clinical Supervision Skills using a model of Medical Communication

P9 **Dr Sarfaraz Aslam Shora**

*Dr Steve Hopker
Dr Suresh Bhoskar
Ms Rebecca Griffin*

Study on Physical Examination on admission for patients with Mental Health Problems on Ashbrook Ward, Lynfield Mount Hospital, Bradford

P10 **Dr Soumaya Nasser El Din**

Dr Padakkara Saju

Diagnosis, formulation and management plans in the Therapeutic Community patients in St Andrew's Psychotherapy Unit in York

Oral Presentations

Compliance of Northallerton IHTT with NICE guidelines for effective screening and identification of alcohol disorders and delivery of Brief Interventions

1. Background:

Intensive Home Treatment Teams see a group of people identified by NICE as high risk for alcohol problems, in a time of crisis (Prevention and Early Identification of Alcohol Use Disorders (Guidance PH24) June 2010). Emergency GP, A&E and hospital liaison referrals to IHTT may not have been screened by other professionals.

2. Standards:

NICE Guidelines PH24: <http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf>
100% standards: the recommendations for practice (4 - 12) include the use of a validated screening tool such as AUDIT, in all emergency assessments and delivery of brief interventions (including structured brief advice and extended brief interventions) to those with hazardous and harmful use of alcohol.

3. Method and Setting:

1. Retrospective casenote audit – via EPEX electronic entries of initial assessments in September 2010 in the Hambleton & Richmondshire.
2. Survey of IHTT staff conducting initial assessments to identify the range of experience of screening for and classifying alcohol use disorders, and confidence and competency in providing Structured Brief Advice.

4. Results:

23/24 assessments were about alcohol but none were screened using a validated tool. 11 of those (48%) had some alcohol problem though these were not clearly classified in all cases, and 2 of those were not clearly picked up. None of the hazardous or harmful users were given brief structured advice using evidence-based FRAMES techniques. The survey revealed that staff are not trained in delivering advice nor do they know how to clarify different types of alcohol problems and refer to the correct service. A discrepancy between specialist service acceptance criteria and AUDIT scores was identified and changed. An online set of training for Structured Brief Advice was identified and will be implemented.

5. Lessons and Conclusions

Alcohol problems make up a significant proportion of emergency assessments and present an ideal opportunity to deliver effective brief interventions. Current practice uses unvalidated tools which do not helpfully classify the type of disorder or help in directing the patient to the most appropriate service. Staff surveys show it is appropriate and desirable to complete the AUDIT alcohol screening tool in all emergency assessments, to change the referral criteria to our specialist alcohol service (to reflect the AUDIT score) and to train IHTT staff in delivering brief opportune evidence based structured advice.

Northallerton will be a PCT pilot site, where following training, staff opinions about usability of AUDIT screening and delivery of advice, will be gathered by survey, and assessments will be audited again against NICE standards. If successful, and acceptable, this will then be rolled out across the PCT.

Knowledge, Views and Attitudes of Psychiatrists towards Eating Disorders

Dr Saeideh Saeidi, Leeds Partnerships NHS Foundation Trust

Dr John Morgan, Leeds Partnerships NHS Foundation Trust

1. Background:

It is well recognized that the general population has stigmatizing attitudes towards eating disorders. Similarly GPs, hospital physicians and medical students have poor knowledge of eating disorders and overly pessimistic views about their prognosis. However, little is known about knowledge and attitudes of psychiatrists towards these conditions.

2. Methods:

Our aim is to assess psychiatrists' knowledge and attitudes towards eating disorders and to determine whether knowledge and attitudes are correlated. The study design is that of a cross-sectional survey.

A web-based questionnaire was developed containing 8 demographic, 6 knowledge, 14 attitude and 3 training items. Psychiatrists of all grades working in 6 mental health trusts in Yorkshire will be sent an email with a link to the web-based questionnaire. Psychiatrists will be identified and emailed through the postgraduate secretaries from their trust.

All analyses will be conducted using SPSS version 17.0.

3. Results:

Psychiatrists appear to have some gaps in knowledge of the management of eating disorders and most feel that they have not had adequate training in treating these conditions. Attitudes to anorexia nervosa have so far clustered differently to those towards bulimia nervosa. There does not seem to be an association between knowledge and attitudes.

4. Conclusions:

Preliminary results suggest that there is a need for greater education of psychiatrists regarding the management of eating disorders. Likewise, our findings could explain why there are often significant delays in diagnosing and treating eating disorders in secondary care. The authors support previous recommendations for the commissioning of Early Intervention Eating Disorder Services.

Psychological support and care for young people with diabetes in the 'transition' period

Dr Peter Trigwell, Leeds Partnerships NHS Foundation Trust

1. Background:

The aim of this survey was to determine the availability of psychological support and care for young people with diabetes in secondary care services in the Yorkshire and Humber NHS Region during the transition period (i.e. ages 16–25 years).

2. Standards:

National Institute for Health and Clinical Excellence (NICE) guidance and National Service Framework (NSF) standards specific to children and young people with diabetes.

3. Method and Setting:

The survey developed in line with guidance was distributed to the diabetes services in all 20 centres within the Yorkshire and Humber NHS Region

4. Results:

The response rate for this survey was 100%. All centres were aware that children and young people with type 1 diabetes may develop anxiety and/or depression, and all (100%) or virtually all (95%) of the teams in the 20 centres agreed with the various key requirements stipulated in the relevant NICE guidance and NSF standards. However, many centres lacked key service elements, or indeed any plans to introduce them.

5. Lessons and Conclusions:

The findings of this study are of national significance given the nature and size of the region studied and the likelihood that the national picture is similar to this. There is a general sense of awareness among diabetes services and teams regarding the need for psychological support and care for young people with diabetes in the transition period. Despite this, multiple gaps exist in services in relation to the already existing requirements and standards.

Trainees' Experience of Emergency Psychiatry

1. Background:

Changes in working practice and the implementation of the EWTD have led to concerns about the impact on trainees' experience of psychiatric emergencies. Within South Durham concern raised by trainees led to an audit of on-call activity in 2008 which demonstrated trainees were not meeting Royal College recommendations. A second cycle in 2009 demonstrated local changes failed to have any impact. Subsequently an additional roster has been implemented to address the problem.

2. Standards:

The Royal College of Psychiatrists 'Occasional Paper 69 – specialist training in Psychiatry' recommends that during core training 'trainees must gain experience in assessment and clinical management of psychiatric emergencies' with the trainee seeing 'at least 50 individuals with a range of diagnosed conditions and with first line management plans conceived and implemented'.

3. Method and Setting:

Fourteen trainees completed the on-call re-audit form, collecting information about activity for each on-call period during May/June 2010. Details of assessments completed by five of these trainees participating in the additional emergency experience roster were also collected.

4. Results:

The on-call roster continued to provide limited emergency experience (6 assessments) however the additional emergency roster increased the number of assessments to a total of 36. Thus the projected number of assessments available to a trainee undertaking 3 general adult psychiatry jobs and remaining on the on-call roster for Core Training is 67. Most of these assessments occurred in-hours and only 23% received medical supervision.

5. Lessons and Conclusions:

An innovative roster has increased the likelihood of the standards being met but questions about the qualitative value of the experience remain.

Poster Presentations

What is the relationship between personality disorder and motivation to change and how does this effect outcomes in substance misuse disorders?

1. Background:

There is a high prevalence of a diagnosis of personality disorders in drug alcohol misuse service populations. Studies have suggested this cohort needs longer treatment periods, have higher rates of attrition and they are more likely to relapse. There is little published evidence of any clear relationship between personality disorders and motivation to change. I aimed to explore this relationship and to see how it effects outcomes

2. Methods:

This is a retrospective descriptive cohort study. It includes 1803 patients who attended Leeds Addiction Unit between 2007 and 2009. I used SAPAS (standardised assessment of personality abbreviated score) and standardised measures of motivation to change and co-morbidities. My main outcome measure was discharge categories. I used SPSS to perform bi-variate statistical analysis to explore the relationship between motivation to change and personality disorders and how it effected outcomes.

4. Results:

This study showed statistically significant correlations between personality disorder and measures of global distress, addiction severity and social satisfaction. Patients with personality disorder scored high on all measures of motivation but slightly lower than patients without personality disorder. There was a statistically significant negative correlation between the motivation domain self efficacy and SAPAS. I did not find any strong relationships between SAPAS and any of my outcome measures.

4. Conclusions:

This study did not show a clear relationship between motivation to change and personality disorder. This may be due to limitations of my study or the measures used. Further studies looking at relapse and motivation in this cohort are indicated.

Physical Examination in Psychiatry

Dr Deepika Yerrakalva, North Yorkshire and York PCT

1. Background:

Previous audits have shown trainee Psychiatrists in Bootham Park, York were frequently not completing a physical examination on inpatient admission, to the required standard or in a timely fashion. There had been some adverse untoward incidents that prompted the audit.

2. Standards:

The standards for timescale in which the physical examination should be completed on admission, and the detail and comprehensiveness of this physical examination was specified by consultation with local consultants in a set of guidelines adapted from the Gold Guide.

3. Method and Setting:

Setting: Bootham Park Hospital, York.
Method: Retrospective casenote audit of 112 admissions in 2008, introducing a new proforma then completing the audit cycle by examining 97 admissions in 2009.

4. Results:

The new proforma was used 46% of the time in the reaudit. Completed physical examination went up from less than 30% to 57.1% overall. When the proforma was used, the physical examination was completed 80% of the time. There was also an improvement in the tests requested including appropriate blood tests and ECGs.

5. Lessons and Conclusions:

Changing the examination proforma and delivering teaching on this as well as making it compulsory has significantly and dramatically increased the quality and timeliness of physical examinations on admission of psychiatric inpatients to Bootham Park Hospital. The scale of this improvement was such that the form has now been introduced in another site in the PCT.

Autism spectrum disorders and first episode psychosis

Mr Nick Greenwood, Aspire

Dr Alison Stansfield, Leeds Partnerships NHS Foundation Trust

Dr Steve Wright, Aspire

1. Background:

Previous studies have suggested autism spectrum disorders (ASD) are significantly more common in psychiatric cohorts than the general population, and often unrecognised. Failure to identify ASD in mental health services can lead to misdiagnosis and/or suboptimal treatment. We are aiming to determine the prevalence of ASD amongst users of an early intervention in psychosis service, and examine the characteristics of this client group in order to inform future diagnosis and treatment.

2. Methods:

Clients on caseload for first episode psychosis (n=197) were screened with the autism spectrum disorder in adults questionnaire, a short, observer rated screening tool based on the Gillberg criteria. Those screening positive were assessed for ASD features in a structured clinical interview, with collateral informant history if indicated.

3. Results:

Thirty individuals screened positive. Nine were excluded after review of casenotes on the basis of being unlikely to have ASD due to good pre-morbid social functioning. Of the remainder, four had an existing previous diagnosis of ASD. The remaining seventeen were invited for interview. At the time of writing four interviews have been completed, with at least one previously unrecognized case of ASD detected.

4. Conclusions:

Preliminary results show rate of ASD in this cohort of first episode psychosis clients is at least 3%. By March the interview phase will be completed and we will present a firmer estimate of ASD prevalence as well as detailed data on demographics, symptomatology and diagnostic/treatment challenges.

Audit of Communication with General Practitioners, and Medication Doses in Children Being Treated for ADHD in the North Shields CAMHS Team

Dr Sharafat Hussain, Northumbria Healthcare NHS Trust

1. Background:

- NICE Guidelines for ADHD state that 'clear lines of communication between primary and secondary care [should be] maintained'.
- NICE Guidelines and BNF state maximum recommended doses for methylphenidate, dexamfetamine and atomoxetine, and state that combination treatments should only be considered after referral to tertiary services.

2. Standards:

- All patients should have at least one letter written to their GP every six months, detailing type and dose of medication.
- No patient should be prescribed doses greater than recommended or a combination of medications unless there has been consultation with a tertiary service.

3. Method and Setting:

- 100 sets of case notes of patients who were prescribed medication for ADHD were examined for:
 - Date of last appointment/ last letter to GP
 - Medication type and dose

4. Results:

- Within the last six months
 - 94% had attended an appointment
 - 84% of notes contained a letter sent to the GP
- 8% were prescribed medication doses which exceeded recommended limits.
- 7% were taking a combination of medications
 - None had been discussed with a tertiary centre.

5. Lessons and Conclusions:

- Clinicians were alerted if patients did not meet the gold standard
- Recommendations were:
 - Re-audit in six months
 - Repeat the audit within the other local teams, and set a new gold standard for the service.
 - A computerised reminder system to ensure that patients are seen within the time-frame and letters written.
 - Develop a policy on what steps to take if the maximum doses recommended by NICE or the BNF are exceeded.

Audit based project to review the factors impacting on the physical health of Elderly Psychiatric Inpatients

Dr Rebecca Chubb, North Yorkshire and York PCT

1. Background:

Critical points were identified which impact on the physical health of elderly psychiatric inpatients from point of admission:

- 1) Initial admission policy: Physical examination with management plan, carried out by junior doctors.
- 2) Nursing staff: medical knowledge and confidence regarding inpatient physical health
- 3) Medication: impact of timing, omission and side effects of medication

2. Standards:

TEWV policies:

CLIN/0052/v1: ASSESSMENT AND ONGOING PHYSICAL HEALTH CARE OF SERVICE USERS

PHARM/0002/v4: Medicine Code: Policies and procedures to manage the risks associated with the use of medicines

3. Method and Setting:

A combination of two audits and one survey carried out on a psychiatric elderly ward.

- 1) Audit of the junior doctor completion of admission physical examination proforma
- 2) Nursing Staff survey of baseline understanding; repeated after teaching sessions.
- 3) "Snapshot" audit of Medicine cards

4. Results:

As a result of the baseline knowledge survey, teaching sessions were delivered to the nursing staff, with improved confidence and understanding reflected in the post teaching repeat survey. Physical health monitoring was reviewed with changes instigated and implemented by nursing staff. Staff awareness was increased regarding medication administration and documentation.

5. Lessons and Conclusions:

Many nurses expressed anxiety regarding physical co-morbidities, often linked to time lapse since nursing training. Confidence and cohesiveness of team was improved by teaching sessions with nursing staff showing enthusiasm to attend and also implement change of daily practice on ward. Equipment was reviewed in clinic room. Junior doctor responsibility regarding admission physical examination was included at local induction. Increased awareness and attention to clinical impact of omission codes entered on medicine cards.

Assertive Outreach Treatment for patients with Severe and Chronic mental Illness: Effect on In-patient Hospital Admissions

1. Background:

Assertive Outreach is a team-based approach to provide intensive and flexible psychiatric care for people with severe and chronic mental illness in the community in order to keep them in contact with psychiatric services, improve their clinical outcome, quality of life, and reduce the need for in-patient admissions. Since its development in the United States in 1970s, it has been adopted by many other countries including the UK. Local research evidence supporting the effectiveness of this model of care is scarce.

2. Methods:

Observational retrospective pre-post study design, comparing the average number of days spent in an in-patient psychiatric unit, number of admissions and time to the next admission during the year before and the year after being recruited to the Leeds Assertive Outreach Team in 58 patients who were referred to the team between July 2006 and May 2008.

3. Results:

Median number of days spent by each patient in an in-patient unit was 69 during the year before and 14 during the year after recruitment to the assertive outreach team. Wilcoxon test showed that this difference was statistically significant ($z = 3.940$, $N\text{-Ties} = 53$, $P < .001$, two-tailed). There was no statistically significant difference between the total number of in-patient admissions and time to the next admission during the year before and after recruitment to the assertive outreach team.

4. Conclusions:

Being under the care of the assertive outreach team is associated with a significant reduction in the psychiatric in-patient bed utilisation by patients with severe mental illness.

Antiglucocorticoid augmentation of antidepressants in Depression (ADD) study

Ms Lucy Stevens, Newcastle University, Ms Lisa Svennson, NTW

Ms Helen Watkinson, NTW, Dr Stuart Watson, NTW

Dr Hamish McAllister Williams, NTW, Dr Nicol Ferrier, NTW

1. Background:

Depression is associated with significant morbidity, mortality and cost to society. It can be effectively treated with antidepressants. However 1/3 of patients do not respond to first line treatment. A dysregulated hypothalamus-pituitary-adrenal (HPA) axis is found in depression often with hypercortisolaemia. Pre-clinical work in Newcastle shows that corticosteroids attenuate neuropharmacological effects of serotonergic antidepressants, while glucocorticoid antagonists have the opposite effect. Clinical data demonstrates that a dysfunctional HPA axis is associated with poorer response to antidepressants.

Aims: An MRC/NIHR Efficacy and Mechanism Evaluation grant has been awarded to examine the effect of a 3 week treatment with metyrapone (cortisol synthesis inhibitor) alongside standard antidepressants in patients who have previously failed to respond to antidepressant treatment (The ADD- Study). In addition to efficacy the ADD study is investigating the mechanism by which metyrapone may enhance response.

2. Methods:

The ADD study is recruiting 190 patients randomised to either placebo or metyrapone. Alongside effects on mood sub-sets of patients are undergoing assessment of neuropsychological function, fMRI and EEG examinations.

3. Results:

4. Conclusions:

The ADD study is investigating a paradigm shift in the treatment of depression which has potentially vast implications around how this serious condition is managed in the future.

An evaluation of a programme of teaching to develop Clinical Supervision Skills using a model of Medical Communication

Dr Andrew Brittlebank, Northumberland, Tyne and Wear NHS Trust

1. Background:

The PMETB and Royal College of Psychiatrists have asserted that it is essential that doctors in training develop skills in clinical supervision (PMETB, 2008; RCPsych, 2007).

Clinical supervision is also extremely important in terms of ensuring the quality of care that is delivered to patients.

Despite the essential nature of this skill it has not to date been the subject of much research and there is no empirical guidance as how this skill may be taught or assessed. The Calgary Cambridge method might provide a framework for teaching and assessing clinical supervision skills.

The aim of this study is to determine whether a teaching programme based on the Calgary Cambridge communication skills method is acceptable to a group of higher psychiatry trainees and to measure the impact of the training on subsequent practice.

2. Methods:

Approximately 60 higher psychiatry trainees employed in Northumberland Tyne and Wear Trust were invited to attend "Developing competency in clinical supervision" workshop, based on the Calgary Cambridge framework.

The quality and relevance of this teaching was assessed using a standard evaluation of teaching questionnaire.

The impact of the teaching on practice will be measured using an impact of teaching questionnaire three months after the teaching sessions.

3. Results:

The early results of the evaluation study indicate that the teaching was acceptable and relevant. The results of the impact on practice evaluation are awaited.

4. Conclusions:

Study on Physical Examination on admission for patients with Mental Health Problems on Ashbrook Ward, Lynfield Mount Hospital, Bradford

*Dr Steve Hopker, Bradford District Care Trust, Dr Suresh Bhoskar,
Ms Rebecca Griffin, Bradford District Care Trust*

1. Background:

People with mental disorders and disabilities have a higher risk of poor physical health and premature mortality than the general population. Bradford District Care Trust considers a physical examination to be a routine element of the admission process. An audit revealed that 33% patients had physical examination completed on admission. No clear reasons were documented in notes for the failure to complete physical examination and also the handover between staff regarding pending physical examinations was inconsistent.

2. Standards:

After attending the Training and Action for Patient Safety workshop in February 2010, a study was designed with the aim for an improvement in physical health risks of patients through 100% adherence to the Trust policy on physical examinations to be completed for all newly admitted patients.

3. Method and Setting:

Junior doctors and nursing staff were made aware of the Trust policy for conducting physical examinations of patients admitted to in-patient units. Junior doctors were encouraged to write in the handover book for duty doctors regarding pending physical examinations. Audit tools using PDSA cycles and SBARR tools were developed and audits completed on a weekly basis and feedback provided on variable practice.

4. Results:

We have been able to achieve 100% adherence to the Trust policy on physical examinations for all newly admitted patients.

5. Lessons and Conclusions

The multi-disciplinary approach proved key to achieving adherence and change in practice. Progress is reviewed on a regular basis with monitoring change and lessons shared. The Trust board will implement the action plan framework developed in this project on inpatient wards across the whole Trust.

Diagnosis, formulation and management plans in the Therapeutic Community patients in St Andrew's Psychotherapy Unit in York

Dr Saju Padakkara, North Yorkshire PCT

1. Background:

According to Community of Communities and NICE guidelines, all therapeutic community's patients should have a formulation and management plan during the psychotherapy in tertiary care. Our aim was to check if this is the case with the patients attending St Andrew's therapeutic community in York.

2. Standards:

1. Community of Communities Standards (Royal College of Psychiatrists)
2. NICE guidelines (CG78) (2009)

3. Method and Setting:

Retrospective collection of data, using both notes and electronic patient records, for all the patients who were discharged from St Andrew's Therapeutic Community in York in the last year (Nov 2009-Nov 2010). Details of the demographics, timing, source and reason for referrals; along with level and clarity of diagnosis, formulation and treatment plans were collected and analyzed using Microsoft Excel™.

4. Results:

We used rating instruments to assess the adequacy of diagnosis, formulation and treatment plan (please see attached sheet for scales). In a total of 20 patients, 4(20%) had no diagnosis and 11(55%), 4(20%), 1(5%) had level 1, 2, 3 diagnosis respectively. Half of the patients did not have any kind of formulation and only 3 (15%) had level 3 formulation. At last, all patients had some kind of goal setting and management plan; however, there were some reservations about how did those fit in with their overall problems.

5. Lessons and Conclusions:

This audit, which was conducted for the first time, can improve the efficiency of service delivery in a specialist tertiary psychotherapy service. We should document our attempts at diagnosis and formulations; in addition to linking management plans to main goals.