



CONFERENCE BOOKLET

2024

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Welcome

Welcome to Yorkshire, the largest county in the UK, and more specifically to Leeds, home to the 2024, Royal College of Psychiatrists, Medical Psychotherapy Faculty conference. Given post-pandemic events have been mainly online or held in London, we are excited to be hosting this year's event in the north. While we appreciate great psychotherapy occurs inside London, excellent work occurs in the all the regions as well! Leeds has always been a thriving hub for Medical Psychotherapy and consequently makes for the ideal venue for our conference. This year's theme of "Power, Conflict and Leadership" echoes the current international and political landscape along with the aspects faced by doctors and psychotherapists at an individual level on a daily basis. We hope our carefully curated three-day programme of inspiring speakers and talks, varied group work and lively discussion will be thought provoking and leave you feeling enriched and exhilarated!

Enjoy the conference and please do relish this amazing city!

Anne, Vikram, Parveen and Sophie

General Information

Accreditation

- On Wednesday, the conference is eligible for two CPD hours per day, subject to peer group approval.
- On Thursday and Friday, the conference is eligible for up to six CPD hours per day, subject to peer group approval.

Certificates

Certificates of attendance will be emailed to delegates after the conference.

Feedback

Please complete the [feedback form](#) here:

- <https://forms.office.com/e/NuiYXyPtmx>

All comments received remain confidential and are viewed to improve future meetings.

Posters

Poster viewing is available throughout the conference in person and the [online gallery](#)

Conference Resources

Please see the following link to access the [conference resources webpage](#).

Wednesday 17 April 2024

Sessions take place in the Met Suite, ground floor

Time	Session
5.30pm	Registration and refreshments
6.30pm	<p>Welcome: and introductions</p> <p>Faculty Chair, Dr Jo O'Reilly and Academic Secretaries, Dr Sophie Atwood, Dr Parveen Bains, Dr Anne Cooper and Dr Vikram Luthra</p>
6.45pm	<p>Chaired by Dr Sophie Atwood and Dr Vikram Luthra</p> <p>Dr Roger Kennedy</p> <p>Power, Conflict and Leadership</p> <p>Consultant child and adolescent psychiatrist, adult psychoanalyst and past President, British Psychoanalytical Society</p>
7.30pm	<p>Dr Victor Sedlak (Discussant) – response to paper above</p> <p>President, British Psychoanalytical Society</p>
7.50pm	Q&A and plenary discussion
8.25pm	Close
8.30pm-9.00pm	Refreshments

Dr Jo O'Reilly is the Chair of the Medical Psychotherapy Faculty at the Royal College of Psychiatrists. She is a Consultant Psychiatrist in Medical Psychotherapy in Camden and Islington NHS Foundation Trust and a member of the British Psychoanalytic Society. She has written and presented widely and is the co-editor of the RCPsych text book Seminars in the Psychotherapies.

Dr Roger Kennedy is a Consultant Child and Adolescent Psychiatrist and Chair of The Child and Family Practice, London. Training Psychoanalyst and Past President of the British Psychoanalytical Society. Consultant Family Unit Cassel in the NHS for nearly 30 years until 2011. Author of 15 books, the most recent being The Power of Music (2020) and The Evil Imagination (2023), as well as many papers on psychoanalysis, child psychiatry and interdisciplinary studies.

Dr Vic Sedlak trained as a psychoanalytical psychotherapist at the Tavistock Clinic and then as a psychoanalyst at the British Psychoanalytical Society of which he is currently President. He worked at University College Hospital in London before moving to Leeds where he has a private psychoanalytical practice. He has been Visiting Professor of Psychoanalysis in Kyoto University in Japan and has published papers on the use of the countertransference, supervision and the emotional development of the clinician. In 2019 the New Library of Psychoanalysis published "The Psychoanalyst's Superegos and Ego Ideals."

Thursday 18 April 2024

Main sessions take place in the Met Suite, ground floor

Time	Session
09.00-09.30	Registration and refreshments
Session 1: Leadership, power and conflict in the wider context	
09.30am	<p>Welcome: and introductions</p> <p>Dr Sophie Atwood, Dr Parveen Bains, Dr Anne Cooper and Dr Vikram Luthra, Academic Secretaries and Conference Organising Committee</p> <p>Leading the medical psychotherapy faculty</p> <p>Dr Jo O'Reilly, Faculty Chair</p>
09.40am	<p>Chaired by Dr Parveen Bains and Dr Anne Cooper</p> <p>Keynote: Leadership, power and conflict in politics and in medical psychotherapy</p> <p>Lord Alderdice</p>
10.20am	<p>Keynote: Leadership, power and conflict in the medical profession and healthcare now</p> <p>Professor Philip Banfield</p>
11.00am	Morning break and poster viewing

Session 2: Leadership, power and conflict in the wider context			
11.30am	Leading in CBT: leading the national CBT organisation – the perspective of a medical psychotherapist Dr Stirling Moorey		
12.20pm	Q&A session and plenary discussion		
1.00pm	Lunch and poster viewing		
	Optional lunchtime sessions: <ul style="list-style-type: none"> • Trainees meeting: located in room Met 1, ground floor • Regional representatives and psychotherapy tutors meeting: located in room Met 10, first floor 		
2.00pm	Large Group - mindfulness exercise Dr Florian Ruths		
3.00pm	Afternoon refreshments and poster viewing		
3:20pm	Parallel workshop sessions – a choice of 3		
	Room: Met 10	Room: Met 1	Room: Met Suite
	Dialectical Behaviour Therapy Dr Rosie Clarke Chaired by Dr Anne Cooper	Music therapy Dr Mario Eugster Chaired by Dr Parveen Bains	Art therapy Heather Barford and Sue Storey Chaired by Dr Sophie Atwood
4.05pm	Comfort break		
4.10pm	Parallel workshop session – a choice of 3 (repeated from earlier sessions)		
	Room: Met 10	Room: Met 1	Room: Met Suite

	Dialectical Behaviour Therapy	Music therapy	Art therapy
	Dr Rosie Clarke Chaired by Dr Anne Cooper	Dr Mario Eugster Chaired by Dr Sophie Atwood	Heather Barford and Sue Storey Chaired by Dr Parveen Bains
4.55pm	Close of conference		
5.00pm	Faculty AGM Dr Jo O'Reilly		
5.45pm	Close of day one		
7.30pm	Conference dinner The dinner is now fully booked – please speak to staff for further details		

Lord Alderdice A Liberal Democrat member of the House of Lords since 1996. Currently a member of the Select Committee of the House on International Relations and Defence. A past Deputy Chairman of Committees, and a member of the COVID Committee of the House. Formerly Convenor of the Liberal Democrats in the House of Lords. Senior Research Fellow, Harris Manchester College, University of Oxford <https://hmc.ox.ac.uk/>. onorary Fellow, Pembroke College, University of Oxford <https://www.pmb.ox.ac.uk/> Director, Conference on the Resolution of Intractable Conflict (CRIC), Oxford <http://cric-oxford.org/>. Executive Chairman and Director, Changing Character of War Centre and CCW Academic Board, Pembroke College, University of Oxford [The Changing Character of War Centre \(ccw.ox.ac.uk\)](http://www.ccw.ox.ac.uk/). Research Affiliate, School of Anthropology and Museum Ethnography, University of Oxford. Research Associate, Department of Politics and International Relations, University of Oxford. President, ARTIS (Europe) Ltd (research, teaching and intervention support, especially in the psychology of terrorism, political violence and other major psychosocial phenomena) <https://www.artiseurope.com> Founding Chairman, The Concord Foundation (Ireland) CLG. Chairman Emeritus, Centre for Democracy and Peace Building (formerly the Founding Chairman and a Director) <https://democracyandpeace.org> Director and Vice President, International Dialogue Initiative (USA) <https://www.internationaldialogueinitiative.com/> President, [Peru Support Group](https://perusupportgroup.org.uk) – <https://perusupportgroup.org.uk> Trustee and Chairman of the Board of Trustees, National Liberal Club <https://nlc.org.uk/>

Professor of Practice, Global Humanity for Peace Institute, University of Wales Trinity St David. Chairman of the Advisory Board of MENA 2050, a not-for-profit UK company working on social and economic cooperation in the Middle East and North Africa (from July 2023). A director of the Forum de Victoria/Victoria Forum – a not-for-profit Canadian company working on national and international dialogue for peace, stability and reconciliation (from Aug 2023). Retired NHS Consultant Psychiatrist and Senior Lecturer at The Queen's University of Belfast and previously a Clinical Professor in the Department of Psychiatry, University of Maryland, Baltimore (USA). President, Westminster Pastoral Foundation. Trustee, Methuen Trust, Corsham. Trustee, Liberal Party Supplementary Pension Fund.

Professor Philip Banfield has been working as an obstetrician, nationally recognised educator and researcher in North Wales for over 25 years, winning the overall Welsh Clinical Teacher of the Year Award in 2012. He describes himself as an academic clinician and is an Honorary Professor in the School of Medicine at Cardiff University. His past research includes computerised analysis of electronic foetal monitoring, breast cancer in pregnancy and capacity to consent in obstetric emergencies. His MD thesis was on the use of clinical data to alter practice, when he collaborated with the WHO European Office to design an obstetric database that was subsequently applied to 10 million pregnancies across Europe. He led national quality improvement work for Wales in recognition and management of sepsis in pregnancy and the deteriorating critically ill pregnant woman and established the national stillbirth collaborative that preceded the current Welsh national maternity network. He is a trained trainer in human factors, has a special interest in teaching and training for obstetric emergencies and has been a Fellow of the Academy of Medical Educators since 2013. A relative latecomer to medical politics when the need arose to fight discrimination, bullying and injustices he saw around him, he was elected to BMA Welsh Council in 2011 and was its chair 2012- 17. On UK Consultants Committee since 2017, he chaired the Welsh Consultants Committee from 2019-22. A member of BMA UK Council since 2012, he was elected its chair in June 2022. Married to a GP partner, Phil has 5 children, 5 grandchildren, 3 cats, 2 leopard geckoes, chickens and a polytunnel that keep him busy outside work, too.

Dr Stirling Moorey is a retired consultant psychiatrist specialising in cognitive behaviour therapy. He has many years experience of working in leading integrated psychological therapies services in East London and at the Maudsley and in training psychiatrists and other mental health professionals in CBT. He is President Elect of the British Association for Behavioural and Cognitive Psychotherapy.

Dr Florian Ruths is a Consultant Psychiatrist at the Maudsley Hospital in London. He is also a trainer and supervisor in Cognitive Behavioural Therapies (CBT, Schema Therapy). As lead for the Maudsley Mindfulness Service he has been delivering Mindfulness Based Cognitive Therapy Groups (MBCT) for patients with chronic depression and anxiety problems for 17 years. He is running an MBCT-based program to improve compassion, well-being and resilience in doctors at the Maudsley and Kings Hospital. During the pandemic, Florian

initiated the Mindfulness-for-All (M4ALL), a live-online program for health staff support which is ongoing. Florian is the London-lead of a randomised-controlled multicentre trial investigating mindfulness on patients with CBT-resistant depression (Response). The study is in publication stage. Florian teaches Cognitive Behavioural Therapy & MBCT on an MSc Courses in London. He has published in the areas of MBCT, anxiety and depression.

Dr Rosemary Clarke MBChB DipMedSci MRCPsych. Consultant Psychiatrist in Psychotherapy at Gaskell House Manchester. She did her intensive training in DBT 2001-2002 in Washington and Minneapolis. Was a founder member of DBT North and has run a full programme DBT service in Manchester since 2007. She has been a Psychotherapy Faculty Committee member and was on the College Public Education Committee promoting service user involvement

Within the Faculty and College. She has served as North West Regional Representative for Psychotherapy and recently stood down. After 12 years as a Medical Manager in Community and Specialist Mental Health Services.

Her core training was specialising in psychoanalytically informed psychotherapy which she continues to offer in addition to DBT. For many years she was a Schwartz Group facilitator and mentor and has an interest in supporting staff through Inquests and incidents.

Music Therapy workshop - Mario Eugster

This experiential workshop will explore the theme of conflict in relation to music and music therapy. I will share musical examples to illustrate how psychological and emotional conflicts are explored and worked through in music (for example in the music of Beethoven), and how this relates to music therapy practice when working with conflicts. I will also invite participants to participate in simple musical exercises to explore some foundational principles of music therapy and different ways to relate and engage in musical dialogues and expression. No previous musical skills or knowledge is needed.

Mario Eugster trained as a pianist and organist in Switzerland and completed his training as a music therapist at Nordoff Robbins in London. He is currently working for CNWL (Central North West London Mental Health Trust) in adult mental health providing music therapy in both acute inpatient and community settings. He has multiple roles, including principal music therapist in acute and clinical lead for arts therapies in acute inpatient settings. He holds managerial responsibilities as well as leading on service development in the arts therapies in CNWL and is a trainer for ICAPT (CNWL - International Centre for Arts Psychotherapies Training). Mario is currently conducting PhD research into the role of culture in music therapy with people affected by psychosis (Nordoff Robbins Music Therapy PhD programme, Goldsmiths University of London). He is also a free-lance musician.

Additional Meetings

- Trainees meeting: located in room Met 1, ground floor
- Regional representatives and psychotherapy tutors meeting: located in room Met 10, first floor

Friday 19 April 2024

Sessions take place in the Met Suite, ground floor

Time	Session
08.30am	Registration and refreshments
Session 3: Conflict within the consulting room	
09.20am	<p>Welcome: and introductions</p> <p>Dr Sophie Atwood, Dr Parveen Bains, Dr Anne Cooper and Dr Vikram Luthra, Academic Secretaries and Conference Organising Committee</p> <p>Leading the medical psychotherapy faculty</p> <p>Dr Jo O'Reilly, Faculty Chair</p>
09.40am	<p>Chaired by Dr Sophie Atwood and Dr Vikram Luthra</p> <p>Conflict in the consulting room: perspectives from Medical Psychotherapy across devolved nations and different modalities</p> <p>Chaired by Dr Vikram Luthra and Dr Sophie Atwood</p> <p>Dr Deyra Courtney, Psychoanalyst, Dr Alasdair Forrest, Group Analyst, Dr Padakkara Saju, Consultant Medical Psychotherapist, MSc in Family and Systemic Therapy, and Dr Steve Moorhead, Consultant Medical Psychotherapist and CBT Therapist</p>
10.20am	Discussion and Q&A session
11.00am	Morning refreshments and poster viewing
Session 4: Being a medical psychotherapy leader – research within the specialty	
11.30am	<p>Chaired by Dr Anne Cooper and Dr Parveen Bains</p> <p>Leading using research</p> <p>Professor Else Guthrie</p>

12.00pm	Using research in national discussions about psychotherapy services for people with severe mental illness Dr Sue Mizen	
12.30pm	Challenges and triumphs of psychotherapy research in higher training Dr Florence Dalton, Dr Alan Baban and Dr Dasal Abayaratne	
1.00pm	Lunch	<ul style="list-style-type: none"> • Climate Conversations led by Marion Neffgen (1.30pm-2.00pm)
2.00pm	Experiential Large Group Dr Maria Papanastassiou and Dr Diana Menzies	
3.15pm	Afternoon refreshments and poster viewing	
3.35pm	Chaired by Dr Parveen Bains and Dr Elias Diamantis Poster presentations Medical student essay prize	
4.00	Closing plenary	
4.30	Close of conference Dr Sophie Atwood, Dr Parveen Bains, Dr Anne Cooper and Dr Vikram Luthra, Academic Secretaries and Conference Organising Committee	

Using research in national discussions about psychotherapy services for people with severe mental illness - Dr Sue Mizen

I will be talking about how the frustration of being a clinician with a minimally resourced psychotherapeutic service led down the road from my analytic training and clinical interest towards understanding NHS commissioning and how to make the case for investment. In turn this took me back to my clinical roots to find a psychotherapeutic approach to work with hospitalised PD patients (The Relational Affective Model). Having established this could be done, there was a case to be made for an intensive psychotherapeutic service of this sort in every Trust and so a health economic research study and report were commissioned making the case for investment in a national programme of psychotherapy for patients hospitalised with severe PD. The most recent leg of my journey was a neuroscience PhD investigating the mechanism of somatisation in severe and complex PD patients. For me this was an iterative process which developed both my clinical and

research skills. I would like to consider with the audience how the MP Faculty can facilitate this ongoing development of clinical and research skills to enrich the working life of Medical Psychotherapists and promote innovation and investment in psychotherapeutic services. **Dr Susan Mizen** is a Jungian Analyst and an Honorary Consultant Psychiatrist in Psychotherapy in Exeter. She is a Fellow of the Royal College of Psychiatrists where she chaired the Psychotherapy Faculty Executive between 2014 and 2018, and is currently chair of the Talking Therapies Task Force. She developed a psychotherapeutic day and outpatient programme in Exeter as an alternative to locked placements for patients with severe Personality Disorder. Her Relational Affective Model is an analytic, neuro-scientific approach to therapeutic work with this patient group. She has been investigating the model in a neuroscience PhD at The University of Exeter. She also works in private practice in Exeter as an Analytical Psychologist.

Dr Dasal Abayaratne is a dual medical psychotherapy and general adult speciality trainee in South Yorkshire. Alongside this he is a member of the RCPsych Planetary Health and Sustainability Committee and Sustainability representative on the Medical Psychotherapy faculty executive.

Experiential Large Group

The Large Group is an unstructured, facilitated space to reflect on and share thoughts and feelings that have arisen through the experience of attending the conference.

Dr Diana Menzies is a Medical Psychotherapist and Group Analyst who has worked in the NHS for over 35 years. As a consultant, she worked for 12 years in the Henderson Hospital Democratic Therapeutic Community until its final closure in 2010. She currently facilitates reflective practice groups for forensic and other services and is involved with training higher trainees. She has co-edited a book and published several papers.

Climate conversations – 1.30pm-2.00pm - Met 10, first floor

This session aims to offer an interactive space for people interested in or concerned about the climate emergency and how it might relate to us as medical psychotherapists and psychiatrists. We will introduce the work that the working group, faculty, and allied groups are already doing around climate action and sustainability, and some things we are planning.

We also want to hear from participants what questions you have, what you would like to see more of from the faculty, how you want to get involved and what support you might need to take action personally and professionally. We will do this in small discussion groups.

The aim is to start a conversation, enable you to connect with like-minded people, put you in touch with resources that already exist and gather some ideas which we can take forward. Everyone is welcome.

The session will be facilitated by members of the Faculty Working Group on Climate Action and Sustainability: Marion Neffgen, Dasal Abayaratne, Nora Gribbin, Josie Fielding, Pamela Peters, Louise Robinson.

- [Resources guide>>](#)

Poster Presentations (alphabetically by surname)

1. Patient engagement with therapy in an NHS psychotherapy department: factors affecting attendance and dropout rate

Dr Tom Dalton, ST4-6, Dr Thomas Walker, Dr Dimitrios Kyriakopoulos

Aims and hypothesis

1) To measure engagement with, and dropout from, outpatient weekly individual psychotherapy; 2) To explore factors which may be associated with engagement or dropout; 3) To describe the demographics of patients offered therapy, and compare this to data from the Trust overall. We hypothesised that engagement would be poorer, and dropout rates higher, for patients with less experienced therapists and therapists who were less available.

Background

In psychotherapy practice, patients missing numerous sessions or ending the treatment prematurely are familiar phenomena. Our context is an NHS psychotherapy department offering 1-year courses of once weekly individual psychodynamic psychotherapy, with therapists of different levels of experience, including psychiatry Core Trainees (CTs) undertaking their first psychotherapy case, as well as more experienced non-medical honorary psychotherapists (HPs) and medical psychotherapy Specialty Trainees (STs).

Methods

We extracted from electronic records the following data for all adults who started weekly individual psychodynamic psychotherapy over a two-year period across two NHS psychotherapy departments (n=94): age, sex, ethnicity, referrer, time between referral and assessment, time between assessment and start of therapy, experience level of therapist, number of sessions offered, attendance, and rates of drop-out before planned end of therapy. We then calculated therapist availability (number of sessions offered as a proportion of therapy duration in weeks), and patient engagement (sessions attended as a proportion of sessions offered).

Results

The sample was 72% female, with a similar ethnicity distribution to the Trust as a whole. Overall dropout rate was 29% and engagement was 69%. Patient engagement was weakly correlated with therapist availability. There were only small differences in engagement and dropout rate between CTs, STs and NMPs. Patients seeing a CT had poorer engagement, but interestingly slightly lower dropout rate compared to NMPs, which may be explained by CTs' overall higher availability. STs had highest availability and engagement, with lowest drop-out rate.

Conclusions

In this sample, seeing a less experienced therapist did not appear to significantly worsen patients' engagement or dropout rates. A more important factor for engagement appears to be therapist availability.

2. Patient-reported outcomes measures pre- and post- psychodynamic psychotherapy provided by core trainees in South London and Maudsley NHS Foundation Trust

Dr Preety Das, ST4-6, Dr Preety Das, Dr Caroline McCurrie

Aims and hypothesis:

To evaluate the association between psychological distress and long-term, psychodynamic psychotherapy (intervention) provided by core trainees in psychiatry using patient-reported outcomes in South London and Maudsley NHS Foundation Trust across 2018-2022.

Background:

The Maudsley Training Programme is the largest psychiatric scheme in Europe with over 140 core trainees. An integral part of training is led by the Medical Psychotherapy Service who provide supervision to all incoming trainees for their long-case in psychodynamic psychotherapy, which fosters use of a psychotherapeutic lens in wider practice.

Method:

- o Study design: pre- post- intervention study
- o Measurement: comparison between first & last CORE-OM scores for CT PDP patients in SLaM across 2018-2022. Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) is a self-report measure of psychological distress designed to be administered during a course of treatment to determine treatment response. The client is asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point scale. The scale covers four dimensions: Subjective well-being, Problems/symptoms, Life functioning, Risk/harm
- o Inclusion criteria: CT PDP cases (6 months and 9-12 months duration) ending in 2018-2022 with first and last CORE scores. Exclusion criteria: Patients who did not have both first and end session scores (generally over half the patients in each year, especially missing data in 2022 so the n is smaller), Patients seen by STs/honorary therapists
- o Analysis: paired T test to calculate statistical significance

Results:

Collated across all years (n=122), there is a statistically significant improvement in CORE scores from 2.2 to 1.7 ($p < 0.0001$) when comparing first and ending session CORE scores.

Disaggregated by year: 2018 (F2F), 2019 (F2F) and 2021 (virtual) showed statistically significant improvement in CORE scores, whereas hybrid years 2020 (pandemic start) and 2022 (pandemic end) showed improvement in mean/median scores, although not statistically significant.

Conclusions:

Overall, there is a significant improvement in psychological distress associated with psychodynamic psychotherapy provided by core trainees for their long-case across 2018-2022. Future study might involve qualitative analysis of patient experience and core trainee supervision.

3. Service User Network (SUN) Projects: improving access for Black, Asian and Minority Ethnic (BAME) patients

Dr Thomas Dewhurst, Consultant

Aims and hypothesis

Our aim was to see whether Lewisham SUN attracted a higher proportion of BAME service users than the local tier three NHS psychotherapy service. We hypothesised that this was true, and that SUN may help improve BAME access to psychological support.

Background

White British people are more likely to receive mental health treatment than BAME people, despite evidence that the latter are more likely to suffer greater mental health morbidity and poorer outcomes. In the 2021 Census, 48.5% of Lewisham residents identified as BAME; but do local NHS psychological service caseloads represent the local population?

Lewisham SUN is an NHS service promoted widely across local primary and secondary care settings. Barriers to access are low by design: members self-refer and can come as often or as little as they like; no diagnosis is required and there are no exclusion criteria; it is a compassionate and welcoming team with a diverse staff including a peer support worker. Thus SUN may improve access to psychological support for the BAME population, and be a conduit to further therapy and improved outcomes.

Lewisham SUN is closely affiliated with the Lewisham Personality Disorder (PD) Service, a tier three NHS psychotherapy service offering evidence-based treatments. Lewisham SUN has developed an information leaflet to help signpost suitable members into the PD Service.

Methods

We extracted accumulated ethnicity data from January to December 2023 to compare ethnic diversity in the Lewisham SUN caseload with the Lewisham PD Service caseload, using Microsoft Excel.

Results

The accumulated caseloads for Lewisham SUN and the Lewisham PD Service from January to December 2023 were 361 and 343 respectively. Lewisham SUN had a greater proportion of BAME service users (35%) than the Lewisham PD Service (27%).

Conclusions

SUN may improve access to psychological support for BAME people compared to more traditional psychotherapy services. The potential for onward flow from SUN into the PD Service could in turn increase access to psychotherapies and improve outcomes for BAME patients. More research is required to understand why fewer BAME people might present to mental health services and receive treatments.

4. Psychoanalytic Thinking in Psychiatry

Dr Jennifer Dunn, CT1-3, Alasdair Forrest, Lily Davida

Aims and hypothesis

The aim of this survey was to collect data on medical staff attitudes towards psychoanalytic thinking and its use in their everyday practice within one NHS Psychiatric department. We hypothesised that psychoanalytic principles would prove to be relevant and useful to psychiatric doctors of all training levels and subspecialties, not only staff in medical psychotherapy.

Background

One view not infrequently encountered in the literature is that psychoanalytic thinking is 'outdated', 'pseudoscientific' and of little use in modern psychiatric practice. However, we would argue that psychoanalytic concepts, and their psychodynamic derivatives, still form a vital basis for understanding ourselves, our patients and the therapeutic relationship.

Methods

An electronic survey was circulated to 86 medical staff in Royal Cornhill psychiatric hospital, Aberdeen. All long-term psychiatric medical staff were included, foundation year 2 doctors and GP trainees were excluded. There were 45 respondents, one of whom did not give their permission for their answers to be published so were excluded. Data was collected via Microsoft Forms and Excel. Ethics approval was not required.

Results

There was a survey response rate of 52%, 10% of whom worked in medical psychotherapy. There was an equal split (1:1) of senior clinicians to core or higher trainees. 80% of doctors felt that psychoanalytic thinking had a place in the practice of modern psychiatry, with 56% reporting they often used these principles in their own work with patients. 73% felt attending 'Balint' group as a trainee enhanced their understanding of psychoanalytic concepts. Interestingly, 41% agreed there was stigma around these ideas within psychiatry. When asked which psychoanalytic principles doctors used in everyday practice, the most cited were transference and countertransference (n=34 and 33 respectively), followed by splitting (n=26), intellectualisation (n=25) and projective identification (n=19).

Conclusions

The vast majority of psychiatric staff surveyed did find psychoanalytic principles useful and relevant to their everyday practice. An appreciation of transference and countertransference were thought to be particularly helpful, and Balint group solidified an understanding of these concepts. Despite this, a significant proportion of respondents (41%) felt there was still stigma around a psychoanalytic way of thinking within psychiatry.

5. The psychiatric doctor's personal therapy

Dr Jennifer Dunn, CT1-3, Alasdair Forrest, Lily Davida

Aims and hypothesis

We aim to understand the role personal therapy plays in a cross-section of psychiatric doctors in one Scottish psychiatric hospital, in particular how personal therapy is funded and facilitated by the work place and if any stigma is perceived. We hypothesise that few psychiatry doctors will be in personal therapy, but that those who are will find it has a significant positive impact on their practice.

Background

Personal therapy has always been regarded as a key component of psychoanalytical and psychodynamic therapy trainings, but not so within psychiatry. Whilst medical psychotherapy higher trainees are expected to undertake personal therapy, and receive time and funding to do so, other psychiatry trainees and consultants do not. We sought to understand the experience of those who are in their own therapy and how this might impact them professionally.

Methods

An electronic survey was circulated to 86 medical staff in Royal Cornhill psychiatric hospital. All long-term psychiatric medical staff were included, foundation year 2 doctors and GP trainees were excluded. Data was collected via Microsoft Forms and Excel. Ethics approval was not required.

Results

Of those that responded, 25% (11/44) had undertaken personal therapy. Of those, 4 were medical psychotherapy consultants or trainees. The most common modality was psychodynamic (n=6), followed by cognitive behavioural therapy (CBT) (n=4) and psychoanalytic/group analytic (n=4). 78% strongly agreed their therapy had a positive impact on their practise, particularly those in a psychodynamic or psychoanalytic modality compared to CBT or counselling, but they were also more likely to report stigma. Most (81%) felt their therapy was supported by their workplace. 36% (4/11) received free therapy, 18% (2/11) were self-funded and most (45%, 5/11) were part self-funded, part NHS. Barriers cited were time pressures and the lack of available psychoanalytic psychotherapists/analysts locally.

Conclusions

Relatively few psychiatry doctors are in personal therapy, likely even less than this survey indicates due to self-selection bias. It is felt by those who are to positively impact their work, but there is a degree of stigma felt by some, as well time and geographical barriers. A larger study nationally would be helpful.

6. Whether Completing Mentalization-Based Therapy 18 month programme with Personality Disorder Service for those with Emotionally-Unstable Personality Disorder reduces time spent as inpatient as well as Crisis and Emergency Department Assessments

Dr Adam Flynn, CT1-3, Dr Owen McNeill, Consultant, Dr Cedar Andress ST5, Dr Chris Walsh ST5

Aims & Hypothesis

To identify recent completers of the MBT 2 18 month programme and to assess whether there was any reduction or change in pattern to the number of days spent as inpatient both during and after having completed the programme, whether there was a reduction in the frequency of same day assessments with community mental health teams or unscheduled care and finally whether there was any reduction in terms of volume of crisis assessments and presentations to Emergency Department.

Background

The Personality Disorder Service in the Northern Health & Social Care Trust was originally set up to deliver evidence-based treatment for people with the diagnosis of personality disorder. This group of people historically have been stigmatised, excluded and let down by services, despite their complex needs and frequent history of childhood trauma. The team developed a Mentalization Based Therapy (MBT) programme originally commencing in 2013.

Methods

Using validated Quality Improvement Methods, a Plan Do Study Act Cycle was commenced which involved identifying patients who had begun and finished the MBT programme and minimum of 12 months had passed since completion in order to follow-up.

We then broke down this data into 3 domains. We analysed days spent as inpatient, same day assessments and crisis assessments as well as Emergency Department attendance.

Times were split into pre-commencement of programme (18 months) during programme (18 months) and post-completion of programme (12 months) to see if there was any tangible decrease in these numbers.

19 service users were identified that had initially been referred to Personality Disorder Service between 2016 and 2018 and who subsequently began MBT2 programme between 2017 and 2019.

This allowed us to gather a full set of data with regard to these patients up to completion of programme in 2021. Subsequent period of 12 months was then analysed post-completion of treatment.

Once this data was assessed and broken down into these 3 domains it was possible to further study it to assess any objective improvements both individually and as an average across the 19 service

users. (8 in case of same day assessments)

Results

The average time spent in inpatient admission days prior to starting therapy for 18 months (n=19) was 21.74 days, this decreased to 6.53 during therapy and 3.68 post-therapy (12 month follow-up) = 5.52 adjusted for 18 months. This represents a reduction of 74.61%.

The average number of same day assessments and unscheduled care (n=8) seeking prior to admission was 1.38. This decreased to 0.75 during therapy and 0.88 post-therapy adjusted to 1.32 for 18 months, which represents a decline of 4.35%.

Finally, the average number of Crisis contacts and Emergency Department assessments were 2.63 in the 18 months before commencing therapy, 1.26 during therapy and 0.58 in the 12 months post-therapy, 0.87 adjusted for 18 months. This represents a reduction of 66.92%

Conclusions

It is clear from analysis of the data that there has been a substantial decrease in time spent as admitted inpatient as well as number of contacts with Crisis Assessors and Emergency Departments in association with completion of the MBT 18 month programme.

This demonstrates that, by using an evidence-based and well-established programme, which carries a high time commitment for both service users and practitioners, it is possible to considerably reduce use of other, more acute services and keep patients with a diagnosis of EUPD out of hospital longer and on a sustained basis and also to reduce presentations to Emergency Departments which was often on the basis of self-harm and/or overdoses.

7. Schwartz round evaluation Bradford District Care NHS Foundation Trust (BDCFT)

Panganai Mutsaa, CTI-3, Dr Jeani Lingam, Sam Zuppardi, Dr Charlotte Scott

Aim

To evaluate the impact of Schwartz Rounds at BDCFT and to observe any variation between in person or online Rounds.

Background

Schwartz Rounds provide a space for staff to reflect on the emotional and social aspects of their jobs. Regular attendance is associated with improved staff well-being and empathy towards colleagues and patients. BDCFT provides mental and physical health care and has provided Schwartz rounds monthly since September 2018. Prior to February 2020 (start of Covid pandemic) the Schwartz Rounds were in person, moving online in March 2020. Attendants are routinely asked to complete feedback forms after each Round.

Method

We evaluated the Schwartz Round feedback in a six-month period (September 2019 to February 2020) when they were in person, and compared this to a six month period (September 2022 to February 2023) when they were online.

Results

231 people attended the online Rounds compared to 152 in-person. There were higher rates of completed feedback for in-person Rounds (78%) compared to online (56%). The highest percentage of staff who completed feedback for in-person Rounds were doctors (22%), nurses (21%) and administration staff (18%), whereas for online Rounds this was doctors

(23%), psychology (19%) and allied health professionals (14%). 83-96% of attendees felt the Rounds improved their understanding of patients, colleagues and work. Most people considered to attend the Rounds again, 92% for in-person and 97% for online rounds. 47% agreed to be a storyteller for in-person Rounds compared to 20% for online Rounds.

Conclusion

There is positive feedback for in-person and online rounds. Whilst more people attended online, fewer agreed to be story tellers. Does higher online attendance reflect increased accessibility, increased awareness or increased need? Is the reduction in people wanting to be story tellers due to reduced feelings of safety online, or are more people who feel less confident in groups attending online? Alternating the rounds monthly (online and in person) may support attendance and group safety.

Further evaluation is needed to assess qualitative themes of trust, safety and experience of Rounds as well as an improved understanding of barriers to attendance amongst wider staff groups.

8. A service evaluation to understand factors affecting referrals to a secondary care Psychotherapy department

Dr Henrietta Rees, ST4-6

Aims & Hypothesis

1. To evaluate sources and demographics of referrals.
2. To compare demographics with local population data to assess equality of access as research indicates minority groups are less likely to be offered psychotherapies.
3. To evaluate the respective characteristics, including diagnoses, of those whose referrals are accepted for treatment and those who aren't.

Background

Northwest Surrey Psychotherapy is a secondary care service covering Runnymede, Spelthorne and Woking in Surrey, England. Different therapies offered, mainly individual psychodynamic psychotherapy, group analytic psychotherapy, mentalisation-based treatment (MBT). Various health and social care professionals can refer.

Methods

Retrospective case note review using SystemOne of all patients referred to Psychotherapy between January and June 2021. Data extracted by hand: demographics, diagnosis, source and outcome of referral. Reasons for referrals not progressing correlated with current service inclusion/exclusion criteria. Demographics compared with local population data available from ONS.

Results

Fifty-one people referred, 10 (19.6%) males and 41 (80.4%) females.

Twenty-six (51%) referrals accepted. Amongst those referred most reported diagnoses: depression n=15 (29%), post-traumatic stress disorder (PTSD) n=15 (29%) and emotionally unstable personality disorder (EUPD) n=13 (25%). Persons with depression or EUPD most frequently accepted for assessment/treatment. The most common reasons for referrals not

progressing were the patient experiencing active PTSD symptoms requiring prior stabilisation work n=9 (17%) or the patient not opting in n=5 (10%).

Referrals came from a range of sources, mostly GPs n=18 (35%) and MindMatters (primary care talking therapies) n=8 (16%).

Conclusions

Males were underrepresented in referrals; reasons may vary. It may be beneficial for referrers to be more proactive in referring males for psychotherapeutic input. Contrary to the hypothesis minority groups and those with protected characteristics were not significantly underrepresented compared to local population data.

Psychotherapy services frequently declined those suffering active symptoms of PTSD indicating a need to educate referrers that this is a likely exclusion criterion until stabilisation work has been undertaken.

GPs and MindMatters are important partners in identifying those needing psychotherapy. Some referrals were inappropriate: clearer referral criteria may help. Some people declined assessments or treatment; more outreach on the potential benefits of psychotherapy may be useful.

9. The Question of Questions in a Balint Group

Dr Hannah Rowlatt, ST4-6, Leyland Sheppard

Aims & Hypothesis

We set out to explore Balint group participants' experiences of removing the 'phase of inquiry'. We hypothesised the phase might impair interpretations amongst participants, through a loss of wondering about the meaning of missing or desired 'data', or an ethos of 'pinning-down' swiftly.

Background

The Balint method can include a 'phase of inquiry', where following presentation of a case the doctor is asked questions supposedly of fact. Despite discouragement we noticed whilst facilitating a Balint group of junior doctors a tendency for numerous (debatable factual) questions to arise.

Methods

Participants of a Balint group for Core Psychiatry, GP & Foundation trainees were surveyed. 12 responded. Then, the phase of inquiry was removed from the Balint format. 6 weeks post this change they were resurveyed.

Results

Most participants rated the balint group as "very valuable" or "extremely valuable" irrespective of whether the phase of inquiry was present. Participants' comments on the removal of the phase of inquiry included: "they gave the balint group a structure", "I liked qn part. It allowed clarification of some things which otherwise leads us to making assumptions and misinterpretations", "Better opportunity to share an immediate felt response to the experience narrated by the dr" and "Better. Allows the doctor to more freely divulge their experience/state of mind although perhaps not intentionally?"

Conclusions

Reassuringly, the removal of the phase of inquiry did not appear to have a negative impact on participants' ratings of the group. The comments could be interpreted as suggesting a tendency for the phase of inquiry to be an attempt to gain control of the information presented, or to lead to a reverting to a medical model of history presentation, and an inhibition of wondering. On the other hand, their inclusion might increase the comfort of participants new to a Balint format, as respondents made reference to "clarity" and "structure". The question of questions remains debatable, but for our part we intend to continue without the phase of inquiry, instead encouraging participants to raise their questions amongst the general discussion, and wonder about their significance.

10. Empowering Identities in Adolescent Inpatients through a Dynamic Identity Group

Dr Katie Salucci, ST4-6, Mandeep Singh

Aims and hypothesis

Establish and facilitate an inpatient identity group to comprehensively grasp and support young individuals navigating identity issues.

Hypothesised that active participation in the identity group will enhance self-awareness, foster a sense of belonging, and positively impact the well-being of young inpatients grappling with identity-related challenges.

Background

In the dynamic landscape of adolescent development, the quest for identity plays a pivotal role, influencing myriad facets of a young individual's life. As young minds navigate the complexities of self-discovery within an inpatient setting, this study aims to shed light on the nuanced interplay between identity formation and mental health outcomes. Unravelling the intricacies of identity exploration during this developmental stage holds profound implications for tailored interventions and holistic patient care.

Methods

A weekly one-hour identity group was initiated on an adolescent inpatient ward, comprising two facilitators. The group adopted an open format, guided by psychoanalytic principles, emphasizing reflection without a rigid structure or formal interventions. This approach aimed to create a safe space for young individuals to explore identity issues within a supportive and non-directive environment. Main themes that emerged were discussed with both facilitators and recorded.

Results

Noteworthy themes emerged during the identity group sessions. Participants candidly explored the intricate relationship between mental health and identity, reflecting on the transformative impact of their experiences. Distinct identities surfaced when comparing being on the ward under section versus informal admission. Discussions unfolded around the dynamics of friendships, differentiating between healthy and unhealthy connections. Furthermore, participants engaged in contemplation about gender, embracing fluidity as an integral aspect of their evolving identities. These findings underscore the multifaceted nature of identity development among young individuals on an adolescent inpatient ward.

Conclusions

The identity group illuminated the profound interplay between mental health and identity, emphasizing diverse individual experiences.

11. Individual psychodynamically informed therapy for patients with moderate to severe PD and complex co-morbidities

Dr Angeliki Zoumpouli, Consultant, Henry Allberry - locum SHO

Aims and Hypothesis: Individual psychodynamically-informed therapy is often not seen as a potential effective treatment for patients with complex co-morbidities. Our hypothesis is that attachment based individual therapies can make a difference in the lives of complex patients.

Background: Good clinical practice suggests evidence based therapy for Borderline Personality Disorder patients, such as Mentalisation Based Therapy (MBT). Historically, on the basis of co-morbid diagnoses, some patients with the following are excluded: dissocial personality disorder issues, autistic traits, psychotic illness, physical illness, and Post-traumatic stress Disorder (PTSD) features. Given this gap in the services, we are piloting individual psychotherapeutic intervention for patients with complex. This is a psychodynamically informed attachment-based intervention provided by senior therapists.

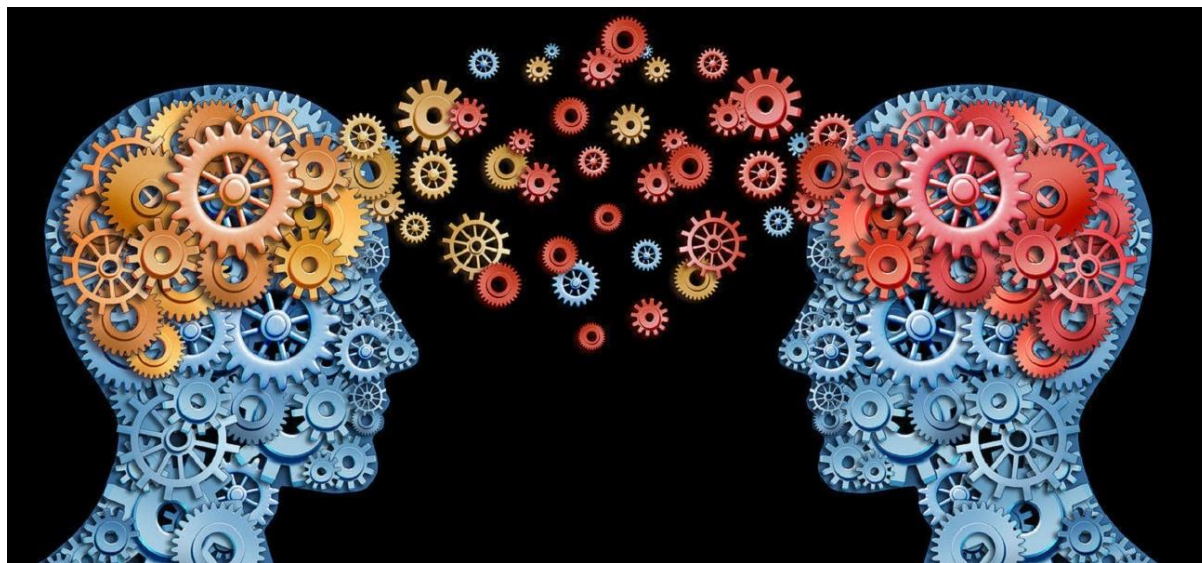
Methods: We offered individual psychodynamic therapy for 6-12 months to 8 patients. The therapists are either a Consultant psychiatrist and Medical Psychotherapist (6 patients) or senior therapists supervised by a Consultant (2 patients). Demographics include a wide range of diversity and age. They all meet the criteria for a moderate to severe personality disorder but also have severe co-morbidities such as: schizoaffective disorder (1), dissocial traits (2), ASD (3), PTSD issues (3) impacting their ability to leave the house or be in a group. Three of the patients also have significant physical health issues that cause difficulty in leaving the house.

Results: 7/8 patients successfully engaged with weekly-two-weekly psychotherapy. Significant improvements were noted in the Global Functioning Scale (GFS) scores. Three patients moved from a score of 1-10 to a score of 31-40, one patient moved from a score of 11-20 to a score of 51-60, two patients from a score of 21-30 to a score of 51-60, one patient from a score of 11-20 to a score of 51-60 and one patient from a score of 51-60 to a score of 71-80. Specific details and subjective patients' quotes will also be presented.

Conclusions: Individualized psychodynamic work for complex patients with co-morbidities including dissocial traits, autism, psychosis, PTSD provided by experienced clinicians and regular supervision can provide encouraging results. More thought needs to be had about providing flexible individualized treatments for people with complex co-morbidities.

Upcoming Events

Psychodynamic Psychiatry Day Friday 1 November 2024 London



Trouble in mind - yours or mine: the location of disturbance in the patient clinician relationship

In this conference we will delve into the intricate psychodynamics of the patient-clinician relationship, a cornerstone of healthcare that has the potential to be both transformative and destructive.

Both the clinician and the patient are subject to the influence of the demands of the external world – often a vast and potent system - and are shaped by the internal worlds of both participants. These interactions hold great potential to find meaning and healing, or to trigger more destructive processes.

Join us to look unflinchingly at this dynamic and see what we can learn.

[Register your interest>>](#)

Conference organising committee

Dr Sophie Atwood

Consultant Psychiatrist in Medical Psychotherapy, Sussex Partnership NHS Foundation Trust; RCPsych Medical Psychotherapy Faculty Executive Committee Member and Joint Academic Secretary

Dr Sophie Atwood is a Consultant Psychiatrist in Medical Psychotherapy and is Psychotherapy Tutor in Sussex Partnership NHS Foundation Trust. She trained in Medical Psychotherapy at the Tavistock Centre, London. Prior to studying Medicine she completed an MA in Social & Political Sciences at Cambridge University.

She is a member of the Executive Committee of the Royal College of Psychiatrists Medical Psychotherapy Faculty, is a joint Academic Secretary for the Faculty and is a member of the Specialist Advisory Committee - contributing to national training and curriculum developments.

Dr Anne Cooper

Consultant Medical Psychotherapist in CBT, accredited CBT therapist

Dr Anne Cooper is a Consultant Medical Psychotherapist, specialising in CBT and working at Leeds and York Partnerships Foundation Trust LYPFT in the Medical Psychotherapy Department, where she is also Psychotherapy Tutor. She particularly enjoys working with severe OCD and psychosis. Dr Cooper also has a wider interest in education and is passionate about ensuring that medical students have a comprehensive training in mental health, such that this is seen as an integral part of their training. She is the LYPFT Director of Undergraduate Medical Education and Psychiatry Integrated Core Unit Manager at the University of Leeds. She is also Treasurer and unofficial Events Coordinator for BABCP CBT Medics SIG.

Dr Vikram Luthra

Consultant Psychiatrist in Medical Psychotherapy (dual trained with General Adult Psychiatry), Leeds and York Partnership NHS Foundation Trust, and Psychoanalyst, British Psychoanalytic Society.

He is the Clinical Lead for the Doctors and Dentists in difficulty (Take Time) service at LYPFT which covers the Yorkshire and Humber region. He is also joint-TPD for Medical Psychotherapy in Yorkshire and Humber.

He is the Joint-President of the Balint Society, UK, and is interested in widening the diversity and engagement of members of the society. His

other interests include supporting the development of reflective skills for doctors and furthering their psychotherapeutic skills within psychiatry.

He is a member of the Medical Psychotherapy Faculty Executive Committee and an Academic Co-Secretary. Within the faculty he works closely within the National Psychological Professions Working Group aiming to bridge the gap between these professions. He is also part of the medical student engagement working group and steers the digital working group for the faculty. He is the Regional Medical Psychotherapy Representative for Yorkshire and Humber

Dr Parveen Bains

MRCPsych, BPC registered

Dr Parveen Bains is trained in Medical Psychotherapy and is currently working as a Consultant Psychiatrist in Adult Eating Disorders in Oxfordshire and holds the Psychotherapy Tutor post in Hertfordshire. She is BPC registered and has a clinical interest in Psychodynamic Psychotherapy in working with Eating Disorders. She has a keen interest in Medical Education and training and is currently Academic Co Chair for the Medical Psychotherapy Faculty exec.