

Faculty of Medical Psychotherapy Annual Conference 2024

Poster abstracts

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)

Dr Panganai Mutsaa, CT1-3, 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 SystmOne 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 (debatably 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 sever 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 as 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.