



Newsletter of the Faculty of Liaison Psychiatrists

Annual Residential Meeting, Liaison Faculty Annual Conference, Cardiff: 3rd-5th March 2010

The feedback suggests that this year's annual meeting was a huge success. The programme was reported to be balanced and interesting. Cardiff as a venue was found to be excellent and welcoming.

A wide range of topics were covered by prominent speakers in the world of liaison psychiatry including stroke and depression, CBT in physical illnesses, chronic fatigue, capacity of a liaison psychiatry team, NICE guidelines for depression in physical illness, pain and depression, psychiatrists role in disasters, occupational mental health and transplant psychiatry.

'Transition through ages' was the central theme for this year's meeting with focus on psycho-oncology, self harm and breaking the age boundaries for liaison psychiatry. It was the first time for the child liaison psychiatrists to attend this meeting.

Workshops on both days were well attended. For the workshops, the delegate's feedback reported that there was good mix of clinical and current issues to cover in the two days. A record number of posters were submitted and presented.

In comparison to the last few years a record number attended on all three days. The annual meeting was very well attended with 152 total delegates on Thursday 4th March and more than 110 on Wednesday and Friday. There was an international theme to this year's delegate list with liaison psychiatrists from Australia and Malta. The following comment from a delegate from Australia sums up the feedback.:

*"Well worth me coming all of this way
from Australia to attend and participate.
Will recommend to colleagues that they
come to future CL meetings in the UK.
I would rate it 9/10."*

The work starts for March 2011. Dr Tayyeb Tahir, Faculty's academic secretary would welcome suggestions for next year's programme (tayyeb.tahir@wales.nhs.uk).

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Transplant Psychiatry SIG and 'kick-start' meeting, Liaison Faculty Annual Conference, Cardiff: 3rd-5th March 2010

*Dr. Stephen Potts FRCPsych, Consultant Psychiatrist & Clinical Lead,
Department of Psychological Medicine, University of Edinburgh Royal
Infirmary*

The Friday morning session of the Cardiff meeting contained two sessions on transplant psychiatry. Cathy Walsh, who works with the transplant service at Cambridge, spoke about assessing and managing recipients, and Stephen Potts, who is based in Edinburgh, spoke about assessing live donors.



The discussion revealed a considerable degree of interest in the subject. Cathy proposed the setting up of a special interest group in transplant psychiatry, which was supported by a show of hands during the session and the addition of names to a sign-up sheet afterwards. While there is clearly some overlap with other areas of psychiatry (notably substance misuse) it was felt that a proposed SIG fits best within the liaison faculty. Cathy is currently putting together a one day "kick start" event to be held on 10th September at the Cancer Research Centre on the Addenbrookes's Campus in Cambridge. Further details will be communicated in due course.

All those who work alongside transplant services, or are otherwise interested in the subject, are invited to contact Cathy Walsh and/or Stephen Potts to express interest and provide e-mail addresses.

Stephen.Potts@luht.scot.nhs.uk

Cathy.Walsh@cpft.nhs.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*

The Yorkshire Centre for Psychological Medicine

Dr Peter Trigwell, Consultant in Liaison Psychiatry, YCPM

Clinical Director, Specialist Mental Health Services in Leeds

I would like to let colleagues know that the Specialist Liaison Psychiatry In-patient Unit on Ward 40 in Leeds General Infirmary is going through some changes and improvements. This includes a change of name to the Yorkshire Centre for Psychological Medicine (YCPM), which reflects the well established regional function of the Unit and the increasing national profile of this part of our service, in line with the fact that over the past year we have been receiving increasing numbers of referrals from Liaison Psychiatry Services across the UK. Those of you who are familiar with the Leeds Liaison Psychiatry Service will know that it is a long established and relatively comprehensive service. In October 2009 we moved to the "functional model" with one of each of the Consultants in Liaison Psychiatry taking responsibility for, and exclusively practicing clinically within, one of the main service elements. I have taken on sole responsibility as Consultant in Liaison Psychiatry on the In-patient unit, hence my writing this update in the Newsletter. Within the next few weeks I expect to be able to circulate some more detailed information, in the form of a pdf brochure for commissioners and referrers, via the jiscmail discussion group.

The YCPM is an eight bedded Specialist In-patient Unit which was originally established on Ward 40 of Leeds General Infirmary in 1980. The YCPM team specialises in helping people with the following types of problems:

- Chronic and/or complex and/or severe medically unexplained symptoms and somatisation (psychologically-based physical symptoms and syndromes)
- Severe physical and psychological/psychiatric comorbidity:
 - a) in people who are already general hospital in-patients but who have psychological needs at a level that cannot be effectively met on a general medical or surgical unit
 - OR
 - b) in people in other services or the community who could benefit from focussed multidisciplinary treatment provided in an in-patient setting

The expertise of the team has been developed over many years and we provide a multidisciplinary biopsychosocial approach to assessing and treating the full range of patients' problems. The team has the following elements:

- Liaison psychiatry
- Nursing
- Occupational therapy
- Physiotherapy
- Social Work
- Dietetics
- Pharmacy
- Administration

The unit benefits from staff with dual (general/physical in addition to mental health) training, others trained in cognitive behavioural and psychodynamic psychotherapeutic approaches, and also liaison with and active in-put from medical and surgical teams as required. In addition we have access to the range of personnel in the rest of the Leeds Liaison Psychiatry Service, including the Hospital Mental Health Teams and the outpatient CFS/ME team. I do not want to use up too much space in the Newsletter by describing treatment approaches, environment, quality and effectiveness, or finance/value aspects of the YCPM service, but this will be included in the brochure which I will circulate soon. Suffice to say that we are getting good results with cases that any of the liaison psychiatry services in the country would see as complex and difficult to treat. My own view is that this is partly due to the experience and expertise developed over several years of dealing with such cases in an in-patient facility, but largely simply due to the fact that we have such a facility within which to assess and treat very complex cases in the way outlined earlier. It seems to me that all liaison psychiatry teams in the country will probably have two or three cases, at any one time, whose level of complexity, chronicity or intractability will make it difficult or impossible to help them effectively on an out-patient or hospital in-reach basis. Being able to admit them to a specialist liaison psychiatry in-patient unit for an intensive approach, often involving both psychical and occupational rehabilitation in parallel with psychotherapeutic work to address aetiological (particularly perpetuating) factors/psychiatry comorbidity allows progress to be made which would not otherwise be possible. This is, however, low volume and relatively high cost work, so that it is highly unlikely (particularly in the economic climate which we are facing over the next several years) that any other such units might be set up. In light of this I would like to suggest that colleagues across the UK remain aware of the opportunity to refer cases of the type described to the YCPM, as we may be able to help people who are otherwise unable to make significant progress towards improving their health and quality of life.

Several colleagues from various centres (South coast, London, Wales, the Home Counties, the North East and North West of England and Scotland) have already contacted me and referred patients, but I am aware that the possibility of this has been largely only known through word of mouth. This newsletter article is simply intended to let colleagues know that if they feel they might have a patient who would benefit from the service which we have to offer they could contact either:

The Clinical Team Manager, YCPM
Ward 50, Brotherton Wing
Leeds General Infirmary
Great George Street
Leeds, LS1 3EX
Tel: 0113 39 27140

OR

Dr Peter Trigwell, Consultant, YCMP

Tel: 0113 39 25246 Email: peter.trigwell@leedsth.nhs.uk

I will circulate the brochure information via jiscmail soon, if I have not already done so but the time the Newsletter is published, and hope to be able to work in collaboration with more colleagues from other centres in due course. I will also ask the organisers of the Liaison Psychiatry Annual Conference to consider a session about the Unit in the 2011 programme.

CLAHRC Community for Clinicians, Researchers and Managers—Dr Peter Aitken

I wonder if I could invite you and as many of your senior colleagues through to students as you can muster to join our social network for clinicians, researchers and managers at <http://community.clahrc.net>



This NIHR project is just over 9 months old live as a social network and is growing rapidly.

Senior leadership on the site is proving a very valuable driver of membership. Helen Lau, Program Leader in Quality at Kaiser Permanente has joined.

CLAHRC Community is free to use and aims to connect conversation between clinicians, researchers, managers and people who use the NHS. It is funded by NIHR & NHS Southwest. All data is held securely in the University of Exeter. It is not commercial.

For those younger than generation X - its like Facebook, For the rest (and our PA's) here's some help!

How to Guide – Please go to <http://community.clahrc.net>, click 'register' in the top right grey bar. You will be asked to fill in an email address and hit send. The email comes back to the account registered with a link. Click the link and you'll be invited to complete name and a password and activate.

The site brings you back to the login page. Enter the email you registered and the password you created and you will arrive at your home page. Once there, use the 'edit portfolio' tab on the right menu bar to enter personal details, write a few lines about interests, post a picture.

To find other members and groups click on CLAHRC/Community in the top left red bar. Work can be public (visible to all), private (visible only to friends) and hidden (invisible except to you and people you have chosen to work with).

To make friends see the 'request friendship' link in faint red below members names. To join groups click 'request membership' in faint red text below groups. The site allows messaging between members, document upload and advises you of relevant activity by email prompts to the account you register).

So I wonder if I could invite you, your PA's, and as many of your senior colleagues through to students as you can muster to join. Its being built within Model for Improvement so expect glitches and please tell us about them. If you like it tell your pals!

HELP US TO HELP OUR ENVIRONMENT

We are continually looking at our impact on the environment and at ways we can improve our carbon footprint. One way is to cut down on the amount of printing we produce.

If you normally receive a hard copy of the newsletter but would like to receive future copies by email please register your email address at:

membership@rcpsych.ac.uk



If you would like to include an article in the August 2010 of the newsletter or have any queries please contact:

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