

# West Midlands Division



April 2009

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- Affiliates Meeting (Spring Meeting)  
24 April 2009
- Spring Divisional Meeting  
8 May 2009
- RCPsych Annual Meeting 2009  
2 - 5 June 2009
- Winter Divisional Meeting  
4 December 2009

## Editorial

Welcome to the Spring Edition of the Divisional Newsletter. Once again we have a range of articles which highlight the extensive activities of the Division and the commitment of its members.

I would like to thank Dr Javed for his hard work and commitment as Chair and encourage members to seek nominations for the future Chair and Executive Committee Members.

I would also encourage you to put a date in your diary for the next academic meeting to be held on 8<sup>th</sup> May at the Village Hotel in Dudley which is focusing on "Doctor's Health and Well Being" as well as the "Business of Psychiatry" - both highly topical issues and significantly interlinked.

**Gabrielle Milner, Editor**

**Winter 2008 Academic Meeting: Martin Gee, Vanessa Cameron, Nick Craddock, Christine Vize, Neil Deuchar (from left to right)**



If you would like to submit an article for inclusion in the next edition of the newsletter please send it to [ndavies@wmidsdiv.rcpsych.ac.uk](mailto:ndavies@wmidsdiv.rcpsych.ac.uk) by 31 August 2009

## Chairman's Report

Welcome to the spring issue of our newsletter. Thanks again to the editorial board and especially to Dr Milner, Dr Watts & Nikki Davies who have made this publication possible. I would like to take this opportunity to update our readers about recent developments:

### ♦BME sub-committee

This committee has shown a great interest in different programmes for BME and has been actively involved in organising meetings and raising awareness amongst different Trusts in the region. We recently had a very successful meeting at West Bromwich.

### ♦Public Education sub-committee

This committee has continued arranging different meetings and is very actively involved in public education projects in the region.

### ♦Patients' & Carers' sub-committee

The Division has supported the activities of this group by encouraging their participation in Division meetings. The group recently held a workshop with CSIP in Birmingham that attracted a number of groups working on different issues related to users and carers in our area.

### ♦Medical Directors Group

This group is regularly meeting now under the chairmanship of Dr Ashok Roy and is actively involved in discussing matters related to medical management, workforce issues and College policies in these areas. Dr Neil Deuchar, in his new role of Medical director of West Midlands SHA, has been very helpful in the functioning of this group.

### ♦Affiliates Meetings

The sub-committee of the Affiliates and SAS doctors will be arranging its next meeting in April. Dr Naeem deserves special appreciation for his hard work.

### ♦Clinical Excellence Awards

Our Division's special committee under the chairmanship of Professor Femi Oyeboode has recommended names for ACCEA awards from the region to College for onward submission to ACCEA and we are waiting for the final results.

### ♦Divisional Meetings

We are pleased that we are getting good participation from our members in our Divisional meetings. The last meeting was held in December 2008 and was well attended. The debate on New Ways of Working was very stimulating and we have been able to mobilise similar debates in other College Divisions. The talk on Spirituality & Mental health was also very impressive and we are thankful to Prof Andrew Sims, one of the past Presidents of the College, for his presentation.

### ♦Elections

There are a number of vacancies within the Division in 2009, including the position of Divisional Chair, and I would encourage anyone interested in taking up this post to get in touch with me for an informal chat about what the job entails. Further details about all vacancies can be found on page 8.

**Dr Afzal Javed,  
West Midlands Division Chair**

Divisional Meetings and Events

# West Midlands Division Spring Meeting 2009

**Morning: Doctors' Health and Well-Being**

**Afternoon: The Business of Psychiatry**

**To be held in  
Dudley**

**Friday, 8<sup>th</sup> May 2009**

The day includes:

**Research Presentation Prize Competition  
Presentation of Thomas Bakewell Essay Prize**

Booking form and full programme enclosed with this mailing

For more information please contact the Divisional Office

Tel: 0121 410 2655 Fax: 0121 410 2656

[ndavies@wmidsdiv.rcpsych.ac.uk](mailto:ndavies@wmidsdiv.rcpsych.ac.uk)

[scorfield@wmidsdiv.rcpsych.ac.uk](mailto:scorfield@wmidsdiv.rcpsych.ac.uk)

**\*Limited places available – book early to avoid disappointment \***

*This event is eligible for CPD subject to the approval of your peer group*

## Divisional Meetings and Events

### Winter Divisional Meeting, 5th December 2008

The West Midlands Divisional Meeting took place on 5<sup>th</sup> December 2008 at the Warwick HRI Conference Centre.

After an update on Divisional issues from Dr Javed, Chair, the clinical audit presentation took place and the award was presented to Dr Ramakrishna, Dr Cheema and Dr Hussain for their audit on the range of family interventions offered to patients with schizophrenia.

The morning session concentrated on spirituality and mental health chaired by Dr Chris Mace and included presentations by Professor Sims and Professor Gilbert. Both lectures were thought provoking and prompted significant reflection amongst the audience

The main focus of the day however was the debate "Are New Ways Working" details of which are presented in the following report on the following page.

**Dr Gabrielle Milner**



## Divisional Prizes

The 2008 Clinical Audit Prize was awarded to Drs Cheema, Ramakrishna and Hussain at the Winter Academic Meeting on Friday, 5 December 2008 in Warwick by Dr Javed for their entry "Clinical audit on the range of family of interventions offered to patients with schizophrenia". Dr Rana's entry "Audit of quality of GP referrals to Old Age Psychiatry, Hereford" was highly commended.

Shortlisted candidates for this year's Research Presentation Prize will be presenting their presentations at the Spring Divisional Meeting on Friday, 8 May 2009 in Dudley, where the winner will be presented with a trophy.



**Dr Cheema & Dr Rana with Dr Afzal Javed, Vanessa Cameron and Professor Cox**

The title for this year's Thomas Bakewell Essay Prize for medical students was 'Critically discuss changes in understanding and management of Depressive Disorder over the last sixty years'. Entrants will be informed of the result and the winner will be presented with a cheque for £100 at the Spring Divisional Meeting.

Further details about current prizes can be obtained from the Division's web page:

<http://www.rcpsych.ac.uk/college/divisions/westmidlands/prizesandcompetitions.aspx>

## Debate: 'Are New Ways Working'

Our recent Winter 2008 Divisional meeting was the setting for the impassioned debate: "Are New Ways Working?" Chair, Vanessa Cameron, explained that this consultation process comes in light of mixed reports 6 years after the College's statement in support of the principles of New Ways of Working (NWW). Concerns have been raised about poor morale, reduced recruitment and the effect on the life of the psychiatrist.

### FOR: NWW heralds an era of leadership and capable teams

Dr. Neil Deuchar, Consultant Psychiatrist and Medical Director of Birmingham and Solihull Mental Health Foundation Trust, proposed the motion and he was seconded by Dr. Christine Vize, Consultant Psychiatrist and Associate Director for New Ways of Working with NIMHE/CSIP.

Dr. Deuchar said he brought a managerial perspective to this issue, in addition to his involvement with work the College did in response to feelings of "dissonance and disenfranchisement" described by psychiatrists. Increasing number of patients and concerns re: accountability within multidisciplinary team for patients not seen by a psychiatrist led to calls for the psychiatrist's role to be more explicit with NWW helping to take this process forward. He saw a consultant's role as dealing with the most severe, unwell and complex patients in light of their experience and expertise.

NWW promotes leadership within the consultant's role. Not only would service improvement be effected via team supervision, he felt that the consultant has an "ambassadorial role" to interface with GPs and other key agencies. He made the case for a "partnership" approach in "getting it right" for patients.

He saw NWW as a tool to build "capable teams" where different skills are brought together to

work synergistically to match the local population and improve the quality of care delivered to patients thereby empowering them. NWW ensured an "equal power balance" between us as service providers and the patients, their carers and families via the process of listening to their "hopes, fears and aspirations".

There is a need to balance professional expertise and clinical skills with efficiency and measurable outcomes. He made reference to his own organisation where people are becoming more interested in other roles in governance and implementation committees: one third of the consultant body were involved in management roles. He saw this as "investment bearing fruit" as their "expertise was being channelled into decision making forums".

Dr. Vize examined what exactly is NWW and what it is not. She saw NWW as a way of "creating and sustaining, capable and flexible teams both effectively and efficiently". There was a *perceived* loss of power and status. She stressed that NWW *wasn't*. European Working Time Directives, Modernising Medical Careers, Payment by Results, Functionalisation, Foundation Trusts Status nor the Subconsultant Grade; nor is it a dictum that a doctor cannot investigate, prescribe or manage.

Patient safety could be enhanced. She stated that in 2003 psychiatrists expressed "anguish" over feelings of being "burnt out and stressed". She felt that working with other professionals in this way would help. She reported that the Royal College National Steering Group for NWW did acknowledge that one rationale was to address the shortage of Consultant Psychiatrists. However, it was in line with the expanding role of psychologists and extension of roles in non medical prescribing which came with service redesign.

She felt that the "Old Ways" were not working and was without evidence base. She gave some

## Debate: 'Are New Ways Working' (continued)

quotes to support this: "negative experiences", "reading notes while talking", "400 outpatients...didn't feel meaningful". Further evidence of "Old Ways" not working was the murder by Gary Taylor who was just seen by a Consultant Psychiatrist. The "Old Ways", she argued, were working just for the psychiatrist and not necessarily for service users, carers or other professionals.

She saw NWW as providing personalised, effective care with a Single Point of Access designed to "catch everybody (with) no loopholes". Within a NWW framework, the patient would see a Consultant who can respond quickly and effectively.

She stressed that NWW was not just a management tool designed to cut people's jobs or to cut costs. She said this was something that would "empower teams at the frontline" and "make the service work best for patients". She equated NWW done properly to Community Care done properly.

### **AGAINST: NWW -a "Trojan horse"**

Dr. Martin Gee, Consultant Psychiatrist at the North Staffordshire Combined Healthcare NHS Trust and Professor Nick Craddock, Honorary Consultant at the University of Cardiff were arguing against the motion.

Dr. Gee looked at how the evolution of psychiatric services led us to the situation we are in today. Psychiatry, emerging from institutional and biological care, moved into catchment areas, community care and Multidisciplinary team work between CPNs and doctors (including GPs). Psychosocial care was in its infancy but an emerging area. People worked hard and took patients' care seriously. He highlighted that all of these were going on long before NWW and are not recent discoveries of NWW.

Before NWW, he estimated that the average

clinician would have about 75% direct contact time with patients. However, he felt this would be markedly reduced to about 20% under NWW.

In the 1990s, there was a need to increase consultant numbers and this impacted on local policies, like the size of catchment areas. For some there was an unfair proportion of work and no workforce development. He felt that this led to the "era of the Locum Consultant" who were paid highly and perceived as having very little long term responsibility. The services relied heavily on the CPNs, Social Workers and OTs. There was an overall negative view of the psychiatrist as a professional.

Other events, such as the Ben Silcott and Christopher Clunis cases, led to media hype and society's concerns regarding the assessment of risk. This has definitely impacted on society's views and expectations of psychiatrists. This, in combination with a serious recruitment and retention problem, led to the profession searching for a way to improve services and the life of the psychiatrist.

NWW emerged as "the solution" but Dr Gee suggested it will cause more problems. There are concerns that Nursing Staff and Social Workers will be reluctant to take on leadership roles without a commensurate increase in power, status or pay. Looking at the Single Point of Access, initially introduced to divert inappropriate referrals, would actually introduce a "middleman" with variable experience, a "power of veto" which may confuse GPs and lead to lost referrals.

NWW can damage continuity of care. Pre-NWW, someone with a mental illness would probably see one consultant in hospital and in the clinic who would follow them through. However, under NWW, they can expect to see about 5 Consultants and Teams with whom they would have little or no relationship.

## Debate: 'Are New Ways Working' (continued)

With NWW, bigger teams would be split into smaller teams leading to strict entry/exit criteria that could cause "feuds" and "poor working relationships". It is not "team or task focussed". He did not think that recruitment has actually improved: only 6% of MRCPsych candidates were from the UK.

Professor Craddock bolstered this argument against NWW by first suggesting that in Psychiatry there is a "lot of politicisation of issues". He surprised us all by suggesting we vote "Yes" to the motion: but only if we agreed that it's worked as "sticking plaster" that created more problems than solutions.

The initial problem was a lack of psychiatrists. NWW has increased numbers, he felt, but only in a temporary fashion. The long term consequences were not going to be helpful to psychiatry, psychiatrists or to patients.

Professor Craddock felt that with NWW there was lack of clarity of the psychiatrist's role and ultimately, damage to the public's view of the psychiatrist. This would impact on the care provided to our patients. Patients with Mental Illness would not receive as good care as patients with Cancer. The care of the latter is improved by more funding, not by having fewer specialists. This begs the question: how then can the opposite work for Psychiatry?

Looking at the wider context: does psychiatry have a role in current health services? If no, then he suggested that we are actually "non medics". However, he argued that we do, because Mental Illness generally responds well to biological treatment and consideration needs to be given to comorbid physical illnesses. Leading on from this, he felt that we need to examine the role of the psychiatrist: firstly, where and when is referral to a psychiatrist most useful and secondly, are psychiatrists seeing people as early as possible to ensure they receive the appropriate care.

He agreed that the "old ways" were not working so well but felt that this does not necessarily mean that NWW is working either. There needs to be more consideration and consultation.

Emerging research in the imaging and molecular biology of Mental Illness provides evidence for a future role of the psychiatrist. These areas have shown huge potential and unless psychiatrists, as the doctors medically trained to implement treatment in these areas, are adequately recruited, there will be a risk of other specialities like Neurology taking over our role. He felt strongly that lack of clarity of the role of the psychiatrist due to NWW would have a negative impact on recruitment and service delivery in the future.

He saw the decision as a simple one: vote for the NWW if we want a quieter workload and short term solutions but vote against it if we were interested long term improvement and solutions.

### A Concerned Audience

The audience contributed to an interesting discussion following the debate. One of the main issues raised was the impact of NWW on training. Many were concerned that both trainers and trainees had no clear understanding of the changes and that the uncertainty will filter down to medical students thereby affecting recruitment. Some saw this as an opportunity to reinvent ourselves as a speciality to make Psychiatry more marketable.

Another concern was that the experiential nature of psychiatric training would suffer under NWW as some saw it as promoting "avoidance". However, there was a suggestion that motivated trainees can work with NWW by working alongside their multidisciplinary colleagues and still access training and patient exposure opportunities.

Some felt that the ability to consult on the severe and complex cases was dependent on

## Debate: 'Are New Ways Working' (continued)

maintaining clinical skills by seeing patients with "routine" problems. This begged the question of how does a psychiatrist maintain professional credibility if he/she was only seeing select cases.

Continuity of care was felt to be a priority and the audience generally felt that therapeutic relationships would be affected. There was a risk that secondary preventative skills would not be adequately developed.

Various other issues were raised: development of smaller teams leading to exclusivity and reduced inter-team working, the impact on Addiction Psychiatry where GPs were doing the job of Addiction Psychiatrists and how patient

choice would be promoted in an NWW environment.

Most were of the opinion that NWW was a government initiative without adequate evidence: a "Trojan horse ridden by the Emperor with his new clothes!"

### The Vote

That statement summed up the mood of the audience and the final vote was resoundingly *against* NWW 43 to 6 with 1 abstention!!

**Dr. Sadira Sastra Teeluckdharry**  
ST4 Speciality Registrar

The College offers a discount of £25 for fee payment in one Direct Debit instalment (January) and £15 for payment in two Direct Debit instalments (January and June). Retired members, PMPTs, and members overseas pay the lowest rate regardless of payment method. To set up a Direct Debit arrangement please go to <http://www.rcpsych.ac.uk/member/yourmembership/categoriesfees/howmuch.aspx#method>.

Direct debits set up now will take effect from January 2010.

## Elections and Appointments

### \*ELECTIONS\*

The West Midlands Division is holding elections for posts of:

Chair

3 x Executive Committee Members

Anyone wishing to stand for election should return a nomination form to Sue Duncan, Divisions Administrator, Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG. The closing date for the return of nomination forms is

**Friday, 24 April 2009**

### \*VACANCIES\*

Regional Adviser - closing date has now passed

Deputy Regional Adviser - closing date has now passed

### \*APPOINTMENTS\*

None

### \*FAREWELLS\*

None

Please contact Nicola Davies in the Divisional Office for further details

## Assessors for the College on Advisory Appointment Committees

If you have been a consultant for more than three years, would you be interested in representing the College as an Assessor on Advisory Appointment Committees (AACs)? Assessors are crucial to ensure good practice is maintained at all AACs and to provide a constructive assessment of applicants' expertise for the post. We urgently need representatives in all psychiatric specialties and in all regions. For full details on the role and how to become an Assessor, please contact Miss Charlotte Cox at the Department of Postgraduate Educational Services, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Alternatively, please see the College website by following the link <http://www.rcpsych.ac.uk/training/collegeassessor.aspx>. We do hope that you will join our team of Assessors and look forward to hearing from you.

## DEBATE SECTION - an opportunity to express *your* views

### 'New ways of working for consultants-better for consultants or patients?'

click for

**CONSULTANTS**

click for

**PATIENTS**

**\*Votes received as at 23 March 2009 = 66.66% Consultants/33.33% Patients\***

#### Comments received...

'New ways of working means different things to different people; the different professions, managers and even within psychiatrists. It may well have served well those who have entered it - but whilst many others continue to work with onerous schedules - even within the same trusts - it is an incomplete assessment of its overall impact. A full debate on what we want psychiatrists to be doing over the next decade would be welcome.'

'..the streamlining of roles and expertise through NWW will eventually benefit patients by service improvements, better morale and better response to emergencies.'

'I was interested to read the Debate section in Issue 6 of the Newsletter on New Ways of Working. The question is worded so as to assume that either Consultants or patients will benefit from NWW.'

'..neither will benefit. The whole scheme seems to be designed to take Consultants away from what they do best - i.e. seeing and treating patients and offering continuity of care. This has always been the model we have followed in Old Age Psychiatry and we are pleased to be free (so far) of the bureaucratic nightmare that has so fragmented General Adult Psychiatry where it seems that a patient can pass between 3 or 4 different Teams and a never-ending stream of "assessments". Consultants no longer seem able to "get a hold of" the patient's care and risk being sidelined.'

We keep it simple. The Consultant sees the bulk of referred patients- always in their own homes, and CPNs or Social Workers are brought in as needed. Patients know they are seeing the most senior person in the Team from Day 1.

NWW was brought in initially as a panic measure due to the Consultant Manpower crisis. It may have had a little spurious merit as a stop-gap but must now be regarded as dead in the water. New Ways of Not Working (NWNW) seems a more accurate heading.'

## Local Award Winners 2008

The British Pakistani Psychiatrists Association Awards 2008 results were announced during the 7<sup>th</sup> BPPA Annual Conference on 1-2 November 2008 at Marriott Forest of Arden Hotel, Warwickshire

### The BPPA Young Researcher of the Year Award

#### For Research in Pakistan

Winner: Dr Sohail Ali

Runner Up: Dr Muhammad Gul

#### For Research in UK

Winner: Dr Tariq Hassan, Birmingham

Runner Up: Dr Sobia Khan, Birmingham

### The BPPA Public Education Award

Winner : Dr Saima Niaz, Carlisle

Runner Up: Dr Imran Mushtaq & Dr John Kamara, Milton Keynes

### The BPPA Clinical Audit Award

Winner: Dr Alvina Ali, Leicester

Runner Up: Dr Mansur Butt, Manchester

Short Listed: Dr Yasir Abbasi, Sheffield, Dr Muhammad Gul, Yorkshire, Dr Faheem Khan, Coventry, Dr Sohail Zafar, Wolverhampton

If you or any of your colleagues have won awards recently please let us know so we can inform the membership of your achievements.

## Advance Notice

### Annual Meeting of the Royal College Of Psychiatrists

'A FAIR DEAL for all: mental health in a multi-cultural society'

2nd - 5th June 2008 at the BT Convention Centre, Liverpool

For further information please visit

<http://www.rcpsych.ac.uk/events/annualmeeting2009.aspx>

or contact

[conference@rcpsych.ac.uk](mailto:conference@rcpsych.ac.uk)

## Clinical Excellence Awards 2009

Congratulations to Professor Swaran Singh, Dr Janice Birtle and Dr Hugh Rickards on obtaining bronze awards in the 2008 round.

The West Midlands Division CEA nominating committee met on Monday, 13 October 2008 to discuss 2009 bronze, silver and gold applications. Nominations were forwarded to the College. Details of West Midlands Division rankings can be found at <http://www.rcpsych.ac.uk/college/divisions/westmidlands/cearankings.aspx?page=3999> (member login required)

Members wishing to be considered for the 2010 round should submit their CVQ and the College's covering sheet to Sue Duncan, College Awards Administrator, [sduncan@rcpsych.ac.uk](mailto:sduncan@rcpsych.ac.uk), by 24th July 2009. Further details about the College's CEA procedures be found on the College website.

## \*MEDIA ALERTS\*

The Divisional Office receives daily press alerts of issues relating to psychiatry that have appeared in the media.

If there are any issues or particular articles that you would like us to look out for please contact us and we will arrange for alerts to be forwarded to you.

## Fellowship Nominations

The closing date for nominations is 30 September each year. The process by which Members be awarded Fellowship of the College is that they should be nominated, proposed and seconded by two members of the College. Further details, including a nomination form, can be found at <http://www.rcpsych.ac.uk/training/postgraduateeducation/collegefellowship.aspx>

The Division would like to encourage eligible members to apply for Fellowship and urges them to contact the Divisional Office if they need any assistance.

Congratulations to the following Division members who were recently elected to the Fellowship: Dr Iftikhar Ahmad, Dr Prudence Allington-Smith and Dr Geraldine Cassidy.

## West Midlands Division - Current Consultations

(<http://www.rcpsych.ac.uk/college/divisions/westmidlands/currentconsultations.aspx>)

The Division is currently seeking the views of its membership on the following:

- Consultation on the Draft General Medical Council (Licence to Practice; regulations 2009 and supporting guidance for Doctors) [Licence to Practice](#)  
Comments to [cchurchill@rcpsych.ac.uk](mailto:cchurchill@rcpsych.ac.uk) by 6 April 2009
- Common Assessment Framework for Adults: A consultation on proposals to improve information sharing around multi-disciplinary assessment and care planning. Please see [consultation website](#)  
Comments to [cchurchill@rcpsych.ac.uk](mailto:cchurchill@rcpsych.ac.uk) by 3 April 2009

If you would like to contribute to the Division's response to any of these documents please contact [Nicola Davies](#) at the Divisional Office.

## West Midlands Division: BME Sub Committee on delivering Race Equality in Mental Health Care

This group was established by West Midlands Psychiatrists as a subcommittee of West Midlands Executive Committee in late 2007. The group has since been meeting on quarterly basis and gradually the membership has been growing. The CSIP West Midlands through Ms Ranjit Senghera has been a close collaborator. The sub-committee contributed in organising a full day conference in collaboration with CSIP in Birmingham in March 2007.

The aim of the sub-committee is to promote joint working on development work around BME issues in the West Midlands region. The membership of the Sub Committee is open to all psychiatrists working in the region and other mental health professional. However there is a core group with representation from mental health professionals, service users and carers.

Its objectives are:

- ♦ To provide a multidisciplinary forum to bring together mental health professional interested in BME agenda and to share best practices.
- ♦ Encourage evidence based practices and innovations to develop and improve mainstream mental health services, which are sensitive and accessible for BME Communities.
- ♦ Develop mental health services which are responsive to the needs of the BME community.
- ♦ Contribute in the training of psychiatrists, and other mental health professionals on cultural competency and capability as well as race equality.
- ♦ All the members who are interested in these issues are requested to join hands with the sub-committee to move the agenda forward.

Dr Iftikhar Ahmad,  
Chair - BME sub-committee  
West Midlands Division, RCPsych

### Date for your diary!

#### Accessible, Informed and Capable Mental Health Services for BME: Strategies, Direction and Regional Initiatives

A joint conference is scheduled to take place on **Friday, 15<sup>th</sup> May 2009** at the Bescot Stadium in Walsall, West Midlands. The conference is being organised by the BME and Public Education Sub Committees of the West Midland's Division in collaboration with Dudley & Walsall Mental Health Partnership NHS Trust.

If you require further information please contact [scorfield@wmidsdiv.rcpsych.ac.uk](mailto:scorfield@wmidsdiv.rcpsych.ac.uk)

## West Midlands Division: Patients and Carers sub-committee

On 5<sup>th</sup> March 2009, Sandwell Mental Health and Social Care NHS Foundation Trust in collaboration with the West Midlands Division of the Royal College of Psychiatrists hosted an afternoon session entitled 'Patients' and Carers' - Positive Steps'. The stimulating session focused on the Royal College of Psychiatrists' 3 year "Fair Deal" campaign. The Patients' and Carers' Sub-Committee Chair Dr Kais Mahbouba together with Dr Thakor Mistry and Dr Bandopadhyaya, Linda Price, Manager of the Sandwell Carers' Team and Service Users' Reference Group Chair, Taffe Jones and Debbie Ellwell, were part of the local organizing committee. Dr Javed, Sue Corfield and Nikki Davies from the West Midlands Division were the collaborative partners.



It is always wonderful to see through small ideas coming to fruition in a short time. From the sub committee meeting in July 2008 at Halifax House in Edgbaston to the afternoon of interactive session, that turned out to be a very positive experience for the participants, a lot of work was put in especially by Ms Linda Price who acted as the resourceful mother, tapping into funds for the event and acting as a bridge between the professionals and the users and carers. About 65 people attended the afternoon session that began with a delicious Indian buffet lunch and a positive mood. Dr Thakor Mistry chaired the session and welcomed everyone. Dr Stephen Edwards, Medical Director of the Trust outlined the objectives for the afternoon and collaborative partnership that exists between the psychiatric services and the College. Dr Afzal Javed, Chair of the West Midlands Division, then highlighted the role of the College and the features of the "Fair Deal" campaign together with emphasis on the efforts that need to be made for the campaign to have a positive impact on the quality of psychiatric services.

Further, using the themes in the Fair Deal campaign manifesto, Ms Linda Price gave an overview of the local scene and developments so far and areas where more progress needs to be made. The Carers' Team has been operating for nearly 7 years and it clearly has reached maturity with its work and expression for it to have a wider influence. Ms Debbie Ellwell, a user of the services herself gave a passionate and moving multimedia presentation and account of the users' perspective in Sandwell. Both these perspectives were well appreciated by the participants who, apart from the carers and users, also included psychiatrists and senior management staff from the Trust and a senior PCT representative.

The post coffee session was eased in with a developmental perspective from our NHS Foundation Trusts' Deputy Chief Executive and Finance Director, Mr Paul Stefanowski. He also outlined the new changes and climate and how it may work positively. A range of questions from the audience and answers by the panel led to a very fruitful discussion at the end. Carers' and Users' were assured that their voices were being heard. The Fair Deal campaign manifesto clearly gives a very useful framework to examine local situations and lead to stimulating discussion and hopefully positive steps for further quality service developments. Everyone was thanked for their enthusiasm and participation leading to a successful meeting.

**Dr Thakor Mistry, Consultant Psychiatrist,  
Hallam Street Hospital, West Bromwich**

## Images of Psychiatry - Final Report

### Introduction

The Presidential Campaign ran from June 2006 until July 2008, with closure at the A.G.M in July.

The objectives of the campaign were as follows:

- ♦ To promote psychiatry as a modern medical discipline, one which is not only scientific, but also psycho-social/holistic and central to the care of people with mental disorders.
- ♦ Ensure that user and carer issues are core to all training in psychiatry.
- ♦ Promote psychiatry to school students as an exciting career, thereby widening the group of young people going into psychiatry.
- ♦ Ensure medical graduate entry programs are attractive to mature applicants with an interest in mental health.
- ♦ Encourage medical students to choose psychiatry as a career.
- ♦ Ensure we develop a positive and accurate understanding of psychiatry amongst doctors of all disciplines.

All divisions were invited to submit bids for funding for projects up to £15,000 which would meet any of these objectives. There was a very positive response with bids from all divisions and projects completed in all.

### West Midland Division

The West Midland Division applied for three grants and got funding for two projects:

- ♦ Embedding Mental Health in the School curriculum. This was supported by the Schools Curriculum working group of which both myself and Lisetta Lovett were members.
- ♦ A survey of attitudes towards psychiatry and undergraduate teaching of psychiatry among GPs undertaken by Dr Catherine Thompson.

The former project consisted of two parts:

- ♦ A questionnaire sent out to all Heads of Departments and pastoral staff in all schools in Stoke and Dudley.
- ♦ Based on replies two workshops were developed lasting two days each with projects to be completed between each of the days.
- ♦ Topics covered included understanding development (risks and resilience); raising awareness of mental health; myths and stigma as well as sessions on early onset psychosis; substance misuse; self-harm; eating disorders; ADHD and services available to treat such conditions.
- ♦ The course was delivered by Lisetta Lovett, Senior Lecturer and General Adult Psychiatrist; Kate Gingell, Consultant Child and Adolescent Psychiatrist; and Alister Campbell, Consultant Nurse EI team.

Feedback was extremely positive. It demonstrated that teachers were receptive to learning about mental health; thought that mental health should be covered in teacher training, and that they frequently deal with significantly disturbed pupils, also having colleagues who need support and help with mental health issues.

### Outcomes

Work done towards the campaign were presented at the A.G.M on the 3<sup>rd</sup> July at Imperial College, London. There were six presentations, of which "Embedding Mental Health in the School Curriculum" was one.

Other presentations included one from Bristol - a very powerful piece written for theatre about self harm and performed by some of the actors; descriptions of inter-schools debates on mental health organised in Northern Ireland; websites developed by the East Midlands Division to promote careers in psychiatry, and training

## Images of Psychiatry - Final Report

resources for FY1 and FY2 doctors by the London Division. Other initiatives aimed at improving recruitment into the speciality were presented by the Scottish Division and in Southampton.

### Further work

We will be repeating the course in the autumn in Stoke, and also filming a DVD, funded by the Child and Adolescent Faculty, as an aid to teachers when discussing mental health issues with pupils. We would like to continue running the courses, possibly by working with interested consultants in other areas in the West Midlands.

For further information please feel free to contact Kate Gingell - [kate.gingell@dudley.nhs.uk](mailto:kate.gingell@dudley.nhs.uk) or Lisetta Lovett - [hsa46@keele.ac.uk](mailto:hsa46@keele.ac.uk)



## The Consult and Communicate Conference - Stoke

A range of Government documents over the last 5 years have encouraged the involvement of service users and carers in the design and delivery of mental health services. Many may feel however that widespread implementation of this in a meaningful way is yet to have a significant impact on services. The Current FAIRDEAL campaign of the College recognises this as it describes eight areas where changes are required to allow those experiencing mental illness in one role or another to experience a fair deal. In the mnemonic FAIRDEAL the letter E stands for "Engagement with service users and carers must be meaningful, not tokenistic. People with direct experience of mental health problems or a learning disability should have a central role in the design and delivery of mental health services". An attempt to reduce the distance between commissioners and managers, clinicians, and patients and carers is described in the article below, which details a conference held in North Staffordshire in January of this year. The high numbers of delegates is worth noting as well as the practical issues raised.

The conference aimed at Carers and Users of Mental Health Services in North Staffordshire took place at the Medical Institute, Stoke-on-Trent on 16th January 2009.

156 delegates attended from a variety of backgrounds. Users and Carers of Services were well represented as were Clinicians, Managers and Commissioners of Services. Representatives of the Non-Statutory and Voluntary Services were also present and many manned stalls in the conference foyer.

The morning session comprised a Welcome and Introduction from Mr James McAteer, Head of Communications for the North Staffordshire Combined Health Care Trust, who had been asked by Carers and Users of Services to chair the day.

Four personal presentations from two Users of Services and two Carers of Service Users followed. These were all eloquent and moving accounts of the strengths and weaknesses of our Services.

## The Consult and Communicate Conference (continued)

We were reminded of the needs of Carers with the aid of the following mnemonic:-

- C Communication
- A Assessment
- R Respite
- E Energy
- R Re-assessment

An excellent lunch was provided and delegates were encouraged to browse stands advertising other local resources available. They were also encouraged to post notes of comment or concern about local services.

The adequate funding of mental health services was felt to be essential and it was noted that some local initiatives were under threat due to the lack of funds.

More out of hours support was wanted and concerns were expressed about the proposed closure of further community beds. Disabled access to the conference was commented on as being substandard.

The afternoon sessions were small workshops covering four topics, all selected by Users and Carers as wish priority:-

1. Crisis Services
2. Day Hospital Services
3. Communication
4. Community beds

these led on to a brief discussion of the main findings of each group.

A panel session ended the day when managers and commissioners of local Mental Health Services answered questions from the floor.

Chief Executive Fiona Myers made a commitment to greater User involvement in service planning and delivery. Commissioners felt they were already doing a great deal to consult with Users but agreed to build on this. Commissioners in Stoke said they were already considering options for Crisis Services.

The Day closed with thanks to all participants, most especially speakers: John, Diane, Vince and Marian and to James McAteer for his skills in chairing the day.

**Dr Helen Thorley, Consultant Psychiatrist  
North Staffordshire Combined Healthcare NHS Trust**

**We would welcome your feedback on this newsletter...**

click here to e-mail your response:

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or write to the editorial board, c/o the Divisional Office with any additional comments, views and opinions on this topic for inclusion in the next edition of the newsletter.

## Membership of the Executive Committee

Dr Afzal Javed	Chair
Dr Derrett Watts	Honorary Secretary
Dr Gabrielle Milner	Financial Officer/ Deputy Regional Adviser
Dr Safi Afghan	Acting Public Education Officer
Dr Iftikhar Ahmad	Committee Member
Dr Andrew Ashley-Smith	Rehab & Social Psychiatry Faculty
Dr Claire Barkley	Forensic Psychiatry Faculty
Dr Joanne Barton	Child & Adolescent Psychiatry Faculty/Academic Secretary
Dr Nicholas Brown	Committee Member
Dr Louise Cooper	Faculty of Addictions
Dr Deepti Desai	PTC Representative
Dr Neil Deuchar	Committee Member
Dr Stephen Edwards	Regional Adviser/ ETSC Representative
Prof Anthony Elliott	Faculty of Old Age
Dr Agnes Ayton	Eating Disorders Section
Dr Richard Hodgson	CPDRC
Dr Martin Humphreys	Committee Member
Dr Jonathan Lovett	Committee Member
Dr Lisetta Lovett	Public Education Officer
Dr Christopher Mace	Psychotherapy Faculty
Dr Arshad Mahmood	Committee Member/ General & Community
Dr Geoffrey Marston	Learning Disability Psychiatry Faculty
Dr Iqbal Naeem	Affiliate representative
Dr Adel Sobeih	Committee Member
Professor Scott Weich	Academic Faculty
Dr Alfred White	Liaison Faculty
Mr Peter Woodhams	Carers Representative

The West Midlands Division Executive Committee meets four times a year to discuss both College and local issues. Members of the Committee can be contacted through the Divisional Office.

### 2009 Meetings:

23rd January 2009

24th April 2009

10th July 2009

25th September 2009

Please refer to the Division's website for a full colour version of this newsletter in PDF format.

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

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