

Newsletter of the Faculty of Liaison Psychiatrists

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What next for Liaison Psychiatry in a recession?

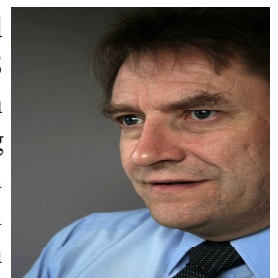
We would welcome ideas for our annual faculty strategy day to be held at the college on the 21st October 2009. The most recent executive meeting generated ideas around three themes. Why do we need doctors in liaison psychiatry? What is the place of training in the debate and how should Liaison Psychiatry be provided across the age range? With Neuropsychiatry, Eating Disorders and Peri-natal Psychiatry being presented to PMETB for accreditation as subspecialties of general psychiatry what does this mean for their relationship with the liaison faculty? The college is looking to respond to the department of health on the likely impact of recession in the health sector on mental health services. How can we innovate and contribute to efficiency in future care delivery through the wider provision of liaison psychiatry services? Please send your ideas to gsmith@repsych.ac.uk with 'Liaison Strategy Day 2009' as the subject.

Executive News

The faculty welcomed Dr Paul Gill to the chair as successor to Professor Else Guthrie who received the warmest thanks from the Faculty for her work and productivity over her term of office.

DR PAUL GILL

Paul works as a consultant liaison psychiatrist in Sheffield, where he has helped develop the liaison psychiatry service over the past eleven years. Qualifying in 1978 from the University of Newcastle upon Tyne, he did house jobs in Darlington, and then worked on a medical rotation in Sunderland for two & a half years. After undertaking training in psychiatry in and around Sheffield, he was appointed as consultant in general psychiatry in Sheffield in 1988. He maintained a special interest in liaison psychiatry in the ten years he worked as a general adult psychiatrist, and has been working full time in liaison psychiatry since 1998.





Dr Paul Gill: what a difference an hour and a half makes!

Dr Gill has served on the executive of the liaison faculty (previously section) as an elected member, then as secretary. During this time he has been active in a variety of areas, including the report "Psychiatric Services to A&E Departments", the Improving Services to People who Self Harm project, the development of PLAN (Psychiatric Liaison Accreditation Network), & the Academy document "Managing Urgent Mental Health Needs in the Acute Trust".

In support of Paul, Dr Peter Aitken has agreed to be co-opted as Secretary and Vice-Chair. Peter takes over from Mel Temple until the post is up for re-election. Dr Adrian Flynn has agreed to be co-opted finance officer for the Faculty until next year's elections.

Dr Peter Aitken



Dr Peter Aitken graduated from the University of Glasgow in 1987. He completed vocational training in general practice in Southwest London and further trained in psychiatry at St George's Hospital, London. A founding member of the higher education academy he was appointed to the posts of senior lecturer in medical education at St George's Hospital Medical School, and Consultant Liaison Psychiatrist in 1999. He joined Eli Lilly UK as clinical research physician in neuroscience in 2001 with an honorary contract as Consultant Liaison Psychiatrist to the Wessex Neurology Epilepsy Surgery Team.

From 2003 Dr Aitken has been Consultant Liaison Psychiatrist at the Royal Devon & Exeter Hospital, Director of Research & Development at Devon Partnership NHS Trust and Senior Honorary Research Fellow in the Peninsula College of Medicine & Dentistry. In 2008 Peter was appointed Senior Fellow, Faculty of Improvement at the NHS Institute.

He is Lead for Improvement, Patient Safety Lead for Devon Partnership NHS Trust, NIHR CLAHRC for the Southwest Peninsula, Deputy Lead for the West Hub, MHRN and Co-Clinical Director of the Peninsula Comprehensive Research Network. He has published in primary care mental health research and medical education. His special interest is in patient safety.

We welcome a number of new members to the committee

Elected: Graham Ash / Bill Bruce-Jones / Carman Clemente / Adrian Flynn / Peter Hindley / Cathy Walsh

Co-opted: Professor Else Guthrie, Manchester / Professor Robert Peveler, Southampton

Dr Carmen Clemente



Dr Carmen Clemente, LMS MRCPsych CCST graduated from Valencia University, Spain in 1987 and trained in psychiatry at the Royal Free Hospital, London. She was appointed Lecturer in Child and Adolescent

Psychiatry at The Royal Free Hospital, London in 1995. She has been a consultant child and adolescent psychiatrist in liaison psychiatry at the Royal Free Hospital from 1998. She has published about helping children and families cope with the psychiatric and psychological consequences of illness such as haemophilia or congenital heart diseases. Her special interest is Neurodevelopmental Disorders.

Professor Else Guthrie



Professor Else Guthrie was formerly Chair of the Liaison Faculty and stood down in July this year. She is a liaison psychiatrist and researcher in Manchester. Prior to being Chair of the Faculty, she served as Secretary and academic secretary.

She runs a busy liaison service to a large teaching hospital in Manchester and has research interests in psychological treatments and psychological aspects of physical disease. She has recently been awarded a large programme grant to study the impact of psychosocial factors on long term illness. She runs the Advanced Course in Liaison Psychiatry which takes place each year in June in Manchester (details available from wendy.clarke@manchester.ac.uk) and also runs an introductory course on Psychodynamic Interpersonal Therapy which is held twice per year

Finance

With Peter's co-option to Secretary we welcome Dr Adrian Flynn to the executive as co-opted Finance Officer.

The financial position of the Faculty is difficult. At the present time we are overspent by around £3500 and we will be addressing this over the next three months. The gap has arisen because of a less than anticipated attendance at our Prague conference reducing our income and the rising value of the Euro increasing our costs. To help we have reduced our faculty meetings to three times a year and are re-examining the options for generating additional income from our conferences. Ideas for generating income include pre-conference workshops and satellite symposia and separating our conference from the college of conference office to reduce accommodation & subsistence costs. We have agreed to sell promotional stand space for a range of industries including publishing houses and pharmaceutical companies within the guidance of the college. We will make for financial success if we take responsibility as a Faculty to promote and support attendance at the Cardiff meeting.

Dr Adrian Flynn

Dr Adrian Flynn qualified at St George's Hospital Medical School in 1991. He worked in the UK and Australia in a variety of acute medical disciplines, including 4 years in Anaesthesia and Intensive Care, before training as a Psychiatrist in the South West Peninsula. He was appointed Consultant in Liaison and General Adult Psychiatry with Cornwall Partnership Trust in 2006.



From around the regions

Retirements

Dr Jeremy Bolton

Jeremy has now formally retired and attended his last meeting of the Liaison Exec in August 2009. Over the years he has made a huge contribution to Liaison Psychiatry and the Liaison Faculty of the College. His principal area of interest has been in education where for many years he was a key player for the college in most major developments concerning post graduate training in psychiatry, and also for his local Deanery (KSS), where he served as Associate Dean for many years. He always kept the Liaison Faculty abreast of developments and served on the Faculty Executive for many years and more recently the Faculty Education Committee. He has been a source of great support for the Chairs of the Faculty, including myself and before me, Geoff Lloyd. Jeremy will be greatly missed for his dry and witty humour, his charm, and his love of 'all things fine'. I would like to take this opportunity on behalf of the Faculty of wishing Jeremy a wondrous, retirement, full of fine wine, Mediterranean sunsets and good company.



Else Guthrie

We congratulate Jeremy on his election as Master of the Worshipful Company of Barbers and wish him well in his new role.

NEW POSTS AND APPOINTMENTS

Bournemouth, Poole, Croydon have new consultant appointments in post with new sessions in Papworth, Cambridge. There is a new Psycho-oncology post in the Wirral and a liaison psychiatry post in Macclesfield.

FROM THE HEADS OF SCHOOLS FOR THE NORTH WEST

The most important education news is the publication of the new RCPsych Curriculum, and in particular your attention is drawn to the Liaison Psychiatry curriculum. The curriculum now based on the CanMEDS framework, as described by the Royal College of Physicians and Surgeons of Canada. This framework is organized around seven Roles: Medical Expert (central Role), Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional. The CanMEDS model for competence is being adapted across the world as well as in other professions.

Speciality trainees (ST4-ST6) now have to achieve the competencies described in the liaison speciality curriculum as well continue to maintain and develop the competencies in the "Core and General" curriculum. In addition, the liaison curriculum describes competencies which can be achieved by Core trainees who are fortunate enough to do a Core post in liaison psychiatry, and the Core curriculum has been adapted to ensure that all trainees acquire some consultation-liaison skills during the first three years of training. The curriculum can be found at <http://www.rcpsych.ac.uk/training/curriculum2009.aspx>. There will continue to be revisions to this document, so if you find areas that could be improved, or if you have additional ideas,

At present, the Workplace Based assessments (WPBA) remain unchanged, as any alterations need detailed approval by PMETB. However the pilot project evaluating a new WPBA for Directly Observed non-clinical skills (DONCS) continues. The Faculty has drawn up an informal list of liaison DONCS which can be used to demonstrate curricular competencies. Anyone wishing to participate in the the DONCS pilot should contact Dr Andy Brittlebank, Associate Dean at the College.

The College has announced that in 2010 it will be coordinating national recruitment to Core Training Level One (CT1) in psychiatry and to Specialty Training Level Four (ST4) in all six psychiatric specialties in England. Northern Ireland, Scotland and Wales will be operating their own application systems for recruitment to psychiatry. Doctors interested in a career in Psychiatry (CT1 or ST4) in England need to register online. The online registration and application procedures are simple and efficient and are designed to make the selection process consistent, fair and transparent. The process offers:

1. single web-based application form
2. standardised shortlisting managed by deaneries
3. interviews organised by deaneries according to national criteria.

Registrations start on 30th November, and applications open on 4th January 2010.

Rob Howard, the College Dean, publishes a regular newsletter which covers these topics, and many more - the most recent had additional information about the exams, revalidation, CPD, recruitment into psychiatry, and a drive to recruit and train College Deanery Training assessors. The full newsletter is available at <http://www.rcpsych.ac.uk/training.aspx>

The Faculty Education and Curriculum committee meets once or twice a year, although no new issues have arisen recently requiring detailed work. If you have any questions, or if you want to get involved, please do not hesitate to contact me at dlongson@manchester.ac.uk.

We welcome any feedback you may have on the newsletter and its contents. Please email all feedback/comments/suggestions to peter.aitken@nhs.net or jayneclarke@nhs.net

Conferences, Training & Development

Dr Tayeb Tahir, now academic secretary, is making excellent progress with planning for the annual residential meeting, this year to be held in Cardiff from the 3rd – 5th March 2010. Faculty members will note that we have brought the dates forward this year and diaries may need adjusting accordingly. We need a full turn out in Cardiff and the delegates will be richly rewarded with keynote presentations from most of the leading authorities in liaison psychiatry from the last twenty years including Professor Francis Creed, Professor Rob Peveler, Dr Jonathan Bisson and Dr Peter Hindley.

Call for posters Faculty of Liaison Psychiatry Annual Residential Meeting 3–5 March 2010, Cardiff

INSTRUCTIONS ON HOW TO PREPARE ABSTRACTS:

1. Abstracts should be typed single spaced, font size (**10**), **Verdana** in Word format using standard text, or text-only format. **APPLE MAC DOCUMENTS CANNOT BE ACCEPTED.**
2. The title should be in **bold**, followed by the full name(s) of the author and all co-authors, including titles (e.g. Dr) and their affiliations e.g.
Severe personality disorder patients
Dr Andrew Brown and Dr Beverley Jones, Riverview Mental Health NHS Trust, Southington; Ms Wendy Smith, The Nightingale Clinic, Staunton
3. Hand-written abstracts will **not be accepted.**
4. The title must contain no abbreviations.
5. The abstract must be no longer than **300 words.**
6. The abstract should present in order: the aims, methods, results and comments or conclusions. If no information is given in the abstract about the results of the study, the authors must include a covering letter of explanation with their submission.
7. Bibliographic references, tables and appendices must not be included in the abstract.

PLEASE NOTE: If accepted, your abstract will be included in the proceedings booklet for the meeting.

HOW TO SEND ABSTRACTS: Abstracts should be sent via e-mail to **dgoka@rcpsych.ac.uk** with a subject reference of '**Author's Surname - LIAISON 2010**'. The following information should be included in the covering message:

- Name of presenting author
- Membership number (if applicable) or date of birth
- Mailing address
- Daytime telephone
- Fax
- Email
- Name of main author's work organization

SUBMISSION DEADLINE: 7th JANUARY 2010
LATE SUBMISSIONS WILL NOT BE CONSIDERED

RESEARCH, AUDIT & EVALUATION

NEW HORIZONS FOR MENTAL HEALTH FROM THE DoH

Dr Joanna Bromley, Consultant Psychiatrist Liaison Psychiatry, Exeter

**“The world rolls under the long thrust of his heel
Over the cage floor the horizons come”**

The Jaguar, Ted Hughes

Whether you considered the National Service Framework of the last decade a ferocious beast, with claws ripping up the established mental health landscape, or a bit of a domestic pussy cat, you'll find the New Horizons document a very different animal.

The main framework for commissioning services urges partnership working across all agencies; NHS, local government and others, and encourages them to find innovative ways to intervene early and stop poor mental health developing and to build mentally healthier communities.

In this economic climate extra funding is to be found from the reduction of waste and duplication of services between agencies rather than central government. The bars on the cage of this particular beast are thus either very real or only imaginary, depending upon the optimism of your outlook.

Here in the southwest we are developing a new partnership with primary care services and liaison psychiatry by trying to intervene earlier in the complex pathway of medically unexplained symptoms. You can read about it on page 77 of the New Horizons document.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103175.pdf
(This link takes you to a PDF consultation document, the pilot project is on page 77)

jbromley@nhs.net

IS PAEDIATRIC LIAISON A MENACE?

Dr Sebastian Kraemer, Child & Family Mental Health Liaison Service, Whittington Hospital, London

Almost 80 years ago an opinionated Chicago paediatrician wrote “there is a menace in psychologizing the school child, psychiatrizing his behavior and overorganizing his habits and his play.” He attacked the psychologists of the day for interfering with the innocence of childhood. “What I do object to ... is the unwarranted psychiatric injection of sex into child life.”(Brenneman 1931).

We don't talk much about sex these days but liaison psychiatrists are still regarded with a certain amount of wariness by medical and nursing colleagues, even when our clinical contact with them goes well. I explored the history of the relationship between paediatricians and mental health practitioners (psychologists, psychiatrists and psychotherapists in particular) and discovered a long and repetitive narrative of attempts to create a 'marriage' between unlikely partners who, for the sake of their patients, do need one another.

The problem is most acute where there are no, or very inaccessible, services. Doctors and nurses are aware of an absence but cannot articulate what should be provided. They have not experienced the benefits of a good working relationship with colleagues they know well and meet regularly, whom they can both influence and learn from at the same time. If you have not had a good service you cannot possibly put pressure on commissioners to provide one.

This may seem odd since, for paediatric liaison, there is clear national guidance (DH 2003, DES 2006). Yet, in spite of the goodwill between colleagues that we know exists in many places, I found that this advice has been quite remarkably and consistently ignored by the paediatric profession as a whole. A series of major child health reviews and reports simply failed to spell out the liaison story, suggesting that it has not reached the collective consciousness of NHS paediatrics. This omission is detailed in a recent editorial in *Archives of Disease in Childhood* (Kraemer 2009). As a motley group of professionals ourselves - psychiatrists, psychologists and psychotherapists, with child and family social workers often nearby - while we grow in confidence and can present models and evidence for good practice, we have so far failed to broadcast a coherent message. Even if we could, it would be unlikely to be heard without strong support from national healthcare and professional institutions. Paediatricians are, after all, our 'customers'. The Darzi drift to communities only adds to the predicament by focussing commissioners' attention away from expensive hospitals, where most liaison takes place.

My editorial is in no way an attack on paediatrics and paediatricians, with whom I have had excellent working relationships for almost 30 years, but a plea to make good practice the norm, to accept the cultural gap between the physical and the mental, and put it to work - like an electric current that is generated between poles of different voltage. This is not about transferring non-compliant or disturbed patients, or those with medically unexplained symptoms, to another service or department; it is about giving better medical treatment. "We are not a menace, but do disturb the centre of gravity of paediatrics. A successful partnership between us enriches the care of children and families." (Kraemer, 2009).

Sebastian Kraemer FRCP FRCPsych FRCPC is a consultant child and adolescent psychiatrist at the Whittington Hospital, London N19 5NF.

The menace of psychiatry': does it still ring a bell? can be accessed at:

<http://sebkraemer.googlepages.com/menace.pdf>

References:

- Brenneman J. (1931) The menace of psychiatry. *Am J Diseases of Children* **42**: 376-402 (pp391, 396)
- Kraemer S. (2009) "The menace of psychiatry" does it still ring a bell? *Archives of Disease in Childhood* **94**: 570-572
- Department of Health (2003) Getting the right start: National Service Framework for Children. Standard for Hospital Services, London: DH, 4.24 - 4.27.

Department of Education and Science (2006) Promoting the mental health and psychological well-being of children and young people: Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services, London: DES/DH, 34-35.

PATIENT INFORMATION IN LIAISON PSYCHIATRY

Dr Jim Bolton, Consultant Liaison Psychiatrist, St Helier Hospital, South London

Introduction

The provision of high quality patient information has become a priority in the NHS. The College has been publishing a very successful series of patient information leaflets for several years. These are available in a paper format and can also be downloaded, free of charge from the College website (www.rcpsych.ac.uk). Indeed, the College website is now the world's most widely consulted source of patient information on mental health.

I am the Liaison Psychiatry Faculty representative on the public education committee and am also a member of the Public Education Editorial Board (PEEB). I was one of the co-authors on the College leaflets on Delirium and Coping with a traumatic event. I am also involved in editing new leaflets that are submitted to the College. As such, I thought it would be helpful to let colleagues in Liaison Psychiatry know more about what information is available from the College and how to go about compiling a leaflet.

What information is available?

The range of College leaflets is expanding, and existing leaflets are regularly updated. Currently leaflets that I often find helpful in my clinical work include:

- Depression
- Anxiety and phobia
- Physical illness and mental health
- Postnatal depression
- Antidepressants
- Psychological therapies

How are leaflets written?

The College's patient information leaflets are written by clinicians and are edited by the PEEB, which includes several members who are skilled at ensuring that complex information is explained in an easily readable way. In addition, pictures are commissioned from a professional artist to illustrate the leaflets.

Ideas for leaflets often come from clinicians who have a particular interest in an area, or perceive there to be a need for patient information about a topic. Usually one or two colleagues cooperate on the first draft of the leaflet. It is often useful to use previous leaflets as a guide to the content. The leaflet is then submitted to the PEEB. It may then be circulated to other psychiatrists with an interest in the area, for their comments and suggestions. Where necessary, the leaflet is edited to be as readable as possible by the general public. It is also checked against national standards, against which the quality of leaflets is judged. Finally, pictures are added and the leaflet is published on the College website.

The leaflets are regularly revised and updated. Readers can submit on-line feedback about individual leaflets, which has been very helpful in adapting them to the needs of patients and carers. More recently the College has embarked on an extensive programme of translation, with many of the leaflets now being available in several languages. The College is always interested in hearing from bilingual psychiatrists who would like to be involved in this – please let me know if you would like to take part.

Could I write a leaflet?

If you are interested in compiling a new patient information leaflet, my personal tips are as follows:

- Check what leaflets are already on the College website to avoid duplication.
- Conduct an internet search to see if something similar is already available. This may give you some ideas of the content of your own leaflet.
- Involve an interested colleague in compiling the first draft.
- If you are an educational supervisor, you may wish to involve your trainee in writing the leaflet
- Forward to me at jim.bolton@swlstg-tr.nhs.uk and I will submit your draft to the PEEB.



Dr Jim Bolton

Jim Bolton is Consultant Liaison Psychiatrist at St Helier Hospital, Surrey, and Honorary Senior Lecturer at St George's University of London.

Jim is a member of the Executive Committee of the Faculty of Liaison Psychiatry of the Royal College of Psychiatrists and has published on various aspects of liaison psychiatry.

Jim was a member of the working group that compiled the College Report on "Psychiatry in A&E". He is a member of the steering group for the College's "Psychiatric Liaison Accreditation Network" and a member of the "Risk: Self Harm & Suicide" committee. In addition, Jim represents the Faculty of Liaison Psychiatry on the College Public Education Committee.

A LITERATURE REVIEW ON COGNITIVE BEHAVIOUR THERAPY IN NON EPILEPTIC SEIZURES*

Sana Ghafoor, Fourth Year Medical student, Cardiff University

The diagnosis of non epileptic attacks proves to be a challenging one, and treatment usually begins with explanation of diagnosis. As of yet there are no controlled trials of treatment on this disorder but evidence shows that cognitive behaviour therapy is a promising approach.

Patients with somatisation and symptom syndromes share many clinical features with psychogenic non-epileptic patients, and a study conducted by Bleichhardt indicated encouraging results with regards to CBT in these patients. Also a case report by Chalder 1996 discovered that the attacks appeared to stop almost immediately after CBT had commenced.

Furthermore a pilot study by Goldstein et al (2004) which was conducted in order to evaluate cognitive behaviour therapy as a treatment for dissociative seizures found an association between CBT and a reduction in dissociative frequency and an improvement in psychosocial functioning in adults. In a short term treatment trial conducted by La France (2009), CBT was shown to demonstrate efficacy in reducing seizure frequency and improving the quality of life, family and psychosocial functioning.

With 56.1% of patients with psychogenic non epileptic seizures dependent on social security (Reuber 2003), there remains a definite need for more research to be undertaken to make CBT a conclusive treatment for this disorder.

****The full article will be published in the December edition of the newsletter****

If you would like to include an article in the December edition of the newsletter or have any queries please contact:

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c/o Devon Partnership NHS Trust
Wonford House Hospital
Dryden Road
Exeter, EX2 5AF*

Tel: 01392 403462 / Email: peter.aitken@nhs.net (PA: jayneclarke@nhs.net)

We welcome any feedback you may have on the newsletter and its contents.

Please email all feedback/comments/suggestions to peter.aitken@nhs.net or jayneclarke@nhs.net